

**Marketplace National Regional Benefit Interpretation Document**

Benefit Name	FAMILY PLANNING (BIRTH CONTROL)
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses family planning including birth control, and contraception methods.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member’s EOC/SOB, the member’s EOC/SOB provision will govern.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><b>A. FEDERAL/STATE MANDATED REGULATIONS</b></p> </div> <p><b>Note: The most current federal/state mandated regulations for each state can be found in the links below.</b></p> <p><b>FEDERAL:</b>        See Affordable Care Act Implementation FAQs – Part 31, available at  <a href="https://www.irs.gov/pub/irs-drop/n-18-12.pdf">https://www.irs.gov/pub/irs-drop/n-18-12.pdf</a>  <a href="https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/faqs/aca-part-31.pdf">https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/faqs/aca-part-31.pdf</a></p> <p>Affordable Care Act Implementation FAQs – Part 54, available at:  <a href="https://www.cms.gov/files/document/faqs-part-54.pdf">https://www.cms.gov/files/document/faqs-part-54.pdf</a></p> <p><b>CALIFORNIA:</b>        Contraceptive Methods  <a href="#">California Health &amp; Safety Code 1367.25</a></p> <p><b>Health and Safety Code § 1367.9-</b> Coverage for the effects of diethylstilbestrol. Effects of Diethylstilbestrol (DES) Exposure. Between 1948 and 1971, millions of women took a drug called diethylstilbestrol</p>

(DES) to prevent miscarriage. Daughters born to women who took DES while pregnant have a slightly higher risk of developing: Abnormal cervical cells that cause an abnormal Pap test result.

**SB 306 (APL 21-025):**

Requires plans, on or after January 1, 2022, to cover, sexually transmitted disease home test kits, and the laboratory costs for processing those kits, that are deemed medically necessary or appropriate and ordered directly by a provider or furnished through a standing order for patient use based on clinical guidelines and individual patient health needs.

Requires plans to cover the services set forth in this new law when ordered for an enrollee by an in-network provider

**ILLINOIS:**

Sec. 356z.4b. Billing for long-acting reversible contraceptives. (a) In this Section, "long-acting reversible contraceptive device" means any intrauterine device or contraceptive implant. (b) Any individual or group policy of accident and health insurance or qualified health plan that is offered through the health insurance marketplace that is amended, delivered, issued, or renewed on or after the effective date of this amendatory Act of the 102nd General Assembly shall allow hospitals separate reimbursement for a long-acting reversible contraceptive device provided immediately postpartum in the inpatient hospital setting before hospital discharge

**NEW MEXICO:**

[NMSA 59A-22-42](#); [NMSA 59A-46-44](#)- Coverage for Prescription Contraceptive Drugs or Devices

**Bulletin 2021-029 Contraception Endorsement:**

To ensure enrollees are fully and accurately informed about such rights and benefits, the OSI is issuing the endorsement attached to this bulletin. All subject issuers shall issue this endorsement to each enrollee under a plan that went into effect on or after July 1, 2021.

*Contraception Coverage*

You are entitled to receive certain covered contraception services and supplies without cost sharing and without prior approval from us. This means that you do not have to make a co-payment, coinsurance, satisfy a deductible or pay out-of-pocket for any part of contraception benefits listed in this summary if you receive them from an in-network provider.

You may be required to pay a copay, coinsurance, and/or a deductible if you receive a contraception service or supply from an out-of-network provider if the same service or supply is available in-network. You may also owe cost sharing if you receive a brand-name contraceptive when at least one generic or a therapeutic equivalent is available

*Covered Contraceptive Methods*

Your plan covers these contraceptive methods:

**Method**

Sterilization Surgery for Women

Sterilization Surgery for Men

IUD Copper

IUD with Progestin

Implantable Rod

Shot/Injection

Oral Contraceptives (The Pill)

(Combined Pill)

Oral Contraceptives

(Extended/Continuous Use)

Oral Contraceptives (Mini Pill –

Progestin Only)

