



UNEXPECTED?

*SHIFT
HAPPENS!*



*LARC
IN THE
OFFICE BASE
SETTING*

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OBJECTIVES

- ▶ 1. the effects of teen and unplanned pregnancies
- ▶ 2. types of LARC products
- ▶ 3. match the best LARC product to your patient
- ▶ 4. coding for LARC
- ▶ 5. Reimbursement for LARC

#11 in
Maternal
Mortality

#3 in
Uninsured
women

#2 in
Teen
pregnancy

OKLAHOMA

Oklahoma teen pregnancy still one of highest in nation

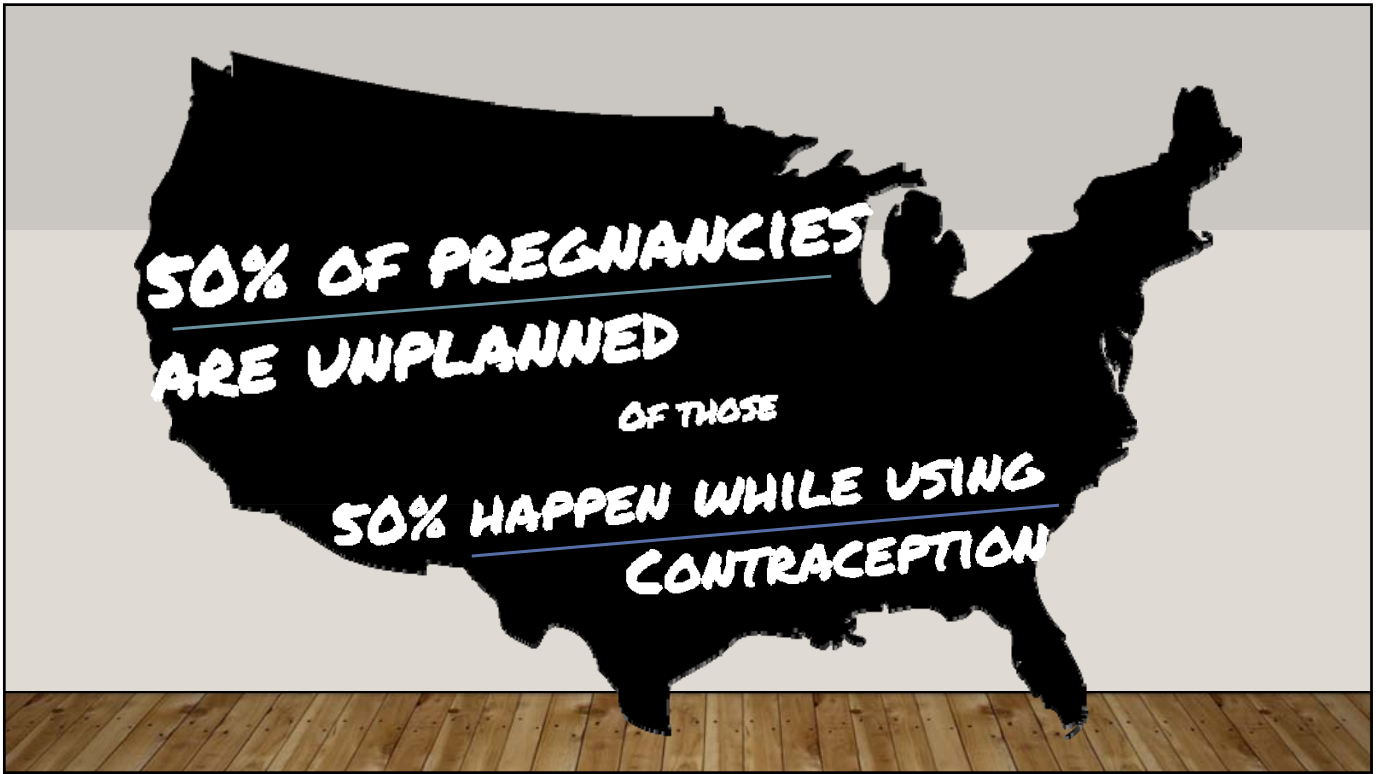
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- ✓ Over the last 25-years, teen pregnancies have dropped overall
- ✓ Oklahoma is ranked second in the nation



Inequality starts early



many Challenges & costs stem from unintended pregnancy.

How do we shift from default to design?



JAYLA, 26

The “your body is awesome just the way it is” birth control.

This is an IUD. No hormone & low hormone options mean less messing around with your system. Sex will feel the same. You'll feel the same.



Which IUD should you get?



WHICH IUD SHOULD YOU GET?

