



519.15 REPRODUCTIVE HEALTH SERVICES

TABLE OF CONTENTS

| SECTION | PAGE NUMBER |
|-------------------------------------|-------------|
| Background | 2 |
| Policy | 2 |
| 519.15.1 Family Planning | 2 |
| 519.15.2 Sterilization | 2 |
| 519.15.3 Non-Covered Services | 3 |
| Glossary | 3 |
| Change Log..... | 4 |

DISCLAIMER: This chapter does not address all the complexities of Medicaid policies and procedures, and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations and other practitioner information.

519.15 REPRODUCTIVE HEALTH SERVICES

BACKGROUND

Reproductive health services are covered for West Virginia Medicaid members when provided by enrolled Physicians, Physician assistants (PAs), or Advanced Practice Registered Nurses (APRNs) acting within the scope of his/her license. Services include, but are not limited to family planning and sterilization services. This section lays out the conditions under which these reproductive health services are provided under Medicaid.

POLICY

519.15.1 FAMILY PLANNING SERVICES

WV Medicaid covers family planning services for both male and female members and may be provided as part of a practitioner's routine care. Federal Regulation [42 CFR § 441.20](#) provides that each member must be free from coercion and free to choose the method of family planning to be used. The purpose of family planning is to reduce unintended pregnancies. Medicaid family planning services must be documented in the member's medical record.

In addition to family planning services provided by WV Medicaid, the West Virginia Department of Health and Human Resources (WV DHHR) [Office of Maternal Child and Family Health \(OMCFH\)](#) also provides services under the Title X Family Planning Program.

519.15.2 STERILIZATION

Sterilizations are covered for both male and female members in accordance with the Federal Social Security Act, as implemented in regulation at [42 CFR 441, Subpart F – Sterilizations, §441.253, §441.254, §441.257, and §441.258](#) requirements as follows:

- The member is at least 21 years of age at the time consent is obtained;
- The member is not a mentally incompetent individual;
- The member has voluntarily given informed consent in accordance with all the requirements prescribed in §441.257 and §441.258, and,
- At least 30 days, but not more than 180 days, have passed between the date of informed consent and date of the sterilization, except in the case of premature delivery or emergent abdominal surgery. The member may consent to be sterilized at the time of a premature delivery or emergent abdominal surgery, if at least 72 hours have passed since he or she gave informed consent for the sterilization. In the case of premature delivery, the informed consent must have been given at least 30 days before the expected date of delivery.

The sterilization consent form must be complete in its entirety and attached to the claim for payment consideration. If any portion of the consent form is incomplete, inaccurate, or illegible, the claim will be denied. The BMS Fiscal Agent will not return the consent form for correction, changes, or additions. The consent form must include, but is not limited to:

- Date of Surgery – the form must list the specific date the surgery was performed; "to be scheduled" and "after delivery" is not acceptable.
- Physician's Statement – this section must be fully completed by the physician.



519.15 REPRODUCTIVE HEALTH SERVICES

- Date of Physician's Signature – this date must occur within one day of the date of surgery.
- The interpreter's statement, if applicable. The statement must be completed only if the member does not understand the language on the consent form or the language used by the person obtaining consent, and needs an interpreter. If this section is used, the interpreter must sign and date the consent form, using the date informed consent was given.

In order to establish the 72-hour period, the specific time of the signing of the consent form is necessary. If premature delivery is indicated on the consent form, the member's expected delivery date must be indicated. If emergent abdominal surgery is indicated, the circumstances of the emergency must be explained. In both cases, the field for the condition that does not occur must be crossed out.

Informed consent is the voluntary assent from a member that he/she has been informed orally of, and given the opportunity to question and receive satisfactory answers concerning sterilization. Informed consent may not be obtained while the member is in any one of the following conditions:

- In labor or childbirth;
- Seeking or obtaining a pregnancy termination;
- Under the influence of alcohol or other substance that affects the individual's awareness; and/or,
- Under anesthesia.

The [United States Department of Health and Human Services \(DHHS\) consent form](#) must be used for sterilization, and must be signed and dated by the:

- Member who wants to be sterilized;
- Interpreter, if applicable;
- Person who obtained the consent; and,
- Physician who performed the sterilization procedure.

Photocopy, facsimile, or electronic format is acceptable.

519.15.3 NON-COVERED SERVICES

Family planning services do not cover procreative management or fertility services.

Non-covered services are not eligible for a DHHR Fair Hearing or a Desk/Document review.

GLOSSARY

Definitions in [Chapter 200, Definitions and Acronyms](#) apply to all West Virginia Medicaid services, including those covered by this chapter.

REFERENCES

West Virginia State Plan sections [3.1\(e\)](#), [3.1-A\(4\)\(c\)](#), [3.1-B](#) reference family planning services.

West Virginia State Plan [Section 3.4](#) references Sterilization services.



519.15 REPRODUCTIVE HEALTH SERVICES

CHANGE LOG

| REPLACE | TITLE | CHANGE DATE | EFFECTIVE DATE |
|----------------|------------------------------|-------------|------------------|
| Entire Chapter | Reproductive Health Services | | January 15, 2016 |

DISCLAIMER: This chapter does not address all the complexities of Medicaid policies and procedures, and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations and other practitioner information.