Patch

Vaginal Contraceptive Ring

Diaphragm with Spermicide

Sponge with Spermicide

Cervical Cap with Spermicide

Male Condom

Female Condom

Spermicide

Emergency Contraceptive – “Plan B”

Emergency Contraceptive – “Ella”

*Long Acting Reversible Contraceptives*

The Long Acting Reversible Contraceptives (LARCs), including Intrauterine Devices (IUDs) covered without cost-sharing by your plan are listed here: [insert website for Cost Sharing Free Covered Contraceptives Summary]. Coverage with no cost-sharing also applies to IUD insertion and removal, including surgical removal, and to any related medical examination when services are obtained from an in-network provider. Coverage of LARCs with no cost-sharing also includes (pre-discharge) post-partum clinical services.

*Oral Contraceptives*

The oral contraceptives covered by your plan are listed here: [insert website for Cost Sharing Free Covered Contraceptives Summary].

*Six Month Dispensing*

You are entitled to receive a six-month supply of contraceptives, if prescribed and self-administered, when dispensed at one time by your pharmacy. To receive this benefit, your provider must specifically prescribe the six-month supply. If you need to change your contraceptive method before the six-month supply runs out, you may do so without cost-sharing. You will not owe cost sharing for any related contraceptive counseling or side-effects management.

*Brand Name Drugs or Devices*

Your plan may exclude or apply cost sharing to a name-brand contraceptive if a generic or therapeutic equivalent is available within the same category of contraception. Please see the table of contraceptive categories above. Ask your provider about a possible equivalent.

If your provider determines that a brand-name contraceptive is medically necessary, your provider may ask us to cover that contraceptive without cost-sharing. If we deny the request, you or your provider can submit a grievance to contest that denial.

*Vasectomies and Male Condoms*

[FOR NON-HSA PLANS - This plan covers vasectomies and male condoms. No prescription or cost sharing is required for coverage of male condoms. Please see the section below on

*Coverage for Contraception Where a Prescription Is Not Required* for instructions on reimbursement for condoms.]

[INSERT FOR HSA PLANS - Once you have met your deductible, this plan will cover vasectomy and male condoms cost-sharing free. Please see the section below on *Coverage for Contraception Where a Prescription Is Not Required* for instructions on reimbursement for condoms.]

*Sexually Transmitted Infections*

Your plan covers, and no cost sharing applies to, contraception methods that are prescribed for the prevention of sexually transmitted infections.

*Coverage for Contraception Where a Prescription Is Not Required*

Your plan covers contraception with no cost sharing even when a prescription is not required. Contraceptive methods such as condoms

or Plan B may fall into this category. You will not have to pay upfront for contraceptives that do not require a prescription when obtained through an in-network pharmacy. For all other purchases, you may submit a request for reimbursement

[FOR HMOs - Under your plan, use of an out-of-network provider to prescribe or dispense contraceptive coverage is not a covered benefit.

**TEXAS:**

[28 TAC §11.508\(9\)\(B\)-Mandatory Benefit Standards](#)

Group, Individual and Conversion Agreements (Preventative health services must include a broad range of voluntary family planning services)

[Texas Insurance Code § 1369 Subchapter C-Coverage of Prescription Contraceptive Drugs and Devices and Related Services](#)

**WASHINGTON:**

[WAC 284-43-5150](#) Unfair Practice Relating to Health Coverage

[RCW 48.43.195](#) Contraceptive drugs—Twelve-month refill coverage

[RCW 48.43.072](#) Required reproductive health care coverage—Restrictions on copayments, deductibles, and other form of cost sharing.