ParaGard

Best for: Women who want to avoid hormones.

Skip if: You have heavy periods.

WHICH IUD SHOULD YOU GET?

Mirena

Best for: Women with heavy periods.

Skip if: You don't want your period to disappear entirely.

WHICH IUD SHOULD YOU GET?

Liletta

Best for: Women on a budget.

Skip if: You don't want your period to disappear entirely.

WHICH IUD SHOULD YOU GET?

Skyla

Best for: Women who like the idea

- of a smaller IUD.
- **Skip if:** You're looking for a long-term
- commitment.

WHICH IUD SHOULD YOU GET?

Kyleena

• **Best for:** Women who want more than three years of use, and want to keep menstruating.

Skip if: You don't have the patience to fight with your insurance.

NAME	HORMONE	DOSE	APPROVED FOR	
ParaGard	N/A, uses copper	N/A	10/12 years*	WHICH IUD SHOULD YOU GET? SHIFT HAPPENS BY.....
Mirena	levonorgestrel	20 mcg/day (52 mg total in the device)	5/7 years*	
Liletta	levonorgestrel	18.6 mcg/day (52 mg total)	3/5 years*	
Kyleena	levonorgestrel	17.5 mcg/day (19.5 mg total)	5 years	
Myla	levonorgestrel	14 mcg/day (13.5 mg total)	3 years	

