

420 FAMILY PLANNING SERVICES AND SUPPLIES

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REFERENCES: A.R.S. § 36.2904(L), 42 CFR 50.203 and 204, AMPM 420, AMPM 420 Attachment A and B

PURPOSE

This policy establishes requirements and describes covered services regarding Family Planning Services and Supplies for the Administrative Services Subcontractors (AdSS).

DEFINITIONS

1. "Business Days" means Monday, Tuesday, Wednesday, Thursday, or Friday unless a legal holiday falls on Monday, Tuesday, Wednesday, Thursday, or Friday.
2. "Family Planning Provider" means individuals who are involved in providing Family Planning services to individuals and may include physicians, physician assistants, nurse practitioners, nurse midwives, midwives, nursing staff and health educators.

3. “Family Planning Services and Supplies” means the provision of accurate information, counseling, and discussion with a healthcare provider to allow Members to make informed decisions about the specific Family Planning methods available that align with the Member’s lifestyle and provision of indicated supplies. Family Planning Services and Supplies include covered medical, surgical, pharmacological, and laboratory benefits specified in this policy.
4. “Hysterosalpingogram” means an X-ray procedure used to confirm sterility (occlusion of the fallopian tubes).
5. “Immediate Postpartum Long-Acting Reversible Contraceptives” or “IPLARC” means immediate postpartum placement of reversible methods for family planning that provide effective contraception for an extended period of time with little or no maintenance or user actions required, including intrauterine devices and subdermal and implantable contraceptives.
6. “Long-Acting Reversible Contraceptives” or “LARC” means reversible methods for Family Planning that provide effective

contraception for an extended period of time with little or no maintenance or user actions required, including intrauterine devices and subdermal and implantable contraceptives.

7. "Maternity Care Provider" means the following provider types who may provide maternity care when it is within their training and scope of practice:
 - a. Arizona licensed allopathic or osteopathic physicians who are obstetricians or general practice or family practice providers who provide maternity care services,
 - b. Physician Assistant,
 - c. Nurse Practitioners,
 - d. Certified Nurse Midwives, and
 - e. Licensed Midwives.
8. "Member" means the same as "Client" as defined in A.R.S. § 36-551.
9. "Reproductive Age" means Division Members, regardless of gender, from 12 to 55 years of age.

10. "Second Level Review" means a review performed by a Division Medical Director who has the appropriate clinical expertise in managing a Member's condition or disease. Second Level Review is used to screen for medical necessity and compare the findings to clinical data in the Member's medical record to ensure Division Members are receiving medically appropriate and high quality care.

POLICY

A. GENERAL REQUIREMENTS

1. The AdSS shall cover Family Planning Services and Supplies when provided by the appropriate Family Planning Providers or Maternity Care Providers for Members, regardless of gender, who voluntarily choose to delay or prevent pregnancy.
2. The AdSS shall ensure that services provided are within each provider's training and scope of practice.
3. The AdSS shall cover the provision of accurate information and counseling to allow Members to make informed decisions about specific Family Planning methods available.

4. The AdSS shall ensure Members enrolled with a health plan maintain the option to choose Family Planning Services and Supplies from any appropriate provider regardless of whether or not the Family Planning Service Providers are network providers.
5. The AdSS shall allow pregnant or postpartum Members whose AHCCCS eligibility continues, remain with their assigned maternity provider, or may select another provider for Family Planning Services and Supplies.

B. SECOND LEVEL REVIEW

1. The AdSS shall submit authorizations requests for the following services to the Division for Second Level Review prior to issuing a decision:
 - a. Hysterectomy,
 - b. Sterilization, or
 - c. Termination of pregnancy.
2. The AdSS shall submit a request to the Division for prior authorization with clinical documentation that supports medical necessity for the required service and includes the following:

- a. Medical records related to the request;
 - b. AHCCCS Certificate of Necessity for Pregnancy Termination, if applicable;
 - c. Verification of Diagnosis by Contractor for a Pregnancy Termination, if applicable; and
 - d. Consent to Sterilization, if applicable.
3. The AdSS shall submit the requests to the Division in a timely manner to allow the Division, at minimum, seven Business Days, for review and response for standard service authorization requests.
 4. The AdSS shall submit expedited service authorization requests within two Business Days and clearly label these requests as expedited.
 5. The AdSS shall request a peer-to-peer review with the Division Medical Director if there is a disagreement regarding a service authorization prior to approval or denial being communicated to the Member or provider.

6. The AdSS shall allow the Division to make the final decision on prior authorization requests elevated for Second Level Review.