**WISCONSIN:**

[632.895 \(17\)](#) Contraceptive Coverage

**B. STATE MARKET PLAN ENHANCEMENTS**

None

**C. COVERED BENEFITS**

**IMPORTANT NOTE:** Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member’s Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

## **FAMILY PLANNING**

### **CALIFORNIA:**

**Family Planning:** Molina covers family planning services, including:

- Diagnosis and treatment of sexually transmitted diseases (STDs) if medically indicated, including home test kits and the laboratory processing for those kits when ordered by a Participating Provider
- Prescription birth control supplies, including emergency birth control supplies when filled by a Participating Provider pharmacist, or by a Non-Participating Provider in the event of an Emergency.
- Follow-up care for any problems Members may have using birth control methods issued by the family planning providers
- Laboratory tests if medically indicated as part of deciding what birth control methods a Member might want to use
- Pregnancy testing and counseling
- Screening, testing and counseling of at-risk individuals for HIV and referral for treatment
- Voluntary sterilization services, including tubal ligation (for females) and vasectomies (for males)
- Any other outpatient consultations, examinations, procedures, and medical services that are necessary to prescribe, administer, maintain or remove a contraceptive.

### **FLORIDA:**

**Family Planning:** Molina covers family planning services, including all methods of birth control approved by the FDA. Family planning services include:

- Diagnosis and treatment of sexually transmitted diseases (STDs) if medically indicated
- Prescription birth control supplies, including emergency birth control supplies when filled by a Participating Provider pharmacist, or by a Non-Participating Provider in the event of an Emergency
- Follow-up care for any problems Members may have using birth control methods issued by the family planning providers
- Laboratory tests if medically indicated as part of deciding what birth control methods a Member might want to use
- Pregnancy testing and counseling
- Screening, testing and counseling of at-risk individuals for HIV and referral for treatment
- Voluntary sterilization services, including tubal ligation (for females) and vasectomies (for males)
- Any other outpatient consultations, examinations, procedures, and medical services that are necessary to prescribe, administer, maintain or remove a contraceptive

**IDAHO:**

**Family Planning:** Molina covers family planning services, including all methods of birth control approved by the FDA. Family planning services include:

- Diagnosis and treatment of sexually transmitted diseases (STDs) if medically indicated
- Prescription birth control supplies
- Follow-up care for any problems Members may have using birth control methods issued by the family planning providers
- Laboratory tests if medically indicated as part of deciding what birth control methods a Member might want to use
- Pregnancy testing and counseling
- Screening, testing, and counseling of at-risk individuals for HIV and referral for treatment
- Voluntary sterilization services, including tubal ligation (for females) and vasectomies (for males)
- Any other outpatient consultations, examinations, procedures, and medical services that are necessary to prescribe, administer, maintain, or remove a contraceptive.
- Contraceptive methods for women currently identified by the FDA include sterilization surgery for women; surgical sterilization implant for women: implantable rod; IUD copper; IUD with progestin; shot/injection; oral contraceptives (combined pill); oral contraceptives (progestin only); oral contraceptives extended/continuous use; patch; vaginal contraceptive ring; 12) diaphragm; sponge; cervical cap; female condom; spermicide; and emergency contraception.

**ILLINOIS:**

**Family Planning:** Molina covers family planning services, [including all methods of birth control approved by the FDA]. Family planning services include:

- Diagnosis and treatment of sexually transmitted diseases (STDs) if medically indicated
- Prescription birth control supplies, including emergency birth control supplies when filled by a Participating Provider pharmacist, or by a Non-Participating Provider in the event of an Emergency.
- Follow-up care for any problems Members may have using birth control methods issued by the family planning providers
- Laboratory tests if medically indicated as part of deciding what birth control methods a Member might want to use
- Pregnancy testing and counseling
- Screening, testing and counseling of at-risk individuals for HIV and referral for treatment
- Voluntary sterilization services, including tubal ligation (for females) and vasectomies (for males)

- Any other outpatient consultations, examinations, procedures, and medical services that are necessary to prescribe, administer, maintain, or remove a contraceptive
- Fertility Preservation services in accordance with state law

**KENTUCKY:**

**Family Planning:** Passport covers family planning services, including all methods of birth control approved by the FDA. Family planning services include:

- Diagnosis and treatment of sexually transmitted diseases (STDs) if medically indicated
- Prescription birth control supplies, including emergency birth control supplies when filled by a Participating Provider pharmacist, or by a Non-Participating Provider in the event of an Emergency
- Follow-up care for any problems Members may have using birth control methods issued by the family planning providers
- Laboratory tests if medically indicated as part of deciding what birth control methods a Member might want to use
- Pregnancy testing and counseling
- Screening, testing and counseling of at-risk individuals for HIV and referral for treatment
- Voluntary sterilization services, including tubal ligation (for females) and vasectomies (for males)
- Any other outpatient consultations, examinations, procedures, and medical services that are necessary to prescribe, administer, maintain, or remove a contraceptive.

