Clinical Policy: Long Acting Reversible Contraception (LARC) Devices

Reference Number: GA.MP.10
Last Review Date: 08/2019

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Peach State Health Plan (PSHP) follows the Georgia Medicaid Division Department of Community Health guidelines for coverage of Long Acting Reversible Contraception (LARC) devices authorization guidelines. This clinical policy provide medical guidelines for authorization of Long Acting Reversible Contraception (LARC) Devices.

Policy/Criteria

I. It is the policy of Peach State Health Plan (PSHP) that LARC devices are **medically necessary** for the following indications:

A. Contraceptive implants

1. Contraceptive implants can be implanted at any time during a member's menstrual cycle, including women who have given birth and are not breastfeeding.

B. Intrauterine Devices (IUDs)

1. IUDs can be inserted at any time during a member's menstrual cycle. This also includes insertion during the post-partum period (within 10 minutes following the delivery of the placenta).
2. Post-partum insertion **is not recommended** for members with any of the following diagnoses below. Members should wait three months after treatment for post-partum insertion of an IUD to minimize complications if diagnosed with any of these:
   a. Other specified puerperal infections (i.e., Peripartum chorioamnionitis)
   b. Endometritis
   c. Puerperal sepsis (Peripartum sepsis)

Background
A study by Winner, et al. (2012) shows that Long-Acting Reversible Contraception (LARC), Intrauterine Device/s (IUDs) and Implantable hormone contraception (Nexplanon), is more effective than other methods of contraception such as the birth control pills, the birth control skin patch (transdermal hormones), vaginal contraceptive ring. The risk of unexpected pregnancy using oral contraceptive pills, transdermal patches or vaginal rings is approximately 20 times higher than when using LARC methods.

The American College of Obstetricians and Gynecologists (ACOG; 2011) published an update to the 2005 practice bulletin on the efficacy of LARC. There are two types of IUDs that are placed in the uterus. Copper-containing IUDs can prevent pregnancy for 10 years by releasing a small amount of copper ion into the uterus which prevents fertilization. The progestogen containing IUD can be effective for up to 5 years. This type of IUD works through the release of a progestin into the uterus which thickens cervical mucus and thins the uterine lining; this can also paralyze sperm and reduce their activity. Contraceptive progestogen implants are matchstick-

size rods that are inserted under the skin of the upper arm. The rods have a controlled release of ovulation-suppressing progesterone and they can be effective for up to 3 years the most effective LARC method.

LARCs can be inserted or implanted at any time during a member's menstrual cycle, providing an early pregnancy can be reasonably excluded. Within the first 10 minutes following the release of the placenta after delivery, the placement of an IUD is particularly easy to insert and very effective. The advantage of a non-pregnant state and having the placement of an IUD as part of the delivery process allows the member to achieve her contraceptive goals before discharging home from the hospital. Unintended pregnancies are most likely to occur in the period immediately after delivery. Forty-five percent of study participants reported that they did not abstain from sexual intercourse until 6 weeks postpartum though instructed to do so by their provider at time of delivery.

The U.S. Medical Eligibility Criteria for Contraceptive Use classifies immediate postpartum copper IUD insertion as Category 1 and immediate postpartum levonorgestrel intrauterine system insertion in both non-breastfeeding and breastfeeding women as Category 2 (ACOG, 2011). Immediate postpartum IUD insertion (done within 10 minutes of placental separation) appears safe and effective; insertion of both the copper IUD and levonorgestrel intrauterine system after 10 minutes post-placental separation up until 4 weeks postpartum is classified as a U.S. Medical Eligibility Criteria for Contraceptive Use Category 2, and insertion at or after 4 weeks postpartum is classified as a U.S. Medical Eligibility Criteria for Contraceptive Use Category 1. Patients should be seen 1–2 weeks after insertion to have the IUD strings cut.