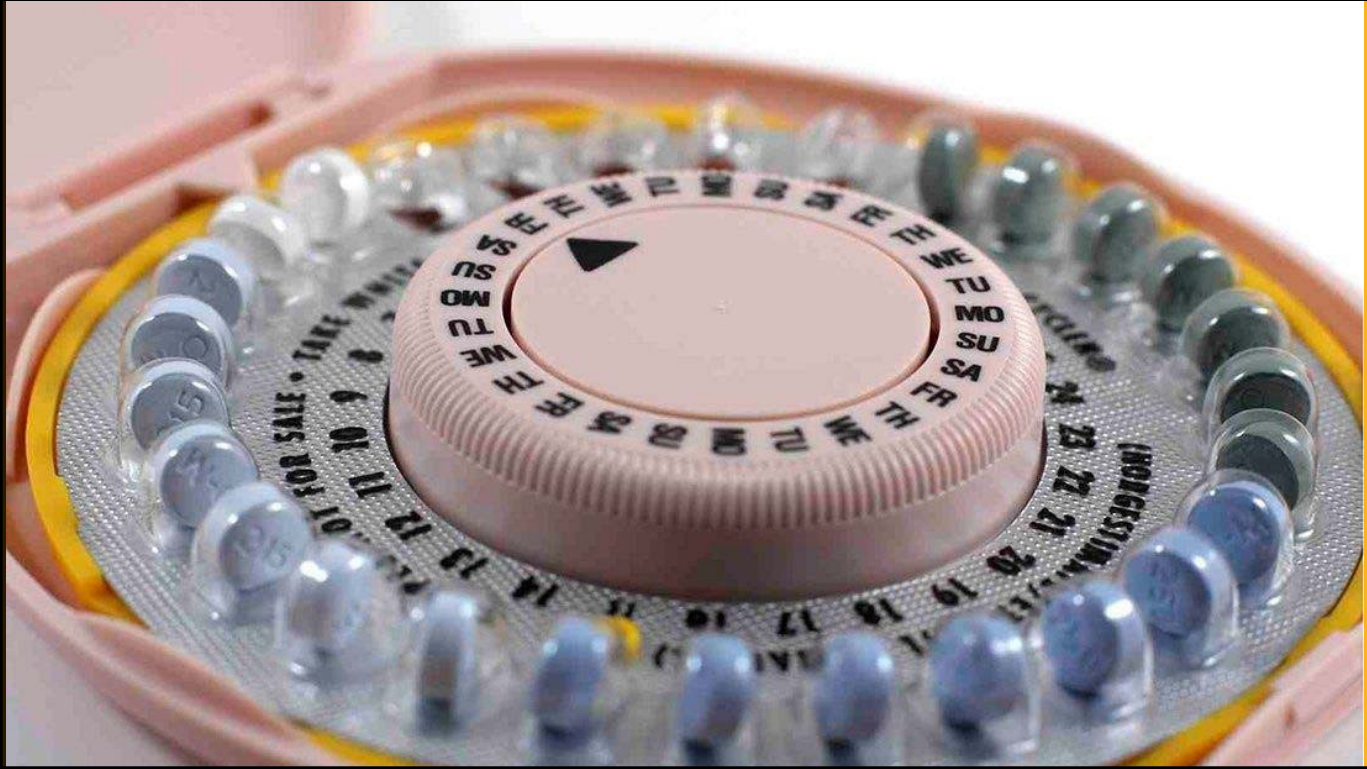
POWER TO DECIDE

the campaign to prevent unplanned pregnancy

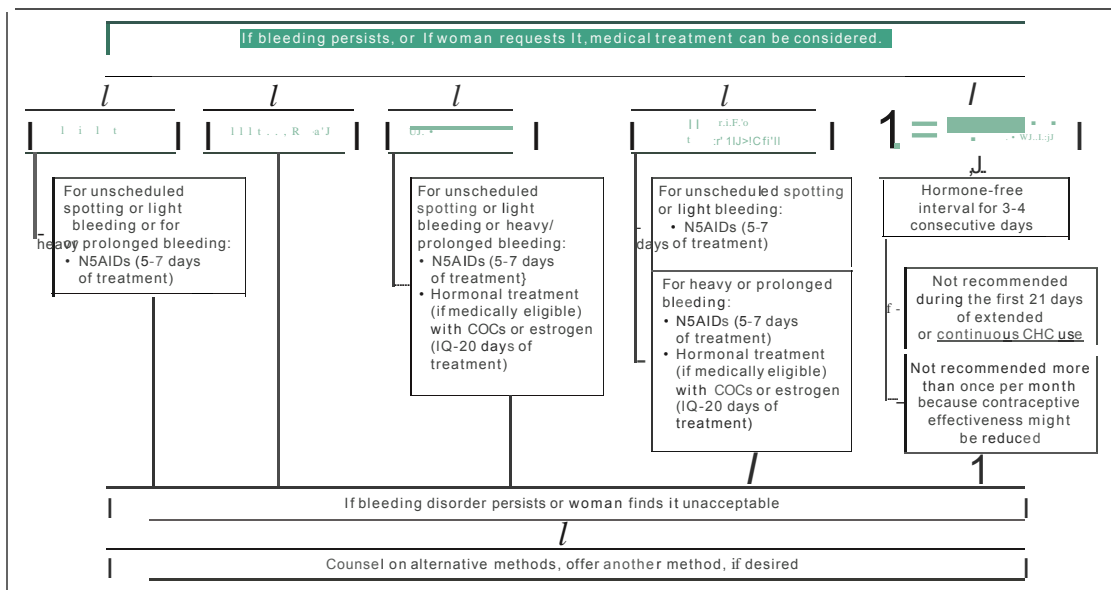


**AM I A GOOD CANDIDATE
FOR THE IMPLANT?**





Management of Women with Bleeding Irregularities While Using Contraception*



*If clinically warranted, evaluate for underlying condition. Treat the condition or refer to a specialist. Heavy or prolonged bleeding, either unscheduled or menstrual, is uncommon among LNG-IUD users and implant users.

Abbreviations: COC - combined hormonal contraceptive; POP - progestin-only pill; IUD - intrauterine device; OMPA - depot medroxyprogesterone acetate; LNU - levonorgestrel-releasing intrauterine device; NSAIDs - nonsteroidal anti-inflammatory drugs.

Source: For full recommendations and updates, see the U.S. Selected Practices Recommendations for Contraceptive Use webpage at <http://www.cdc.gov/reproductivehealth/unintendedpregnancyfusspr.htm>.



CODING FOR LARC

ACOG LARC CODING



ACOG LARC CODING



ACOG LARC CODING

Hormonal IUD Procedure Note

Date: ___/___/20___ Time: ___:___:___
M M D D Y Z (24 Hour Clock)

Name of patient: _____ DOB: ___/___/___
(Last) (First)

Pt is _____ yo G _____ P _____
(Last) (First)

LMP of ___/___/20___ or UNK (give reason): _____
M M D D Y Z

Urine HCG on ___/___/20___ was: Neg Pos or N/A (give reason): _____
M M D D Y Z

She has been using _____ for contraception

Last active pill/injection/patch/ring was ___/___/20___ or N/A
M M D D Y Z

Pt counseled: Yes No
Method Fact Sheet signed: Yes No
Misoprostol given pre-insertion: Yes No

Participant's expected pain with the IUD insertion: ___ (on a scale from 0 to 10)

On exam: Bimanual exam revealed anteverted/RV/~~midposition~~ (circle one) uterus. A sterile speculum was placed in the vagina, and the cervix was cleansed with ~~betadine~~. 2cc of 1% lidocaine was not/was injected into the anterior/posterior/cervical lip. The cervix was grasped with a tenaculum. The uterus was sounded to _____cm. A paracervical block was not administered/was administered using ___cc of 1% lidocaine. The cervix was not/was mechanically dilated. The Hormonal IUD was inserted without complications. The strings were cut at _____cm. The instruments were removed from the patient's vagina, with good hemostasis.

