

May 2017

Subject: Long-acting, reversible contraceptive devices

Dear Provider:

I am writing to inform you of a new benefit for your patients covered by Amerigroup Washington, Inc. Your patients will now have access to immediate postpartum placement of long-acting, reversible contraceptive (LARC) intrauterine devices (IUDs) and etonogestrel implants.

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.

What to do before providing this benefit to your patients

We respectfully ask you to discuss with your patients the option for immediate postpartum placement of LARC early on during the third trimester of pregnancy. 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 of these methods.¹ It appears that there is lower discontinuation at two years of IUDs as compared to the etonogestrel implant.² When clinically appropriate, IUDs should be considered over the implant.

Advantages of LARC devices

Unintended pregnancies are associated with higher rates of maternal and neonatal complications of pregnancy and continue to be a concerning health problem in the United States.³ 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. These methods also have very low rates of serious side effects.⁴

The American Congress of Obstetrics and Gynecology (ACOG) has promoted the use of postpartum LARC devices, and this is outlined extensively in several documents. The most notable of these is committee opinion number 642, October 2015, *Increasing Access to Contraceptive Implants and Intrauterine Devices to Reduce Unintended Pregnancy*. Please visit ACOG's website at www.acog.org for a complete list of all documents and training videos related to this subject.

1 Aoun J, Dines VA, Stovall DW, Mete M, Nelson CB, et al. Effects of Age, Parity, and Device Type on Complications and Discontinuation of Intrauterine Devices. *Obstetrics & Gynecology* 2014;123:585-92.

2 O'Neil-Callahan M, Peipert JF, Zhao Q, Madden T, Secura G. Twenty-Four-Month Continuation of Reversible Contraception. *Obstet Gynecol* 2013;122:1083-91.

3 Hellerstedt WL, Pirie PL, Lando HA, Curry SJ, McBride CM, Grothaus LC, et al. Differences in preconceptional and prenatal behaviors in women with intended and unintended pregnancies. *AM J Public Health* 1998; 88:663-6.

4 Winner B, Peipert JF, Zhao Q, Buckel C, Madden T, Allsworth JE, et al. Effectiveness of long-acting reversible contraception. *N Engl J Med* 2012; 366 1998-2007.

Again, thank you for the care you provide to our members. If you have questions about this communication, received it in error or need assistance with any other item, please contact Provider Services at 1-800-454-3730.

Sincerely,

A handwritten signature in black ink, appearing to read "Shawn Akavan". The signature is fluid and cursive, with a long horizontal stroke at the end.

Shawn Akavan, MD
Associate Medical Director
Amerigroup Washington, Inc.

Enclosure: *Frequently Asked Questions*

Frequently Asked Questions

When should the IUD or Nexplanon be inserted postpartum?

The IUD can be inserted in the postpartum period either:

- Within 10 minutes after delivery of the placenta.
- Up to 48 hours after delivery.
- At the time of Cesarean delivery.
- At any point following delivery.

What are instances when postpartum IUD placement should be avoided?

Immediate postplacenta 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.

Where can I find additional information regarding postpartum long-acting, reversible contraception?

Additional information can be found at www.acog.org. Information may also be found at 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 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.¹

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, 7 and 12.3 percent, respectively.² A study of expulsion rates of the levonorgestrel-containing system demonstrated an expulsion rate of 10 percent at 10 weeks.³

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.

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

2 Celen S, Möröy P, Sucak A, Aktulay A, Danişman N. Clinical outcomes of early postplacental insertion of intrauterine contraceptive devices. *Contraception*. 2004;69:279–82.

3 Hayes JL, Cwiak C, Goedken P, Zieman M. A pilot clinical trial of ultrasound-guided postplacental insertion of a levonorgestrel intrauterine device. *Contraception*. 2007;76:292–6.