

Provider Manual

Section 14.0

Family Planning

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14.0 Family Planning

14.1 Services

Family Planning Services includes complete medical history, physical examination, laboratory and clinical test supplies, educational material, counseling and prescribed birth control methods to best suit the patient's needs. Providers must maintain confidentiality for Family Planning Services with members under 18 years of age (Title X, 42 CFR 59.11, and KRS 214.185). Some situations may not guarantee confidentiality, please see KRS 620.030, KRS 209.010 et. seq., KRS 202A, and KRS 214.185 for those exceptions.

Family planning services include but are not limited to:

- Routine OB/GYN exams leading to dispensing of contraceptives.
- Birth control/contraceptives, such as pills, sponges, condoms, jellies.
- Intrauterine devices (IUDs) – implantation and removal.
- Injectable long-acting contraceptives.
- Implantable contraceptive devices.

Sterilization*

- Tubal ligations.
- Postpartum tubal ligations.
- Vasectomies.

Termination of Pregnancy**

- First trimester – up to 12 weeks.
- Second trimester – 12 to 22.5 weeks.

* Requirements for Sterilization:

1. MAP 250 form must be completed (Male and Female sterilization)
2. MAP 250 form must be completed 30 days PRIOR to the scheduled procedure
3. Member must be at least 21 years of age or older
4. Consent expires 180 days from the member's signature
5. Form must be attached to all claims
If the form is not attached or the form is incomplete, the claim may be denied
6. Prior authorization IS NOT required for sterilization

** Requirements for Termination of pregnancy (Induced Abortion or Induced Miscarriage):

1. MAP 235 form must be completed
2. Termination is covered ONLY:
 - A. In cases of Rape or Incest
 - B. If the life of the mother would be endangered if the fetus were carried to term. If the requirements for termination of pregnancy are not met, alternative funding can be located at <http://www.fundabortionnow.org/funds/AFund-Inc>

3. Prior authorization IS required for termination of pregnancy. Medical Record must be submitted for review MAP 235 must be submitted for review.
4. Requests for authorization of services may be received Monday through Friday from 8:00 a.m. to 5:30 p.m. EST, except holidays, by calling (800) 578-0636 or faxing to (502) 585-7989.

Requests submitted without complete medical records and a MAP 235 form will not be able to be processed

The member and the provider must complete and comply with all terms and conditions of DMS consent forms. Consent for Sterilization (MAP 250) and Certification Form for Induced Abortion or Induced Miscarriage (MAP 235) forms may be accessed on the DMS web site, <http://chfs.ky.gov>. Sample forms are located in Section 17 of this Provider Manual. The provider must ensure that non-English speaking, visually impaired and/or hearing-impaired members understand what they are signing.

14.2 Network

Passport members may obtain family planning services from any participating provider. No referral from the member's primary care practitioner (PCP) is required for family planning services.

14.3 Claims

All family planning claims are to be submitted to the following address:

**Passport Health Plan
P.O. Box 7114
London, KY 40742**

For Sterilization Services: (Tubal ligations, Postpartum tubal ligations, Vasectomies) a completed MAP 250 form must be attached to all claims. Failure to submit the completed form with the claim may result in the claim being denied.

Claims for presumptively eligible (PE) members should be submitted according to the guidelines in Section 18.