



Policy Key: Contraception and Sterilization

TriWest Clinical Operations – TRICARE West Region

SCOPE

This Policy Key provides criteria to be used during medical necessity review for family planning services, including contraception and sterilization. ^[1,2]

NOT COVERED

Services and supplies not covered under the family planning benefit include ^[1]:

- Prophylactics (condoms)
- Spermicidal foams, jellies, and sprays that do not require a prescription
- Male reversal of surgical sterilization
- Female reversal of tubal surgical sterilization, except when medically necessary to treat a disease or injury

COVERAGE CRITERIA

Initial Level of Review may approve any of the following services and supplies:

- Surgical sterilization:
 - Female tubal sterilization ^[1],
 - A vasectomy, unilateral or bilateral, performed as an independent procedure ^[2]
- Medical contraceptive services ^[3]:
 - Injections,
 - Placement and removal of the following devices, when they are FDA-approved and for the labeled indications:
 - intrauterine devices
 - implantable rods
 - Diaphragm measurements and fittings
- Prescription contraceptives including ^[2,3]:
 - Diaphragms received in the pharmacy setting
 - Emergency contraceptives

DEFINITIONS

CODES



REFERENCES

[1] TRICARE Policy Manual 6010.63-M, April 2021, Chapter 7, Section 2.3 – Family Planning, https://manuals.health.mil/pages/DisplayManualHtmlFile/2025-01-08/AsOf/TPT5/C7S2_3.html

[2] TRICARE Policy Manual 6010.63-M, April 2021, Chapter 4, Section 15.1 – Male Genital System, https://manuals.health.mil/pages/DisplayManualHtmlFile/2025-01-08/AsOf/TPT5/C4S15_1.html

[3] TRICARE Policy Manual 6010.63-M, April 2021, Chapter 7, Section 2.1 – Clinical Preventive Services - TRICARE Basic Program Benefits, https://manuals.health.mil/pages/DisplayManualHtmlFile/2025-01-08/AsOf/TPT5/c7s2_1.html#FM70694