

May 21, 2015

Postpartum long-acting contraception benefit now available

As of **March 15, 2015**, your patients have access to immediate postpartum placement of long-acting reversible contraception (intrauterine devices [IUDs] and etonogestrel implant). You can place the device of your and your patient's choice in the hospital and receive the same reimbursement as if the device were placed as an outpatient.

The inpatient facility will provide the device. Please work closely with your obstetrical unit to understand the logistics of obtaining the device. Below, you will find frequently asked questions regarding long-acting reversible contraception.

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 pregnancy¹. Long-acting methods are more effective at preventing unintended pregnancies, have significantly greater continuation rates than oral contraceptives, the vaginal contraceptive ring or the contraceptive patch² and have very low rates of serious side effects.

We respectfully ask that you discuss with your patient the option for immediate postpartum placement of the IUD or implant during the early 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 methods³. It appears that there is lower discontinuation at two years of IUDs as compared to the etonogestrel implant⁴. When clinically appropriate, IUDs should be considered over the implant.

If you continue to have questions regarding providing this new service to your patients, please contact our Provider Services Unit at **1-800-901-0020 (TTY 1-800-855-2880)** from 8 a.m. to 6 p.m. Eastern time, Monday through Friday.

¹ 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

² 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

³ 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

⁴ 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

Frequently asked questions

When should the IUD or Nexplanon be inserted postpartum?

The IUD 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
- The Nexplanon can be inserted 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 <http://www.acog.org/>. ACOG LARC Program: coding guide, practice guidelines. Information may also be found at [http:// 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-9 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 removal⁵.

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%, 7.0%, and 12.3%⁶. A study of expulsion rates of the levonorgestrel containing system demonstrated an expulsion rate of 10% at 10 weeks⁷.

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.

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, Ziemann M. A pilot clinical trial of ultrasound-guided postplacental insertion of a levonorgestrel intrauterine device. *Contraception*. 2007;76:292–6.)