**MICHIGAN:**

Molina covers family planning services, including all methods of birth control approved by the FDA. Family planning services include:

- Diagnosis and treatment of sexually transmitted diseases (STDs) if medically indicated
- Prescription birth control supplies, including emergency birth control supplies when filled by a Participating Provider pharmacist, or by a Non-Participating Provider in the event of an Emergency.
- Follow-up care for any problems Members may have using birth control methods issued by the family planning providers
- Laboratory tests if medically indicated as part of deciding what birth control methods a Member might want to use
- Pregnancy testing and counseling
- Screening, testing and counseling of at-risk individuals for HIV and referral for treatment
- Voluntary sterilization services, including tubal ligation (for females) and vasectomies (for males)



- Any other outpatient consultations, examinations, procedures, and medical services that are necessary to prescribe, administer, maintain or remove a contraceptive.
- Infertility diagnosis

**MISSISSIPPI:**

**Family Planning:** Molina covers family planning services, including all methods of birth control approved by the FDA. Family planning services include:

- Diagnosis and treatment of sexually transmitted diseases (STDs) if medically indicated
- Prescription birth control supplies, including emergency birth control supplies when filled by a Participating Provider pharmacist, or by a Non-Participating Provider in the event of an Emergency.
- Follow-up care for any problems Members may have using birth control methods issued by the family planning providers
- Laboratory tests if medically indicated as part of deciding what birth control methods a Member might want to use
- Pregnancy testing and counseling
- Screening, testing and counseling of at-risk individuals for HIV and referral for treatment
- Voluntary sterilization services, including tubal ligation (for females) and vasectomies (for males)
- Any other outpatient consultations, examinations, procedures, and medical services that are necessary to prescribe, administer, maintain or remove a contraceptive.

**NEW MEXICO:**

**Family Planning:** Molina covers family planning services, including all methods of birth control approved by the FDA. Family planning services include:

- Contraception Coverage
  - You are entitled to receive certain covered contraception services and supplies without cost sharing and without prior approval from us. This means that you do not have to make a co-payment, coinsurance, satisfy a deductible or pay out-of-pocket for any part of contraception benefits listed in this summary if you receive them from an in-network provider.
  - You may be required to pay a copay, coinsurance, and/or a deductible if you receive a contraception service or supply from an out-of-network provider if the same service or supply is available in-network. You may also owe cost sharing if you receive a brand-name contraceptive when at least one generic or a therapeutic equivalent is available.

- Covered Contraceptive Methods
- Your plan covers these contraceptive methods:
- Method
  - Sterilization Surgery for Women
  - Sterilization Surgery for Men
  - IUD Copper
  - IUD with Progestin
  - Implantable Rod
  - Shot/Injection
  - Oral Contraceptives (The Pill) (Combined Pill)
  - Oral Contraceptives (Extended/Continuous Use)
  - Oral Contraceptives (Mini Pill – Progestin Only)
  - Patch
  - Vaginal Contraceptive Ring
  - Diaphragm with Spermicide
  - Sponge with Spermicide
  - Cervical Cap with Spermicide
  - Male Condom
  - Female Condom
  - Spermicide
  - Emergency Contraceptive – “Plan B”
  - Emergency Contraceptive – “Ella”
- Long Acting Reversible Contraceptives
  - The Long Acting Reversible Contraceptives (LARCs), including Intrauterine Devices (IUDs) covered without cost-sharing by your plan are listed here: [MolinaMarketplace.com/NMFormulary2023](https://MolinaMarketplace.com/NMFormulary2023). Coverage with no cost-sharing also applies to IUD insertion and removal, including surgical removal, and to any related medical examination when services are obtained from an in-network provider. Coverage of LARCs with no cost-sharing also includes (pre-discharge) post- partum clinical services.
- Oral Contraceptives
  - The oral contraceptives covered by your plan are listed here: [MolinaMarketplace.com/NMFormulary2023](https://MolinaMarketplace.com/NMFormulary2023).
- Six Month Dispensing
  - You are entitled to receive a six-month supply of contraceptives, if prescribed and self-administered, when dispensed at one time by your pharmacy. To receive this benefit, your provider must specifically prescribe the six-month supply. If you need to change your contraceptive method before the six- month supply runs out, you may do

so without cost-sharing. You will not owe cost sharing for any related contraceptive counseling or side-effects management.

