Anthem BlueCross BlueShield Medicaid

June 28, 2016

Subject: New benefit surrounding long-acting, reversible contraception (LARC)

Dear Provider:

I am writing to inform you of a new benefit for your patients covered by Anthem Blue Cross and Blue Shield Medicaid. Your patients will now have access to immediate postpartum placement of LARCs, specifically 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 LARC placement early in 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. It appears that there is lower discontinuation at two years for IUDs, as compared to the etonogestrel implant. Therefore, when clinically appropriate, IUDs should be considered over the implant.

Advantages of LARC

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

In addition, the American Congress of Obstetrics and Gynecology (ACOG) has promoted postpartum LARC, and this is outlined extensively in several documents. The most notable of these is committee opinion number 642 titled *Increasing Access to Contraceptive Implants and Intrauterine Devices to Reduce Unintended Pregnancy (*October 2015). Please visit the ACOG website, **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 prenconceptional 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

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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 your local Provider Relations representative or call Provider Services at **1-855-661-2028**.

Sincerely,

Peter L. Thurman
Medical Director
Medicaid Business

Enclosures: Frequently asked questions
Letter from the Kentucky Section Chair of the American Congress of Obstetrics and Gynecology

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 post-placenta 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 common procedural terminology (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, non-biodegradable 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 6 weeks, 6 months and 12 months of 5.1%, 7.0%, and 12.3%.[2] A study of expulsion rates of the levonorgestrel containing system demonstrated an expulsion rate of 10% at 10 weeks.[3]

When should patients be seen in follow up?

Patients should be seen between 21 days and 6 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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5 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.)
6 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
7 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.)

Letter from the Kentucky Section Chair of the American Congress of Obstetrics and Gynecology

American College of Obstetrics and Gynecology
Kentucky Section
25 April 2016

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Medical Director, Kentucky Medicaid
Anthem Blue Cross Blue Shield
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Dr. Thurman:

The Kentucky Section of the American Congress of Obstetrics and Gynecology follows the Committee Opinion (Number 642 – October, 2015) on Increasing Access to Contraceptive Implants and Intrauterine Devices to Reduce Unintended Pregnancy that recognizes the value and safety of Long Acting Reversible Contraception (LARC) insertion during hospitalization after delivery.

The Kentucky Section of the American Congress of Obstetrics and Gynecology supports Kentucky Medicaid's efforts to make LARC available at time of delivery for women who want this form of birth control and whose doctors approve.

The immediate post delivery period is crucial for access to birth control. A nonbreastfeeding woman can ovulate in as little as 25 days post-delivery. Therefore, the timing of postpartum contraception is critical. There is also concern about increased risk of venous thromboembolism during the postpartum period which make combined birth control pills higher risk. Long-acting reversible contraception or progesterone only contraception does not incur this same level of risk. Progestin containing IUDs as well as copper containing IUDs are safe alternatives and can be placed in the immediate postpartum period. Additional progesterone containing alternatives including progesterone pills, depot medroxyprogesterone acetate injections and the subdermal contraceptive implant also serve this purpose. We favor long acting reversible contraception for ease of placement and patient compliance. These devices and injectables are fully compatible with ongoing breastfeeding efforts as well.

The Kentucky Section and ACOG thank you for your efforts addressing healthcare of women of the Commonwealth. If I can be of any further assistance please contact me.

Respectfully,

Kenneth J. Payne MD FACOG
Kentucky Section Chair