According to ACOG Practice Bulletin Number 121, the expulsion rate associated with immediate postpartum insertion is higher than that for interval insertion and may be as high as 24%, but typically within 10%. Differences in expulsion rates are similar with manual insertion versus use of ring forceps, but may differ depending on the experience of the inserter. Immediate insertion after cesarean delivery associated with a lower risk of expulsion than after vaginal delivery. Benefits of immediate insertion may outweigh the increased risk of expulsion. Disadvantages of waiting 4–6 weeks postpartum for insertion of an IUD include failure of the member to return for the postpartum follow-up visit with ovulation (and pregnancy) occurring prior to that visit.

An advantage of the copper IUD is its lack of hormonal content, avoiding any theoretic effect on breastfeeding. However, in a single randomized control trial examining the effect of IUDs on breastfeeding in women randomized either to insertion of a levonorgestrel intrauterine system (n=163) or a copper IUD (n=157) at 6–8 weeks postpartum, there were no differences in breastfeeding duration or infant growth between the two groups.

Immediate postpartum insertion is contraindicated among women in whom peripartum chorioamnionitis, endometritis, or puerperal sepsis is diagnosed. The International Planned Parenthood Federation, in collaboration with the World Health Organization and other international organizations, developed guidelines that include the restriction of IUD insertion within 3 months of the treatment of postpartum (puerperal) sepsis.

Coding Implications
This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2018, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

Table 1. CPT codes considered medically necessary per this policy

CPT® Codes	Description
11981	Insertion, non-biodegradable drug delivery implant
11982	Removal, non-biodegradable drug delivery implant
11983	Removal with reinsertion, non-biodegradable drug delivery implant
58300	Insertion of intrauterine device (IUD)
58301	Removal of intrauterine device (IUD)

Table 2. HCPCS codes considered medically necessary per this policy

HCPCS Codes	Description
J7297	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 year duration (Liletta)
J7298	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration (Mirena)
J7300	Intrauterine copper contraceptive,10 year duration (Paragard T380A)
J7301	Levonorgestrel-releasing intrauterine system, 3 year duration (Skyla) is not approved for immediate post-partum insertion
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies, (Nexplanon)

NOTE:
J7297, J7298, J7300, J7301, and J7307 can be billed for Place of Service (POS) 11-Office; 19-Off Campus-Outpatient Hospital; 21-Inpatient Hospital; 22-On Campus-Outpatient Hospital; 23-Emergency Room-Hospital; 24-Ambulatory Surgical Center; 25-Birthing Center, 50-Federally Qualified Health Center; 53-Community Mental Health Center; 71-Public Health Clinic; 72-Rural Health Clinic; or 99-Other Place of Service).

Billing of POS 99 should not be billed UNLESS that POS is billed for other services for your provider type and or program.

Table 3. ICD-10-PCS Procedure Codes that Support Coverage Criteria

ICD-10-PCS Code	Description
0H8BXZZ	Division of Right Upper Arm Skin, External Approach
0H8CXZZ	Division of Left Upper Arm Skin, External Approach
0H8DXZZ	Division of Right Lower Arm Skin, External Approach
0H8EXZZ	Division of Left Lower Arm Skin, External Approach
0JH60HZ	Insertion of Contraceptive Device into Chest Subcutaneous Tissue and Fascia, Open Approach
0JH63HZ	Insertion of Contraceptive Device into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH80HZ	Insertion of Contraceptive Device into Abdomen Subcutaneous Tissue and Fascia, Open Approach
0JH83HZ	Insertion of Contraceptive Device into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHD0HZ	Insertion of Contraceptive Device into Left Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0JHD3HZ	Insertion of Contraceptive Device into Right Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHF0HZ	Insertion of Contraceptive Device into Left Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0JHF3HZ	Insertion of Contraceptive Device into Left Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHG0HZ	Insertion of Contraceptive Device into Right Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0JHG3HZ	Insertion of Contraceptive Device into Right Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHH0HZ	Insertion of Contraceptive Device into Left Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0JHH3HZ	Insertion of Contraceptive Device into Left Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHL0HZ	Insertion of Contraceptive Device into Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0JHL3HZ	Insertion of Contraceptive Device into Right Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHN0HZ	Insertion of Contraceptive Device into Right Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0JHN3HZ	Insertion of Contraceptive Device into Right Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHM0HZ	Insertion of Contraceptive Device into Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0JHM3HZ	Insertion of Contraceptive Device into Left Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHP0HZ	Insertion of Contraceptive Device into Left Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0JHP3HZ	Insertion of Contraceptive Device into Left Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach

Table 4. ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
Z30.430	Encounter for insertion of intrauterine contraceptive device
Z30.431	Encounter for routine checking of intrauterine contraceptive device
Z30.432	Encounter for removal of intrauterine contraceptive device
Z30.433	Encounter for removal and reinsertion of intrauterine contraceptive device
Z30.49	Encounter for surveillance of other contraceptives

Table 5. ICD-10-CM Diagnosis Non-covered codes

ICD-10-CM Code	Description
O85	Puerperal sepsis
O86.12	Endometritis
O86.89	Other specified puerperal infections (i.e., Peripartum chorioamnionitis)

Reviews, Revisions, and Approvals	Date	Approval Date
Original approval date	09/2015	09/2015

Reviews, Revisions, and Approvals	Date	Approval Date
Removed J7302 as a covered HCPCS code. Replaced all instances of J7302 with J7297 and J7298, pg. 4 Removed "Draft 2013" From ICD-10 Procedure Codes and Diagnosis Codes, pg. 5 & 6 Added dates of service based on ICD code type, pg. 5 & 6	09/2016	09/2016
Changed Product type from All to Medicaid, Ambetter. Removed ICD-9 code references. Updated references from recommendations from American College of Obstetricians and Gynecologists (ACOG). Under Description deleted Implanon and replaced it for Nexplanon. Deleted Position Statement Applicable To: ☑ Medicaid as policy applies to Ambetter, and Medicaid) Added under Covered HCPCS®* Codes NOTE: J7297, J7298, J7300, J7301, J7306 and J7307 can be billed for Place of Service (POS) 22-On Campus-Outpatient Hospital; 23-Emergency Room-Hospital; 24-Ambulatory Surgical Center; or 25-Birthing Center). J7301 can be billed for Place of Service (POS) 22-On Campus-Outpatient Hospital; 23-Emergency Room-Hospital; and 24-Ambulatory Surgical Center)	08/2017	08/2017