- Brand Name Drugs or Devices
  - Your plan may exclude or apply cost sharing to a name-brand contraceptive if a generic or therapeutic equivalent is available within the same category of contraception. Please see the table of contraceptive categories above. Ask your provider about a possible equivalent.
  - If your provider determines that a brand-name contraceptive is medically necessary, your provider may ask us to cover that contraceptive without cost-sharing. If we deny the request, you or your provider can submit a grievance to contest that denial.

#### Vasectomies and Male Condoms

This plan covers vasectomies and male condoms. No prescription or cost sharing is required for coverage of male condoms. Please see the section below on Coverage for Contraception Where a Prescription Is Not Required for instructions on reimbursement for condoms.

#### Sexually Transmitted Infections

Your plan covers, and no cost sharing applies to, contraception methods that are prescribed for the prevention of sexually transmitted infections.

#### Coverage for Contraception Where a Prescription Is Not Required

Your plan covers contraception with no cost sharing even when a prescription is not required. Contraceptive methods such as condoms or Plan B may fall into this category. You will not have to pay upfront for contraceptives that do not require a prescription when obtained through an in-network pharmacy. For all other purchases, you may submit a request for reimbursement as follows:

- Within 90 days of the date of purchase of the contraceptive method,
- Provide the receipt with the reimbursement form available at <https://www.molinamarketplace.com/marketplace/nm/en-us/-/media/Molina/PublicWebsite/PDF/members/common/en-us/Marketplace/Rx-Reimbursement-Form.pdf>, to the following:
  - CVS Caremark
  - P.O. Box 52136
  - Phoenix, AZ 85072-2136

If you submit your complete request for reimbursement electronically or by fax, we will reimburse you within 30 days of receiving the request. If you submit your complete request for reimbursement by U.S. mail, we will reimburse

within 45 days. Failure to submit a complete request may lead to delays in reimbursement.

#### Availability of Out-of-Network Coverage

Under your plan, use of an out-of-network provider to prescribe or dispense contraceptive coverage is not a covered benefit.

#### **OHIO:**

**Family Planning:** Molina covers family planning services, including all methods of birth control approved by the FDA. Family planning services include:

- Diagnosis and treatment of sexually transmitted diseases (STDs) if medically indicated
- Prescription birth control supplies, including Emergency birth control supplies when filled by a Participating Provider pharmacist, or by a Non-Participating Provider in the event of an Emergency.
- Follow-up care for any problems Members may have using birth control methods issued by the family planning Providers
- Laboratory tests if medically indicated as part of deciding what birth control methods a Member might want to use
- Pregnancy testing and counseling
- Screening, testing and counseling of at-risk individuals for HIV and referral for treatment
- Voluntary sterilization services, including tubal ligation (for females) and vasectomies (for males)
- Any other outpatient consultations, education, examinations, procedures, and medical services that are necessary to prescribe, administer, maintain or remove a contraceptive.

Molina will defer to the determination of the Member's attending Provider's determination of Medical Necessity. Molina does not cover condoms for males, as excluded under the ACA.

