

Policy and Procedure

DEPARTMENT: Medical Affairs	DOCUMENT NAME: Long Acting Reversible Contraception
PAGE: Page 1 of 7	REPLACES DOCUMENT:
APPROVED DATE: 9/17/2014	RETIRED:
EFFECTIVE DATE: 9/17/2014	REVIEWED/REVISED: 9/14/2015; 09/08/2016; 8/30/2017
PRODUCT TYPE: Medicaid, Ambetter	REFERENCE NUMBER: GA.MP.10

Subject:

Long Acting Reversible Contraception (LARC)

Description:

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.

Policy/Criteria:

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

"Confidential and Proprietary: Exempt from disclosure as 'Trade Secrets' under Georgia's Open Records Act, O.C.G.A. § 50-18-72(b)(1)"

Policy and Procedure

DEPARTMENT: Medical Affairs	DOCUMENT NAME: Long Acting Reversible Contraception
PAGE: Page 2 of 7	REPLACES DOCUMENT:
APPROVED DATE: 9/17/2014	RETIRED:
EFFECTIVE DATE: 9/17/2014	REVIEWED/REVISED: 9/14/2015; 09/08/2016; 8/30/2017
PRODUCT TYPE: Medicaid, Ambetter	REFERENCE NUMBER: GA.MP.10

study participants reported that they did not abstain from sexual intercourse until 6 weeks postpartum as instructed 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.

"Confidential and Proprietary: Exempt from disclosure as 'Trade Secrets' under Georgia's Open Records Act, O.C.G.A. § 50-18-72(b)(1)"

Policy and Procedure

DEPARTMENT: Medical Affairs	DOCUMENT NAME: Long Acting Reversible Contraception
PAGE: Page 3 of 7	REPLACES DOCUMENT:
APPROVED DATE: 9/17/2014	RETIRED:
EFFECTIVE DATE: 9/17/2014	REVIEWED/REVISED: 9/14/2015; 09/08/2016; 8/30/2017
PRODUCT TYPE: Medicaid, Ambetter	REFERENCE NUMBER: GA.MP.10

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.

The use of Long Acting Reversible Contraception (LARC) is **medically necessary and a covered benefit** when the criteria below are met.

Contraceptive Implants

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

Post-partum implantation less than 4 weeks after giving birth and while breastfeeding **is not recommended** due to concerns with milk production, as well as infant growth and development.

Intrauterine Devices

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).

Post-partum insertion **is not recommended** for members with any of the following diagnoses; members should wait 3 months for post-partum insertion of an IUD to minimize complications:

- Peripartum chorioamnionitis
- Endometritis
- Puerperal sepsis (Peripartum sepsis)

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.

"Confidential and Proprietary: Exempt from disclosure as 'Trade Secrets' under Georgia's Open Records Act, O.C.G.A. § 50-18-72(b)(1)"

Policy and Procedure

DEPARTMENT: Medical Affairs	DOCUMENT NAME: Long Acting Reversible Contraception
PAGE: Page 4 of 7	REPLACES DOCUMENT:
APPROVED DATE: 9/17/2014	RETIRED:
EFFECTIVE DATE: 9/17/2014	REVIEWED/REVISED: 9/14/2015; 09/08/2016; 8/30/2017
PRODUCT TYPE: Medicaid, Ambetter	REFERENCE NUMBER: GA.MP.10

Coding

Covered CPT®* Codes

- 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)

Covered HCPCS®* Codes

- J7297** Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 year duration
- J7298** Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration
- J7300** Intrauterine copper contraceptive (Use this code for Paragard T380A)
- J7301** Levonorgestrel-releasing intrauterine system (Skyla® is not approved for immediate post-partum insertion)
- J7306** Levonorgestrel {contraceptive} implant system, including implants and supplies (Use this code for Norplant II)
- J7307** Etonogestrel (contraceptive) implant system, including implant and supplies
- S4989** Contraceptive intrauterine device {e.g. Mirena IUD}, including implants and supplies

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)

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

Policy and Procedure

DEPARTMENT: Medical Affairs	DOCUMENT NAME: Long Acting Reversible Contraception
PAGE: Page 5 of 7	REPLACES DOCUMENT:
APPROVED DATE: 9/17/2014	RETIRED:
EFFECTIVE DATE: 9/17/2014	REVIEWED/REVISED: 9/14/2015; 09/08/2016; 8/30/2017
PRODUCT TYPE: Medicaid, Ambetter	REFERENCE NUMBER: GA.MP.10

available in the birthing suite to ensure timely insertion, which decreases the likelihood of expulsion by 40%.

ICD-10-PCS Codes (DOS on or after 10/1/15)

0HU97HZ - 0HU98HZ Medical/Surgical, Female Reproductive System, Insertion, Uterus, Contraceptive Device

OUPD7HZ - OUPD8HZ Medical/Surgical, Female Reproductive System, Removal, Uterus, Contraceptive Device

OJH63HZ- Medical/Surgical, Subcutaneous Tissue/Fascia, Insertion, Contraceptive Device

OJPVXHZ- Medical/Surgical, Subcutaneous Tissue/Fascia, Removal, Contraceptive Device

Covered ICD-10-CM Diagnosis Codes (DOS on or after 10/1/15)

Z30.018 Encounter for initial prescription of other contraceptives

Z30.2 Encounter for sterilization

Z30.430 Encounter for insertion 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

Non-covered ICD-10-CM Diagnosis Codes (DOS on or after 10/1/15)

O85 Puerperal sepsis

O86.12 Endometritis

O86.89 Other specified puerperal infections (i.e., Peripartum chorioamnionitis)

***Current Procedural Terminology (CPT) 2017 American Medical Association: Chicago, IL. ®©**

Policy and Procedure

DEPARTMENT: Medical Affairs	DOCUMENT NAME: Long Acting Reversible Contraception
PAGE: Page 6 of 7	REPLACES DOCUMENT:
APPROVED DATE: 9/17/2014	RETIRED:
EFFECTIVE DATE: 9/17/2014	REVIEWED/REVISED: 9/14/2015; 09/08/2016; 8/30/2017
PRODUCT TYPE: Medicaid, Ambetter	REFERENCE NUMBER: GA.MP.10

REFERENCES:

1. 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
2. ACOG Committee Opinion No. 672, September 2016, *Clinical Challenges of Long-Acting Reversible Contraceptive Methods*. *Obstetrics & Gynecology* Vol. 128, No. 3, September 2016.
3. ACOG Committee Opinion No. 539, 2012, *Adolescents and Long-Acting Reversible Contraception: Implants and Intrauterine Devices*. *Obstetrics & Gynecology* Vol. 120, No. 4, October 2012.
4. 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
5. 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.
6. 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.

Policy and Procedure

DEPARTMENT: Medical Affairs	DOCUMENT NAME: Long Acting Reversible Contraception
PAGE: Page 7 of 7	REPLACES DOCUMENT:
APPROVED DATE: 9/17/2014	RETIRED:
EFFECTIVE DATE: 9/17/2014	REVIEWED/REVISED: 9/14/2015; 09/08/2016; 8/30/2017
PRODUCT TYPE: Medicaid, Ambetter	REFERENCE NUMBER: GA.MP.10

REVISION LOG:	DATE
Annual Review no changes	9/14/15
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	9/8/16
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: <input checked="" type="checkbox"/> 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)	8/30/2017

Policy and Procedure

The electronic approval retained in Compliance 360, Centene' Policy and Procedure Management software is considered equivalent to a physical signature.