

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201243 NOVEMBER 20, 2012



The IHCP to implement the Family Planning Eligibility Program

Effective January 1, 2013, the Indiana Health Coverage Programs (IHCP) will implement the Family Planning Eligibility Program, which provides **only** family planning services to IHCP members who:

- Do not qualify for any other category of Medicaid
- Are male or female of any age
- Are not pregnant
- Have not had a hysterectomy or sterilization
- Have income that is at or below 133% of the federal poverty level
- Are U.S. citizens, certain lawful permanent residents, or certain qualified documented aliens

Description of service

The Family Planning Eligibility Program provides services and supplies to men and women for the primary purpose of preventing or delaying pregnancy.

Services covered under the Family Planning Aid Category include:

- Annual family planning visits, including health education and counseling necessary to understand and make informed choices about contraceptive methods

[Continue](#)



- Laboratory tests, if medically indicated as part of the decision-making process regarding contraceptive methods
- Limited health history and physical (H&P) examinations
- Pap smears
- Initial diagnosis and treatment of sexually transmitted diseases (STDs) and sexually transmitted infections (STIs), if medically indicated, including the provision of Food and Drug Administration (FDA)-approved anti-infective agents
- Follow-up care for complications associated with contraceptive methods issued by the family planning provider
- Providing FDA-approved oral contraceptives, and contraceptive devices and supplies, including emergency contraceptives

- Screening, testing, counseling, and referral of members at risk for HIV
- Tubal ligations
- Hysteroscopic sterilization with an implant device
- Vasectomies

Services not covered under the Family Planning Aid Category include:

- Abortions
- Any drug or device intended to terminate fertilization
- Artificial insemination
- IVF (*in vitro* fertilization)
- Fertility counseling
- Fertility treatment
- Fertility drugs
- Inpatient hospital stays
- Reversal of tubal ligation and vasectomies
- Treatment for any chronic condition, including STDs or STIs that have advanced to chronic conditions
- Services unrelated to family planning

Reimbursement requirements

IHCP reimbursement is available for Family Planning Eligibility Program-covered services rendered by IHCP-enrolled providers, including but not limited to physicians, certified nurse midwives, family planning clinics, and hospitals. Family Planning Eligibility Program services may be self-referred.

Member eligibility

Members who are eligible for the Family Planning Aid Category will be identified as being in the “MA E” aid category.

[Continue](#)

Providers must check eligibility before rendering services, either via Web interChange or via one of the following Eligibility Verification Systems (EVS):

- Automated Voice Response
- OMNI
- Electronic Data Interchange (EDI) 270/271 – Eligibility Benefit Transaction

Additional guidelines pertaining to covered services and billing instructions for these services will be provided in upcoming IHCP publications.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please [download them](#) from indianamedicaid.com. To receive email notices of future IHCP publications, [subscribe](#) to IHCP E-mail Notifications.

TO PRINT

A [printer-friendly version](#) of this publication, in black and white and without graphics, is available for your convenience.