C. AMOUNT, DURATION, AND SCOPE

1. The AdSS shall ensure that Members whose eligibility continues maintain the option to remain with their assigned maternity provider or select another provider for Family Planning Services and Supplies.
2. The AdSS shall cover the following Family Planning Services and Supplies for Members:
 - a. Contraceptive counseling, medication, or supplies:
 - i. Oral and injectable contraceptives;
 - ii. LARC;
 - iii. IPLARC;
 - iv. Diaphragms;
 - v. Condoms;
 - vi. Foams; and
 - vii. Suppositories.

- b. Associated medical and laboratory examinations and radiological procedures, including ultrasound studies related to Family Planning;
- c. Treatment of complications resulting from contraceptive use, including emergency treatment;
- d. Natural Family Planning education or referral to other qualified health professionals;
- e. Post-coital emergency oral contraception, excluding Mifepristone (Mifeprex or RU-486) within 72 hours after unprotected sexual intercourse; and
- f. Sterilization by Hysteroscopic Tubal Sterilization or Vasectomy.
 - i. The AdSS shall ensure the provider counsels and recommends the Member continue another form of birth control to prevent pregnancy for up to three months following the Hysteroscopic Tubal Sterilization or Vasectomy.

- ii. The AdSS shall ensure the provider performs a Hysterosalpingogram or sperm count according to the current standard of care for the sterilization procedure to confirm the Member is sterile following the Hysteroscopic Tubal Sterilization or Vasectomy.
3. The AdSS shall cover the following Family Planning Services:
 - a. Pregnancy screening;
 - b. Pharmaceuticals when associated with medical conditions related to Family Planning or other medical conditions;
 - c. Screening and treatment for Sexually Transmitted Infections (STI) for Members, regardless of gender;
 - d. Sterilization, regardless of Member's gender, when the requirements specified in this policy, for sterilization services are met; and
 - e. Pregnancy termination only as specified in AMPM Policy 410.
4. The AdSS shall not cover the following for the purpose of Family Planning Services and Supplies:

- a. Infertility services including diagnostic testing, treatment services and reversal of surgically induced infertility;
- b. Pregnancy termination counseling;
- c. Pregnancy terminations, except as specified in AMPM Policy 410; and
- d. Hysterectomies for the purpose of sterilization.

D. AdSS REQUIREMENTS FOR PROVIDING FAMILY PLANNING SERVICES AND SUPPLIES

1. The AdSS shall plan and implement an outreach program to notify Members of Reproductive Age, regardless of gender, of the specific covered Family Planning Services and Supplies available and how to request them.
2. The AdSS shall ensure the following Family Planning Services and Supplies information are provided to Members:
 - a. A complete description of available covered services;
 - b. Information advising how to request or obtain these services;
 - c. Information that assistance with scheduling is available;

- d. A statement that there is no copayment or other charge for Family Planning Services and Supplies as specified in ACOM Policy 431; and
 - e. A statement that medically necessary transportation services as specified in AMPM 310-BB are available.
3. The AdSS shall ensure policies and procedures are in place to ensure Family Planning Providers are educated regarding covered and non-covered services, Family Planning Services and Supplies, including LARC and IPLARC options.
 4. The AdSS shall ensure Family Planning Services and Supplies are:
 - a. Provided in a manner free from coercion or behavioral or mental pressure;
 - b. Available and easily accessible to Members;
 - c. Provided in a manner which assures continuity and confidentiality;
 - d. Provided by, or under the direction of, a qualified physician or practitioner; and

- e. Documented in the medical record that each Member of Reproductive Age was notified verbally or in writing of the availability of Family Planning Services and Supplies.
5. The AdSS shall ensure providers incorporate medical audits for Family Planning Services and Supplies within Quality Management activities to determine conformity with acceptable medical standards.
6. The AdSS shall establish quality or utilization management indicators to effectively measure and monitor the utilization of Family Planning Services.
7. The AdSS shall have written practice guidelines that detail specific procedures for the provision of LARC or IPLARC and are written in accordance with acceptable medical standards.
8. The AdSS shall ensure that the Family Planning or Maternity Care Provider has provided proper counseling to the eligible Member, prior to insertion of intrauterine and subdermal implantable contraceptives to increase the Member's success with the device according to the Member's reproductive goals.