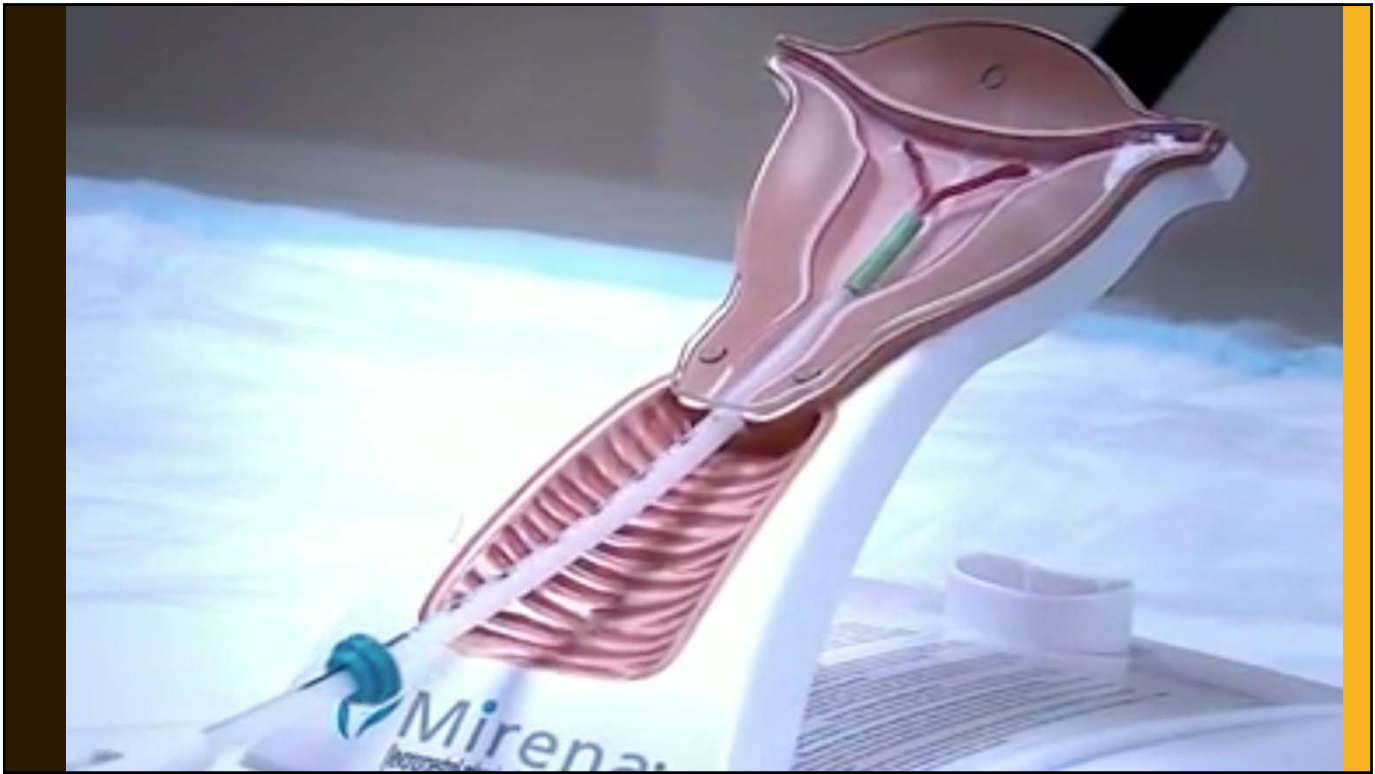
Ultrasound was not/was performed during/after the procedure

ACOG LARC CODING

New HCPCS Codes for IUDs

J7302

DISCONTINUED



ACOG LARC CODING



ACOG LARC CODING

- **Procedure**

- 58300 (IUD Insertion)

- **Device Coding**

- J7297 ([Liletta®]) **OR** J7298 [Mirena®])



NEW CODE: J7296



ACOG LARC CODING

Intrauterine Contraceptive Device Coding

- **58300** Intrauterine contraceptive device insert **FAILED** (append modifier 53)
- **58301** Intrauterine contraceptive device removal

ACOG LARC CODING

Intrauterine Contraceptive Device Coding

- **Z30.014** Encounter for initial prescription of intrauterine contraceptive device
- **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
- **Z97.5** Presence of intrauterine contraceptive device

