

October 2017

**Subject: Long-acting, reversible contraceptive devices**

Dear Provider:

I am writing to inform you of a new benefit for your Statewide Medicaid Managed Care Managed Medical Assistance patients. Effective October 25, 2017, your patients have the benefit of immediate postpartum placement of long-acting, reversible contraception (LARC) (intrauterine devices [IUDs] and etonogestrel implants) during their inpatient delivery admission.

**How this benefit works**

During an inpatient facility admission, you have the ability to implant the covered device of your patient's choice and receive the same reimbursement from Amerigroup as if the device was implanted on an outpatient basis. The inpatient facility will provide the device. Please work closely with your OB unit to understand the logistics of obtaining devices.

**What to do before providing this benefit to your patients**

At the beginning of your patient's third trimester of pregnancy, we respectfully ask that you discuss the option of immediate postpartum placement of a LARC device with your patient. Please initiate education to teenagers during their adolescent well-care visits and provide additional counseling and support to your younger patients (ages 13-19) as this group is at the greatest risk for early discontinuation of contraception.<sup>1</sup> Some studies show there is lower discontinuation at two years of IUDs as compared to the etonogestrel implant.<sup>2</sup> When clinically appropriate, evaluate the safety of contraceptive method use for your patients with medical condition(s).

**Advantages of LARC devices**

As you are well aware, unintended pregnancies continue to be a major health problem in the United States. These unintended pregnancies are associated with higher rates of maternal and neonatal complications of pregnancy.<sup>3</sup> Research shows that long-acting reversible methods are more effective at preventing unintended pregnancies; have significantly greater continuation rates than oral contraceptives, the vaginal contraceptive ring or the contraceptive patch; and have very low rates of serious side effects.<sup>4</sup>

As outlined extensively in several documents, the National American Congress of Obstetrics and Gynecology (ACOG) promotes the use of postpartum LARC devices. The most notable of these is

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1 Aoun J et al. "Effects of Age, Parity, and Device Type on Complications and Discontinuation of Intrauterine Devices," *Obstetrics & Gynecology* (2014): 585-92.

2 O'Neil-Callahan M. et. al. "Twenty-Four-Month Continuation of Reversible Contraception," *Obstetrics & Gynecology* (2013): 1083-91.

3 Hellerstedt WL et al. "Differences in preconceptional and prenatal behaviors in women with intended and unintended pregnancies," *American Journal of Public Health* (1998): 663-6.

4 Winner B et al. "Effectiveness of long-acting reversible contraception," *New England Journal of Medicine* (2012): 1998-2007.

*Committee Opinion Number 642 — Increasing Access to Contraceptive Implants and Intrauterine Devices to Reduce Unintended Pregnancy* from October 2015. Please visit the ACOG website ([www.acog.org](http://www.acog.org)) for a complete list of documents and training videos related to this subject.

Again, thank you for the care you provide our members. If you have questions about providing this service to your patients, please contact Provider Services at 1-800-454-3730.

Sincerely,

Vincent Pantone, M.D.  
RVP Medical Director  
Amerigroup

## ***Long-Acting, Reversible Contraceptive Devices FAQ***

### **When should an intrauterine devices (IUDs) or Nexplanon be inserted postpartum?**

IUDs 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.

### **When should postpartum IUD placement be avoided?**

Immediate post-placenta insertion should be avoided in patients with a fever. Additionally, patients with rupture of membranes greater than 36 hours before delivery, a postpartum hemorrhage or extensive genital lacerations should be referred for interval insertion.<sup>4</sup>

### **Where can I find additional information regarding postpartum placement of long-acting, reversible contraception (LARC)?**

Additional information can be found at [www.acog.org](http://www.acog.org) and [www.arhp.org](http://www.arhp.org).

### **What are the CPT codes associated with IUD and Nexplanon insertion in the hospital setting?**

The CPT and associated ICD-10 codes are unchanged for the hospital setting:

- 11981 — insertion, nonbiodegradable drug delivery implant
- 58300 — insertion of an IUD

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

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.<sup>1</sup>

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

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, respectively.<sup>2</sup> A study of expulsion rates of the levonorgestrel-containing system demonstrated an expulsion rate of 10 percent at 10 weeks.<sup>3</sup>

### **When should patients be seen in follow-up?**

Patients should be seen between 21 days and six weeks. 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.

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1 Hov GG, Skjeldestad FE, Hilstad T. "Use of IUD and subsequent fertility--follow-up after participation in a randomized clinical trial," *Contraception* (2007): 88-92.

2 Celen S, Möröy P, Sucak A, Aktulay A, Danişman N. "Clinical outcomes of early postplacental insertion of intrauterine contraceptive devices," *Contraception* (2004) 279-82..

3 Hayes JL, Cwiak C, Goedken P, Ziemann M. "A pilot clinical trial of ultrasound-guided postplacental insertion of a levonorgestrel intrauterine device," *Contraception* (2007): 292-6.

4 The American College of Obstetricians and Gynecologist Committee Opinion. Immediate Postpartum Long-Acting Reversible Contraception Number 670, August 2017.