#### **SOUTH CAROLINA:**

**Family Planning:** Molina covers family planning services, including:

- Diagnosis and treatment of sexually transmitted diseases (STDs) if medically indicated
- Prescription birth control supplies, including emergency birth control supplies when filled by a Participating Provider pharmacist, or by a Non-Participating Provider in the event of an Emergency
- Follow-up care for any problems Members may have using birth control methods issued by the family planning providers
- Laboratory tests if medically indicated as part of deciding what birth control methods a Member might want to use

- Pregnancy testing and counseling
- Screening, testing and counseling of at-risk individuals for HIV and referral for treatment
- Voluntary sterilization services, including tubal ligation (for females) and vasectomies (for males)
- Any other outpatient consultations, examinations, procedures, and medical services that are necessary to prescribe, administer, maintain or remove a contraceptive

**TEXAS:**

**Family Planning:** Molina covers family planning services, including all methods of birth control approved by the FDA. Family planning services include:

- Diagnosis and treatment of sexually transmitted diseases (STDs) if medically indicated
- Prescription birth control supplies, including emergency birth control supplies when filled by a Participating Provider pharmacist, or by a Non-Participating Provider in the event of an Emergency.
- Follow-up care for any problems Members may have using birth control methods issued by the family planning providers
- Laboratory tests if medically indicated as part of deciding what birth control methods a Member might want to use
- Pregnancy testing and counseling
- Screening, testing and counseling of at-risk individuals for HIV and referral for treatment
- Voluntary sterilization services, including tubal ligation (for females) and vasectomies (for males)
- Any other outpatient consultations, examinations, procedures, and medical services that are necessary to prescribe, administer, insert, maintain or remove a contraceptive device, such as intrauterine devices (IUD's)

**UTAH:**

**Family Planning:** Molina covers family planning services, including all methods of birth control approved by the FDA. Family planning services include:

- Diagnosis and treatment of sexually transmitted diseases (STDs) if medically indicated
- Prescription birth control supplies, including Emergency birth control supplies when filled by a Participating Provider pharmacist, or by a Non-Participating Provider in the event of an Emergency.
- Follow-up care for any problems Members may have using birth control methods issued by the family planning providers
- Laboratory tests if medically indicated as part of deciding what birth control methods a Member might want to use

- Pregnancy testing and counseling
- Screening, testing, and counseling of at-risk individuals for HIV and referral for treatment
- Voluntary sterilization services, including tubal ligation (for females) and vasectomies (for males)
- Any other outpatient consultations, examinations, procedures, and medical services that are necessary to prescribe, administer, maintain or remove a contraceptive.

**WASHINGTON:**

**Family Planning:** Molina covers family planning services, including all methods of birth control approved by the FDA. Family planning services include:

- Diagnosis and treatment of sexually transmitted diseases (STDs) if medically indicated
- Prescription birth control supplies, including emergency birth control supplies when filled by a Participating Provider pharmacist, or by a Non-Participating Provider in the event of an Emergency
- Follow-up care for any problems Members may have using birth control methods issued by the family planning providers
- Laboratory tests if medically indicated as part of deciding what birth control methods a Member might want to use
- Pregnancy testing and counseling
- Screening, testing, and counseling of at-risk individuals for HIV and referral for treatment
- Voluntary sterilization services, including tubal ligation (for females) and vasectomies (for males)
- Any other outpatient consultations, examinations, procedures, and medical services that are necessary to prescribe, administer, maintain, or remove a contraceptive

**WISCONSIN:**

**Family Planning:** Molina covers family planning services, including all methods of birth control approved by the FDA. Family planning services include:

- Diagnosis and treatment of sexually transmitted diseases (STDs) if medically indicated
- Prescription birth control supplies, including emergency birth control supplies when filled by a Participating Provider pharmacist, or by a Non-Participating Provider in the event of an Emergency
- Follow-up care for any problems Members may have using birth control methods issued by the family planning providers
- Laboratory tests if medically indicated as part of deciding what birth control methods a Member might want to use
- Pregnancy testing and counseling

- Screening, testing and counseling of at-risk individuals for HIV and referral for treatment
- Voluntary sterilization services, including tubal ligation (for females) and vasectomies (for males)
- Any other outpatient consultations, examinations, procedures, and medical services that are necessary to prescribe, administer, maintain or remove a contraceptive

