

## **Covered Benefit: Women's Care Services**

CMP Published: ☑ Yes ☑ No CMP Link: <u>Termination of Pregnancy</u> CPG Published: □ Yes ☑ No

Definition:

Women's Care Services involve the diagnosis and treatment of the female reproductive system. Services include routine gynecological exams, family planning, sterilization, routine laboratory tests, and contraceptives (see NHPRI formulary for more information).

<u>Benefit Packages</u>: RIte Care, Substitute Care, Children with Special Health Care Needs, Rhody Health Partners (RHP), and Rhody Health Options Phase One.

Coverage Limitations:

Sterilization procedures and hysterectomies require prior authorization.

Termination of pregnancy (abortion) is conditionally covered in cases of rape, incest, or if the pregnancy causes a significant threat to the mother's life; prior authorization is required.

Exclusions: Excluded services (non-covered) include all services for:

- 1. Infertility treatment including pharmaceuticals
- 2. Reversal of voluntary sterilization
- 3. Gender reassignment surgery

Extended Family Planning (EFP) members have a restricted benefit package that has a more limited scope of services than stated here.

Coverage Includes:

- One gynecological annual exam, including a Pap smear, and up to five gynecology or family planning visits per year.
- Screening Mammogram (see Radiology Services Benefit Coverage Summary)
- Services as medically necessary to treat illness and health conditions.
- Oral contraceptives, contraceptive patches, intrauterine devices (IUDs), Depo-Provera, cervical caps, diaphragms, over-the-counter family planning supplies including foam, condoms, spermicidal jelly or cream and sponges, Norplant or IUD insertion and removal as covered per Neighborhood Health Plan of RI's formulary.
- Emergency contraceptive pills



Episodes of care can occur across multiple settings:

Professional (POS 11) Inpatient (POS 21) Outpatient (POS 22) Ambulatory Surgical Center (POS 24) Federally Qualified Health Center (POS 50)

Notes:

Refer to the Radiology Services Benefit Coverage Summary for information regarding screening mammograms.

The majority of contraceptives are delivered at retail pharmacies; the NDC (national drug code) numbers for these contraceptives are not listed above. Please refer to the Neighborhood formulary for more information.

VERSION HISTORY: Create Date: 4/2/10 Revision Dates: 5/11/10, 10/05/10 CMC Review Date: 9/11/2011 PEC Review 10/3/13