

Postpartum placement of long-acting reversible contraception

Summary: We are reaching out to remind you that Amerigroup covers long-acting reversible contraception (LARC) (e.g., intrauterine devices and etonogestrel implants such as Nexplanon®) for Medicaid members immediately following inpatient delivery. LARC is an effective contraceptive option with high rates of member satisfaction and method continuation.^{1, 2} LARC services are covered for STAR, STAR+PLUS and STAR Kids members. Immediate postpartum placement of a LARC device is supported by the Texas Health and Human Services Commission (HHSC) and is a safe form of contraception for your patients.

Resources to consult when considering LARC:

- Review the [HHSC LARC Toolkit](#). Patients should be educated about their options.
- Consult [the American College of Obstetricians and Gynecologists](#) website.
- Reference the Precertification Lookup Tool for authorization requirements. Visit <https://providers.amerigroup.com/TX>. Under *Provider Resources & Documents*, select **Quick Tools**, then select **Precertification Lookup Tool**.
- To ensure all claims are billed correctly, see the *Frequently Asked Questions* attachment.

Advantages of LARC devices

As you are aware, unintended pregnancies are a major health concern in the United States. Unintended pregnancies are associated with high rates of maternal and neonatal complications.³ Research shows LARC is more effective at preventing unintended pregnancies and has significantly greater continuation rates than oral contraceptives, the vaginal contraceptive ring or the contraceptive patch; LARC has also been demonstrated to have very low rates of serious side effects.²

What if I need assistance?

If you have questions about this communication or need assistance, please contact your local Provider Relations representative or call Provider Services toll free at 1-800-454-3730.

Enclosure: *Frequently Asked Questions*

1 Aoun J, Dines VA. Effects of age, parity, and device type on complications and discontinuation of intrauterine devices. *Obstetrics & Gynecology*. 2014; 123(3):585-92.

2 O'Neil-Callahan M, Peipert JF. Twenty-four-month continuation of reversible contraception. *Obstetrics & Gynecology*. 2013; 122(5):1083-91.

3 Hellerstedt WL, Pirie PL, Landa HA, et al. Differences in preconceptional and prenatal behaviors in women with intended and unintended pregnancies. *American Journal of Public Health*. 1998; 88(4): 663-6.

<https://providers.amerigroup.com>

Frequently asked questions

When should the IUD or Nexplanon® be inserted postpartum?

Per American College of Obstetricians and Gynecologists (ACOG) guidelines, the intrauterine device (IUD) can be inserted in the postpartum period.¹ This applies to:

- Immediate postpartum IUD insertion (within 10 minutes after placenta delivery in vaginal and cesarean births).
- Immediate postpartum initiation of the contraceptive implant (insertion before hospital discharge after a hospital stay for birth).

What are instances when postpartum IUD placement should be avoided?

Immediate postplacental insertion should be avoided in patients with a fever. Patients with rupture of membranes occurring more than 36 hours before delivery, postpartum hemorrhage or extensive genital lacerations should be considered for interval insertion.

Which codes should be used in LARC billing?

All eligible contraceptive services must be billed directly to Amerigroup. There are several billable codes for medical and pharmacy benefits. Consider using codes outlined in the *Texas Medicaid Provider Procedures Manual (TMPPM)* such as: J1050, J7297, J7298, J7300, J7301 and J7307. Please note that formulary and medical services and codes are subject to change. Please monitor the [Vendor Drug Program](#) and [Texas Health and Human Services Commission](#) websites for up-to-date codes and policy changes.

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

No, there is no data to suggest any adverse effect on future fertility. Baseline fecundity has been shown to return rapidly after IUD removal.²

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

Yes, and the expulsion rate varies with device type. An important study of the Copper T 380A IUD demonstrated expulsion rates of 5.1 percent at six weeks, 7 percent at six months and 12.3 percent at 12 months.³ A different study of expulsion rates of the levonorgestrel-containing system demonstrated an expulsion rate of 10 percent at 10 weeks.⁴

When should patients be seen for follow-up?

Patients should be seen between 21 days and six weeks. It is important to confirm that the device is still in place to prevent unintended pregnancy.

1 American College of Obstetricians and Gynecologists. Committee opinion: Immediate postpartum long-acting reversible contraception. August 2016.

2 Hov GG, Skjeldestad FE. Use of IUD and subsequent fertility — follow-up after participation in a randomized clinical trial. *Contraception*. 2007;75(2):88–92.

3 Celen S, Mörøy P. Clinical outcomes of early postplacental insertion of intrauterine contraceptive devices. *Contraception*. 2004;69(4):279–82.

4 Hayes JL, Cwiak C. A pilot clinical trial of ultrasound-guided postplacental insertion of a levonorgestrel intrauterine device. *Contraception*. 2007;76(4):292–6.