Reviews, Revisions, and Approvals	Date	Approval Date
Updated references From B. Covered HCPCS®* Codes, Deleted J7306 Levonorgestrel {contraceptive} implant system, including implant and supplies (Use this code for Norplant II) as it is no longer on the market. Deleted S4989 Contraceptive intrauterine device including implants and supplies (Mirena) is not on the Medicaid fee schedule. Deleted "If it is decided that one of the following is used: J7297, J7298, J7300 or J7301, it must be inserted within ten minutes of birth. These devices should be available in the birthing suite to ensure timely insertion, which decreases the likelihood of expulsion by 40%" due to redundant information and expulsion rate no longer 40%. Deleted Z30.018 Encounter for initial prescription of other contraceptives, and Z30.2 Encounter for sterilization And added Z30.431 Encounter for routine checking of intrauterine contraceptive device under C. ICD-10-CM Diagnosis Codes section. From C. ICD-10-Procedure Codes Deleted procedure codes: 0HU97HZ - 0HU98HZ Medical/Surgical, Female Reproductive System, Insertion, Uterus, Contraceptive Device 0UPD7HZ - 0UPD8HZ Medical/Surgical, Female Reproductive System, Removal, Uterus, Contraceptive Device 0JH63HZ- Medical/Surgical, Subcutaneous Tissue/Fascia, Insertion, Contraceptive Device 0JPVXHZ- Medical/Surgical, Subcutaneous Tissue/Fascia, Removal, Contraceptive Device. Added updated C. ICD-10-Procedure Codes and their descriptions: 0H8BXZZ, 0H8CXZZ, 0H8DXZZ, 0H8EXZZ, 0JH60HZ, 0JH63HZ, 0JH80HZ, 0JH83HZ, 0JHD0HZ, 0JHD3HZ, 0JHF0HZ, 0JHF3HZ, 0JHG0HZ, 0JHG3HZ, 0JHH0HZ, 0JHH3HZ, 0JHL0HZ, 0JHL3HZ, 0JHN0HZ, 0JHN3HZ, 0JHM0HZ, 0JHM3HZ, 0JHP0HZ, or 0JHP3HZ Changed "The electronic approval retained in Compliance 360 to Sharepoint, Centene' Policy and Procedure management software.	08/2018	08/2018
Converted to new Centene Corporation clinical policy template. Added devices to the end of the LARC title Updated the **Description:** Peach State Health Plan (PSHP) follows the Georgia Medicaid Division Department of Community Health guidelines for coverage of Long Acting Reversible Contraception (LARC) devices authorization guidelines. This clinical policy provide medical guidelines for authorization of Long Acting Reversible Contraception (LARC) Devices. From I. A. Contraceptive implants Deleted "Post-partum implantation less than four weeks after giving birth and while breastfeeding **is not recommended** due to concerns with milk production, as well as infant growth and development."	08/2019	08/2019

Reviews, Revisions, and Approvals	Date	Approval Date
From I. B. Intrauterine Devices (IUDs) Deleted "NOTE: Providers should educate members on the expulsion rate of postpartum insertion of IUDs; the rate can be as high as 24% following vaginal delivery and is lower after cesarean delivery."		

References

1. Skyla manufacturer packaged insert https://labeling.bayerhealthcare.com/html/products/pi/Skyla_PI.pdf. Accessed 8/7/2018.
2. Fee-For-Service (FFS) Billing Instructions for Long-Acting Reversible Contraception (LARC) Devices in Non-Inpatient Settings, 6/1/18. https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Messages/tabId/55/Default.aspx. Accessed on 8/9/18.
3. Fee-For-Service (FFS) Inpatient Billing Instructions for Long-Acting Reversible Contraception (LARC) Devices, 6/5/18. https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Messages/tabId/55/Default.aspx. Accessed on 8/9/18.
4. American Medical Association. Current Procedural Terminology (CPT) 2018 Professional. Chicago, IL. 2017.
5. Optum 360^0, LLC. 2018 HCPCS Level II, A resourceful compilation of HCPCS codes. 2017.
6. American College of Obstetricians and Gynecologists (ACOG), Committee Opinion No. 670, August 2016, *Immediate Postpartum Long-Acting Reversible Contraception*. Obstetrics & Gynecology Vol. 128, No 2, August 2016.
7. ACOG Committee Opinion No. 672, September 2016, *Clinical Challenges of Long-Acting Reversible Contraceptive Methods.* Obstetrics & Gynecology Vol. 128, No. 3, September 2016.
8. ACOG Committee Opinion No. 539, 2012, *Adolescents and Long-Acting Reversible Contraception: Implants and Intrauterine Devices*. Obstetrics & Gynecology Vol. 120, No. 4, October 2012.
9. American College of Obstetricians and Gynecologists (ACOG) (2012). Coding for long-active reversible contraception: billing quiz (2012 update). Retrieved from http://www.acog.org/About_ACOG/ACOG_Departments/Long_Acting_Reversible_Contraception/~/media/Departments/LARC/LARCBillingQuiz.pdf
10. American College of Obstetricians and Gynecologists. (2011). ACOG practice bulletin no. 121: long-acting reversible contraception, implants and intrauterine devices. *Obstetrics and Gynecology*, 118(1):184-196.
11. 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: pp. 1998-2007.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program

approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence.

Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.