Dear Provider:

I am writing to inform you of a new benefit for your patients covered by UniCare Health Plan of West Virginia, Inc. (UniCare). Your patients will now have access to immediate postpartum placement of long-acting reversible contraception: 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 long-acting reversible contraception 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 long-acting reversible contraception**

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, 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 West Virginia Section Chair of the American Congress of Obstetrics and Gynecology (ACOG) has issued a statement (attached) endorsing postpartum long-acting reversible contraception. The National American Congress of Obstetrics and Gynecology has also

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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

www.unicare.com
promoted postpartum long-acting, reversible contraception, 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, www.acog.org, for a complete list of all documents and training videos related to this subject.

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 our Customer Care Center toll free at 1-800-782-0095 or visit our website at unicare.com.

Sincerely,

Tracy Dlott
Medical Director
UniCare Health Plan of West Virginia, Inc.

Enclosure: Frequently asked questions

Letter from the West Virginia 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.\(^5\)

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%.\(^6\) A study of expulsion rates of the levonorgestrel containing system demonstrated an expulsion rate of 10% at 10 weeks.\(^7\)

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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Letter from the West Virginia Section Chair of the American Congress of Obstetrics and Gynecology

Dear Sir or Madam:

The West Virginia Section of the American College of Obstetrics and Gynecology (ACOG) would like to acknowledge our support of the proposed inclusion of placement of intrauterine devices (IUD’s) during the post-partum period in Unicare’s covered benefits.

The postpartum period is an important time to initiate contraception because women are accessing the health care system and might have increased motivation to avoid another pregnancy. Ovulation can occur as early as 25 days postpartum among non-breastfeeding women, underscoring the importance of initiating contraception in the very early postpartum period. It is well known that the risk of venous thromboembolism is increased during the first 42 days postpartum and combined hormonal contraceptives are not indicated during this time. The progestin only methods, including the progestin containing IUD, are a safe alternative. It as well as the copper-bearing IUD can be safely placed postpartum, including immediately after the delivery and are not associated with an increase in complications. Additional progesterone only alternatives include progestin only pills, depot medroxyprogesterone acetate injections, and the implantable delivery systems. Both the IUDs and the implantable devices provide a safe, continuous birth control method for their respective prescribed terms.

We again applaud your efforts in improving the healthcare of West Virginia Medicaid patients.

Stephen H. Bush, MD
Chairman
WV Section, District IV, ACOG