Provider Update

Postpartum long-acting, reversible contraception benefit now available

Summary of change: Amerigroup* Medicaid members now have access to immediate postpartum placement of long-acting, reversible contraception (LARC) (intrauterine devices [IUDs] and etonogestrel implants).

✦ **What this means to you:** In an inpatient facility, you have the ability to implant the LARC device of your patient's choice and receive the same reimbursement as if the device were implanted on an outpatient basis.

Why is this change necessary?

Unintended pregnancies are associated with higher rates of maternal and neonatal complications and continue to be a concerning health problem in the United States.[1] Long-acting methods are more effective at preventing unintended pregnancies and have significantly greater continuation rates than oral contraceptives, the vaginal contraceptive ring or the contraceptive patch.[2] LARCs also have very low rates of serious side effects.

How this benefit works:

During an inpatient facility admission, you will have the ability to implant the device of your patient's choice and receive the same reimbursement as if the device were implanted on an outpatient basis. The inpatient facility will provide the device. Please work closely with your obstetrical unit to understand the logistics of obtaining the devices. Attached, you will find frequently asked questions regarding LARCs.

What to do before providing this benefit to your patients:

- We respectfully ask you to discuss with your patients the option for immediate postpartum LARC placement early in the [third] trimester of pregnancy. This is to ensure arrangements can be made ahead of time, as some members may deliver early.
- Please provide additional counseling and support to your teenage and young patients (ages 13-19), as this group is at the greatest risk for early discontinuation.[3]
- It appears that there is lower discontinuation at two years for IUDs, as compared to the etonogestrel implant.[4] Therefore, when clinically appropriate, IUDs should be considered over the implant.

**Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.*

What if I need assistance?

If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.

Frequently asked questions:
Long-acting, reversible contraception

Q: When should the IUD or NEXPLANON® be inserted?

A: The IUD can be inserted in the postpartum period:

- Within 10 minutes after delivery of the placenta
- Up to 48 hours after delivery
- At the time of cesarean delivery

The NEXPLANON can be inserted at any point following delivery.

Q: When should postpartum IUD placement be avoided?

A:

- Immediate post-placenta insertion should be avoided in patients with a fever.
- Patients with rupture of membranes greater than 36 hours before delivery, a postpartum hemorrhage or extensive genital lacerations should be referred for interval insertion.

Q: Where can I find additional information regarding LARCs?

A: Additional information can be found on the American Congress of Obstetricians and Gynecologists (ACOG) Web page (www.acog.org > About ACOG > ACOG Departments and Activities > Long Acting Reversible Contraception). There you will find a coding guide, practice guidelines and other information about LARCs. Additional information may also be found at www.arhp.org.

Q: What are the CPT codes associated with IUD and NEXPLANON insertion in the hospital setting?

A: The CPT and associated ICD codes are unchanged for the hospital setting:

- 11981 Insertion, non-biodegradable drug delivery implant
- 58300 Insertion of IUD

Q: Does placement of an IUD in the postpartum period increase a woman's chance of infertility in the future?

A: No. There is no data to suggest that there is any adverse effect on future fertility. Baseline fecundity has been shown to return rapidly after IUD removal.[5]

Q: Is there a greater rate of IUD expulsion with postpartum placement of an IUD?

A: Yes. The actual expulsion rate varies with device type. An important study of the Copper T 380A by Celen, et al, demonstrated expulsion rates at six weeks, six months and 12 months of 5.1 percent, 7 percent and 12.3 percent.[6] A study of expulsion rates of the levonorgestrel-containing system demonstrated an expulsion rate of 10 percent at 10 weeks.[7]

Q: When should patients be seen for a follow-up?

A: Patients should be seen between 21 days and six weeks for a follow-up. Many patients resume intercourse before the six-week checkup. To prevent unintended pregnancies, it is important to confirm that the device is still in place.

1 Hellerstedt, W. L., Pirie, P. L., Lando, H. A., Curry, S. J., McBride, C. M., Grothaus, L. C., et al. (1998). Differences in Preconceptional and Prenatal Behaviors in women with Intended and Unintended Pregnancies. *American Journal of Public Health, 88,* 663-666.

2 Winner, B., Peipert, J. F., Zhao, Q., Buckel, C., Madden, T., Allsworth, J. E., et al. (2012). Effectiveness of Long-Acting Reversible Contraception. *New England Journal of Medicine, 366*, 1998-2007.

3 Aoun, J., Dines, V. A., Stovall, D. W., Mete, M., Nelson, C. B., et al. (2014). Effects of Age, Parity, and Device Type on Complications and Discontinuation of Intrauterine Devices. *Obstetrics & Gynecology, 123*, 585-592.

4 O'Neil-Callahan, M., Peipert, J. F., Zhao, Q., Madden, T., & Secura, G. (2013). Twenty-Four-Month Continuation of Reversible Contraception. *Obstetrics & Gynecology, 122*, 1083-1091.

5 Hov, G. G., Skjeldestad, F. E., & Hilstad, T. (2007). Use of IUD and Subsequent Fertility--Follow-up After Participation in a Randomized Clinical Trial. *Contraception, 75,* 88-92.

6 Celen, S., Möröy, P., Sucak, A., Aktulay, A., & Danişman, N. (2004). Clinical Outcomes of Early Postplacental Insertion of Intrauterine Contraceptive Devices. *Contraception, 69,* 279-282.

7 Hayes, J. L., Cwiak, C., Goedken, P., & Zieman, M. (2007). A Pilot Clinical Trial of Ultrasound-Guided Postplacental Insertion of a Levonorgestrel Intrauterine Device. *Contraception, 76*, 292-296.