

Family Planning

Benefit Coverage (Cal. Code. Regs., tit. 10, § 2699.6700, subd. (a)(3)(F))

Voluntary family planning services include counseling and surgical procedures for sterilization, and contraceptive drugs and devices pursuant to the prescription drug benefit. This benefit is provided by the PCP or by PCP referral and IPA authorization.

Benefit Exclusion

Family planning services not provided by the PCP or through PCP referral and approved by the IPA.

Examples of Covered Benefits

1. Health education and counseling necessary to make informed choices and understand contraceptive methods.
2. Laboratory tests, if medically indicated as part of decision-making process for choice of contraceptive methods.
3. Follow-up care for complications associated with contraceptive methods, including removal of Norplant or IUD.
4. Provision of contraceptive pills, devices, supplies, including Depo-Provera injections.
5. Tubal Ligation.
6. Vasectomies.
7. Pregnancy testing and counseling.
8. Diagnosis and treatment of Sexually Transmitted Diseases (STD), if medically indicated.
9. Screening, testing and counseling of at-risk individuals for HIV as part of the family planning visit.
10. Limited physical examinations necessary as part of family planning method decision-making.

Examples of Non-Covered Benefits

1. Complete physical examinations.
2. Diagnostic or treatment services unrelated to Family Planning.
3. Family planning services provided by a provider other than the PCP unless authorized by the IPA.