

Bulletin Number: MSA 16-47

Distribution: Practitioners, Hospitals, Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers, Local Health Departments, Pharmacies, Family Planning Clinics, Maternal Infant Health Program Providers

Issued: January 4, 2017

Subject: Family Planning Services for Maternity Outpatient Medical Services (MOMS) Program Enrollees

Effective: February 3, 2017

Programs Affected: MOMS

The purpose of this bulletin is to establish coverage of family planning services for MOMS benefit plan beneficiaries effective for dates of service on and after February 3, 2017. The availability of family planning services assists women in reducing the number of unintended pregnancies and decreases the incidence of closely spaced pregnancies. This results in healthier pregnancies, better birth outcomes and improved infant health.

During their 60-day postpartum period of eligibility, MOMS benefit plan beneficiaries will be eligible to receive family planning services with no cost-sharing liability. Family planning services are defined as any Medicaid covered contraceptive service, including:

- Office visits for family planning related services. This includes preventive evaluation and management office visits and other outpatient visits for family planning services.
- Contraceptives, including oral contraceptives and injectables.
- Contraceptive supplies and devices for voluntarily preventing or delaying pregnancy.
- Diagnostic evaluation and pharmaceuticals related to contraceptive management or the initial treatment of sexually transmitted infections.
- Sterilizations completed in accordance with current Medicaid policy.
- Counseling for family planning services, including sterilization, is covered as a part of the family planning visit.

Family planning supplies not furnished by the practitioner as part of the medical services must be prescribed by a Medicaid enrolled practitioner and dispensed by a pharmacy. Exceptions include condoms and similar supplies that do not require a prescription.

Providers must use the appropriate Z30 International Classification of Diseases (ICD) diagnosis code as the primary diagnosis on the claim to identify services as a family planning service.


Manual Maintenance

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink that reads "Chris Priest". The signature is written in a cursive style with a large initial "C" and a long horizontal stroke at the end.

Chris Priest, Director
Medical Services Administration