**Contraceptive Processing Steps with UMR**

When UMR receives a claim from a provider for a Healthcare Reform mandated contraceptive service for a group that does not cover it:

1. **Claim is denied** under the medical benefit plan with an ineligible code 607.
   1. This code is specific for birth control services that are not covered under the medical plan
   2. It helps the internal reporting department run a report that then goes through a few more stops before …
2. A **new claim is paid** with the same date of service, same billed amount, same patient as covered under the Contraception Services group number (76411608)

The member does not need to call unless it has been over 45 days from the initial denial. This new claim can take up to 30 days to be generated and paid after the initial claim was denied.

It’s not an instantaneous process **but** these claims being denied with 607 will be reviewed and paid per the HCR under the Contraception Services plan that UMR provides.