E. PROTOCOL FOR MEMBER NOTIFICATION OF FAMILY PLANNING SERVICES AND SUPPLIES AND AdSS REPORTING REQUIREMENTS

1. The AdSS shall establish processes to ensure the sterilization reports specified in this policy comply with the procedural guidelines for encounter submissions.
2. The AdSS shall ensure the following minimum requirements are met for notification of covered Family Planning Services and Supplies:
 - a. Members of Reproductive Age be notified either directly or through the parent or Health Care Decision Maker, whichever is most appropriate, of the specific covered Family Planning Services and Supplies available to them, and a plan to provide those services and supplies to Members who request them by:
 - i. Provisions for written notification, other than the Member handbook,
 - ii. Member newsletter, and

- iii. Verbal notification during a Member's visit with the PCP.
 - b. Family Planning notification is sent by the end of the second trimester for pregnant Members and include information on LARC or IPLARC;
 - c. The AdSS shall conform to confidentiality requirements as specified in 45 C.F.R. 164.522(b) (i and ii);
 - d. Communications and correspondence shall be approved by the Division;
 - e. Distribution at least once per year and are completed by November 1st. For Members who enroll with the AdSS after November 1st, notification is sent at the time of enrollment;
 - f. Notification of all covered Family Planning Services and instructions given to Members regarding how to access these services;
 - g. Written notification at reading level and easily understood as specified in ACOM 404.

- h. Notification in accordance with cultural competency requirements as specified in ACOM Policy 405;
- i. The AdSS shall monitor compliance to ensure the Maternity Care Providers verbally notify Members of the availability of Family Planning Services during office visits;
- j. The AdSS shall report all Members under 21 years of age, undergoing a procedure that renders the Member sterilized, using the AHCCCS Sterilization Reporting Form, AMPM 420 Attachment B and submitting documentation supporting the medical necessity for the procedure.

F. STERILIZATION

- 1. The AdSS shall ensure the following criteria are met for the sterilization of a Member to occur:
 - a. The Member is at least 21 years of age at the time the consent is signed, using AHCCCS Consent to Sterilization AMPM 420 Attachment A;
 - b. The Member has not been declared mentally incompetent;

- c. Voluntary consent was obtained by the Member or Responsible Person without coercion;
- d. 30 days, but not more than 180 days, have passed between the date of informed consent and the date of sterilization, except in the case of premature delivery or emergency abdominal surgery.
 - i. Members may consent to be sterilized at the time of a premature delivery or emergency abdominal surgery, if at least 72 hours have passed since they gave informed consent for the sterilization.
 - ii. Consent is given at least 30 days before the expected date of delivery in the case of premature delivery.
- 2. The AdSS shall ensure any Member requesting sterilization signs the AHCCCS Consent to Sterilization form with a witness present when the consent is obtained as specified in AMPM 420.
- 3. The AdSS shall ensure suitable arrangements are made to ensure the information in the consent form is effectively

communicated to Members with limited English proficiency or reading skills and those with diverse cultural and ethnic backgrounds, as well as Members with visual or auditory limitations as specified in ACOM 404 and ACOM 405.

4. The AdSS shall ensure the Member receives a copy of the consent form and offered factual information prior to signing the consent form that includes all of the following:
 - a. Consent form requirements as specified in 42 CFR 441.250;
 - b. Answers to questions asked regarding the specific procedure to be performed;
 - c. Notification that withdrawal of consent can occur at any time prior to surgery without affecting future care or loss of federally funded program benefits;
 - d. Advice that the sterilization procedure is considered to be irreversible;
 - e. A thorough explanation of the specific sterilization procedure to be performed;


- f. A description of available alternative methods;
 - g. A full description of the discomforts and risks that may accompany or follow the performing of the procedure, including an explanation of the types and possible effects of any anesthetic to be used;
 - h. A full description of the advantages or disadvantages that may be expected as a result of the sterilization; and
 - i. Notification that sterilization cannot be performed for at least 30 days post consent.
5. The AdSS shall ensure sterilization consents are not obtained when a Member is:
- a. In labor or childbirth;
 - b. Seeking to obtain, or is obtaining, a pregnancy termination; or
 - c. Under the influence of alcohol or other substances that affect that Member's state of awareness.

SUPPLEMENTAL INFORMATION

Sterilization

Hysteroscopic tubal sterilization and other sterilization methods are not immediately effective upon completion. It is expected that the procedure will be an effective sterilization procedure three (3) months following completion. Therefore, during the first (3) three months, the Member shall continue using another form of birth control to prevent pregnancy.

At the end of the 3 months, it is expected that a Hysterosalpingogram or sperm count will be performed confirming that the Member is sterile.

Signature of Chief Medical Officer: 
[Anthony Dekker \(Jan 5, 2024 13:01 MST\)](#)
Anthony Dekker, D.O.