## **CIRCUMCISION**

Refer to **Maternity and Newborn Benefit Interpretation Policy**

## **SURROGACY**

### **CALIFORNIA:**

**Subrogation for a Surrogacy Arrangement:** If a Member enters into a Surrogacy Arrangement and the Member or any other payee is entitled to receive payments or other compensation under the Surrogacy Arrangement, the Member must reimburse Molina for Covered Services the Member receives related to conception, pregnancy, delivery, or postpartum care in connection with that arrangement (“Surrogacy Health Services”) to the maximum extent allowed under California Civil Code Section 3040. A “Surrogacy Arrangement” is one in which a woman agrees to become pregnant and to surrender the baby (or babies) to another person or persons who intend to raise the child (or children), whether or not the woman receives payment for being a surrogate. Note: This “Surrogacy Arrangements” section does not affect the Member’s obligation or pay the Member’s Copayment or Coinsurance for these Covered Services. After the Member surrenders a baby to the legal parents, the Member is not obligated to reimburse for any Covered Services that the baby receives (the legal parents are financially responsible for any Covered Services that the baby receives).

By accepting Surrogacy Health Services, the Member automatically assigns to Molina the Member’s right to receive payments that are payable to the Member or any other payee under the Surrogacy Arrangement, regardless of whether those payment are characterized as being for medical expenses. To secure Molina’s rights, Molina will also have a lien on those payments and on any escrow account, trust, or any other account that holds those payments. Those payments (and amounts in any escrow account, trust, or other account that holds those payments) shall first be applied to satisfy Molina’s lien. The assignment and Molina’s lien will not exceed the total amount of the Member’s obligation to Molina under the preceding paragraph.

Within 30 days after entering into a Surrogacy Arrangement, the Member must send written notice of the arrangement, including all of the following information:

- Names, addresses, and telephone numbers of the other parties to the arrangement
- Names, addresses, and telephone numbers of any escrow agent or trustee
- Names, addresses, and telephone numbers of the intended parents and any other parties who are financially responsible for Covered Services the baby (or babies) receive, including names, addresses, and telephone numbers for any health insurance that will cover Covered Services that the baby (or babies) receive
- A signed copy of any contracts and other documents explaining the arrangement
- Any other information Molina requests in order to satisfy Molina's rights

The Member must send this information to the address on the first page of this Agreement.

The Member must complete and send Molina all consents, releases, authorizations, lien forms, and other documents that are reasonably necessary for Molina to determine the existence of any rights Molina may have under this "Surrogacy Arrangements" section and to satisfy those rights. The Member may not agree to waive, release, or reduce Molina's rights under this "Surrogacy Arrangements" section without Molina's prior, written consent.

If the Member's estate, parent, guardian or conservator asserts a claim against a third party based on the Surrogacy Arrangement, the Member's estate, parent, guardian, or conservator shall be subject to Molina's liens and other rights to the same extent as if the Member had asserted the claim against the third party. Molina may assign Molina's rights to enforce Molina's liens and other rights.

If the Member has questions about the Member's obligations under this provision, please contact Member Services.

### **MORE INFORMATION**

Refer to Benefit Interpretation Policy titled **Infertility (In Vitro Fertilization)**

Refer to the Benefit Interpretation Policy titled **Maternity and Newborn Care**

**D. NOT COVERED**



Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

### **ARTIFICIAL INSEMINATION AND CONCEPTION BY ARTIFICIAL MEANS**

#### **ALL STATES:**

**Artificial Insemination and Conception by Artificial Means:** All services related to artificial insemination and conception by artificial means are not covered.

### **ERECTILE DYSFUNCTION**

#### **CALIFORNIA:**

**Erectile Dysfunction Drugs:** Molina does not cover drugs or treatment for erectile dysfunction. This exclusion does not apply to medically necessary treatment of a mental health or substance use disorder.

