

Title 23: Division of Medicaid

Part 221: Family Planning Services

Chapter 1: General

Rule 1.4: Covered Services

- A. Family planning services are services provided to eligible beneficiaries who voluntarily choose to prevent pregnancy, plan the number of pregnancies, or plan the spacing between pregnancies.
- B. Family planning services are provided, with limitations, in the following general categories:
 - 1. Counseling and education are considered part of the family planning visit and must not be billed separately.
 - 2. Contraceptive Drugs
 - a) Insertion and removal of contraceptive implants are covered.
 - b) Contraceptive injections administered in the provider's office are covered.
 - c) Prescription contraceptives are available through the pharmacy program.
 - 3. Contraceptive Devices
 - a) Insertion and removal of contraceptive intrauterine devices are covered.
 - b) Diaphragm or cervical caps fitting with instructions are covered.
 - 4. Voluntary Sterilization - Vasectomy and tubal ligation procedures, including tubal ligation by hysteroscopy, are only covered if they meet Medicaid criteria for sterilization as outlined in Part 202, Chapter 5, Rule 5.3.
 - 5. Laboratory Procedures - Pap smears and screening for sexually transmitted diseases are covered services.

Source: Miss. Code Ann. §§ 43-13-117(13), 43-13-121; Social Security Act § 1905(a)(4)(c).

History: Revised Rule 1.4.B.4. eff. 10/01/2013.