

## Chapter 7

## Section 2.3

### Family Planning

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#### 1.0 POLICY

The family planning procedures listed below may be cost-shared:

- 1.1 Surgical insertion, removal, and replacement of intrauterine devices.
- 1.2 Measurement for, and purchase of, contraceptive diaphragms, including remeasurement and replacement.
- 1.3 Prescription contraceptives and prescription contraceptives used as emergency contraceptives.

**Note:** Implantable prescription contraceptives are covered if the U.S. Food and Drug Administration (FDA) approved and used for the labeled indication.

- 1.4 Male and female surgical sterilization.

#### 2.0 EXCLUSIONS

- 2.1 Prophylactics (condoms).
- 2.2 Spermicidal foams, jellies, and sprays not requiring a prescription.
- 2.3 Services and supplies related to noncoital reproductive technologies, including but not limited to artificial insemination (including cost related to donors and semen banks), In Vitro Fertilization (IVF) and Gamete Intrafallopian Transfer (GIFT).
- 2.4 Male and female reversal of a surgical sterilization procedure.
- 2.5 For routine screening Papanicolaou (PAP) smear tests, routine gynecologic examinations, and related laboratory testing, see the Preventive Services policy.
- 2.6 The family planning benefit does not include screening PAP smear tests, routine gynecologic examinations, including related laboratory testing. However, family planning benefits may be allowed during an office visit for a screening PAP test.

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