#### **FLORIDA, IDAHO, ILLINOIS, KENTUCKY, MISSISSIPPI, MISSISSIPPI, NEW MEXICO, OHIO, SOUTH CAROLINA, TEXAS, UTAH, WASHINGTON, WISCONSIN:**

**Erectile Dysfunction Drugs:** Molina and Passport (for KY) do not cover drugs or treatment for erectile dysfunction.

### **SEXUAL DYSFUNCTION**

Please refer to **Benefit Interpretation Policy titled Sexual Dysfunction**

### **SURROGACY**

#### **CALIFORNIA:**

**Surrogacy:** Services for anyone in connection with a Surrogacy Arrangement, except for otherwise-Covered Services provided to a Member who is a surrogate. A "Surrogacy Arrangement" is one in which a woman (the surrogate) agrees to become pregnant and to surrender the baby (or babies) to another person or persons who intend to raise the child (or children), whether or not the woman receives payment for being a surrogate. Please refer to "Subrogation for a Surrogacy Arrangement" in the "Covered" section of this Agreement for information about Member obligations to Molina in connection with a Surrogacy Arrangement, including Member obligations to reimburse Molina for any Covered Services Molina covers and a Member's obligation to provide information to Molina about anyone who may be financially responsible for the Covered Services the baby (or babies) receive.

#### **FLORIDA, IDAHO, ILLINOIS, KENTUCKY, MICHIGAN, MISSISSIPPI, NEW MEXICO, OHIO, SOUTH CAROLINA, TEXAS, UTAH, WASHINGTON, WISCONSIN:**

**Surrogacy:** Molina and Passport (for KY) do not cover services for anyone in connection with a surrogacy arrangement, except for otherwise Covered Services provided to a Member who is a surrogate.

A surrogacy arrangement is one in which a woman (the surrogate) agrees to become pregnant and to surrender the baby to another person or persons who intend to raise the child.

**E. DEFINITIONS**

[See Glossary](#)

**F. POLICY HISTORY/REVISION INFORMATION**

Date	Action/Description
1/20/2021	<ul style="list-style-type: none"> <li>Added Surrogacy as a section to the policy</li> </ul>
4/5/2021	<ul style="list-style-type: none"> <li>Added In Vitro Fertilization as a section to the policy</li> <li>Added Regulation for IFV for Illinois</li> </ul>
4/15/2021	<ul style="list-style-type: none"> <li>Added KY 2022 Drafted Language</li> </ul>
5/14/2021	<ul style="list-style-type: none"> <li>Added IL 2022 EOC Language</li> </ul>
5/17/2021	<ul style="list-style-type: none"> <li>Removed Infertility Language for all MP states to the new Infertility Benefit Policy</li> </ul>
6/29/2021	<ul style="list-style-type: none"> <li>Added ID 2022 EOC Language</li> </ul>
10/25/2021	<ul style="list-style-type: none"> <li>Removed Sexual Dysfunction language to the new Benefit Policy for Sexual Dysfunction</li> </ul>

<b>Procedure Codes (Internal Use Only)</b>	<b>BI Policy Configuration Family Planning (Birth Control)</b>  <b>Coding Disclaimer:</b> Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT <sup>®</sup> ), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.																			
<b>Prior Authorization</b>	For the MHI PA Matrix, if a code is NOT listed, it could EITHER be: <ul style="list-style-type: none"> <li>a. Covered and No PA Required</li> <li>b. Not Covered</li> </ul> You cannot use the MHI PA Matrix to make coverage determinations.  <a href="#">PA Lookup Tool</a>																			
<b>Approval</b>	<table border="1"> <thead> <tr> <th>Departments</th> <th>Product</th> <th>CIM</th> <th>Clinical Management</th> </tr> </thead> <tbody> <tr> <td>Date</td> <td>1/12/2021</td> <td>1/22/2021</td> <td>3/24/2021</td> </tr> <tr> <td>Revised (for 1/1/2022)</td> <td>11/5/2021</td> <td>3/9/2022</td> <td>11/5/2021</td> </tr> <tr> <td>Revised (for 1/1/2023)</td> <td>11/15/2022</td> <td></td> <td>11/15/2022</td> </tr> </tbody> </table>	Departments	Product	CIM	Clinical Management	Date	1/12/2021	1/22/2021	3/24/2021	Revised (for 1/1/2022)	11/5/2021	3/9/2022	11/5/2021	Revised (for 1/1/2023)	11/15/2022		11/15/2022			
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