ACOG LARC CODING

Intrauterine Contraceptive Device Coding

- **J7296** Levonorgestrel-releasing intrauterine contraceptive system, 19.5 mg, 5 year duration
- **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, 10 year duration
- **J7301** Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg, 3 year duration

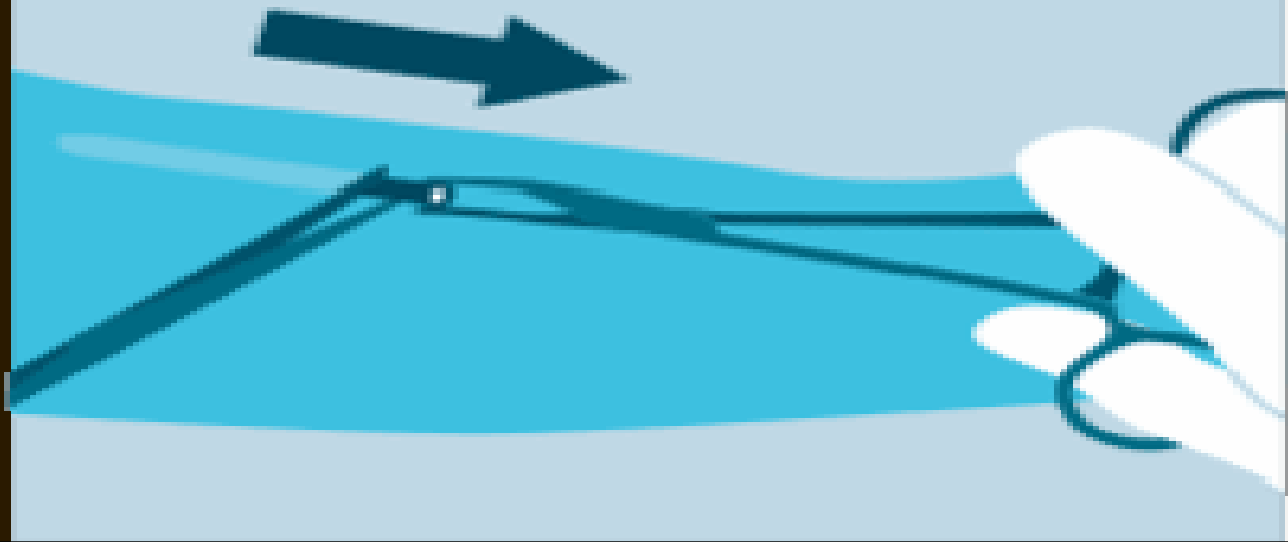
11307



CPT CODE: 11981



CPT CODE: 11982



ACOG LARC CODING

Subdermal Implant Contraceptive Device Coding

○ Z30.017

Please refer to the ICD-10-CM Manual for a complete description of the diagnosis code.

○ Z30.46

Please refer to the ICD-10-CM Manual for a complete description of the diagnosis code.

J307

Etonogestrel implant system, including implant and supplies, 3 years

LARC REIMBURSEMENT



AAP: LARC and Teens



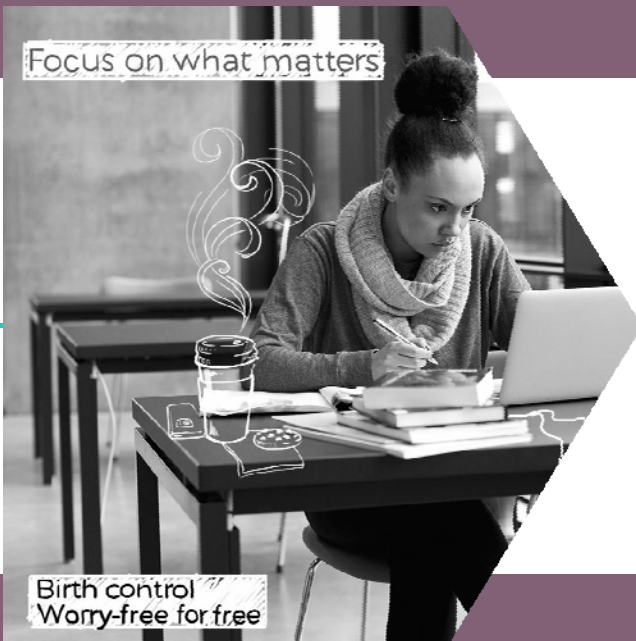
uGiven the efficacy, safety, and ease of use, LARC methods should be considered first-line choices for adolescents "

"Pediatricians should be able to educate patients about LARC methods..."

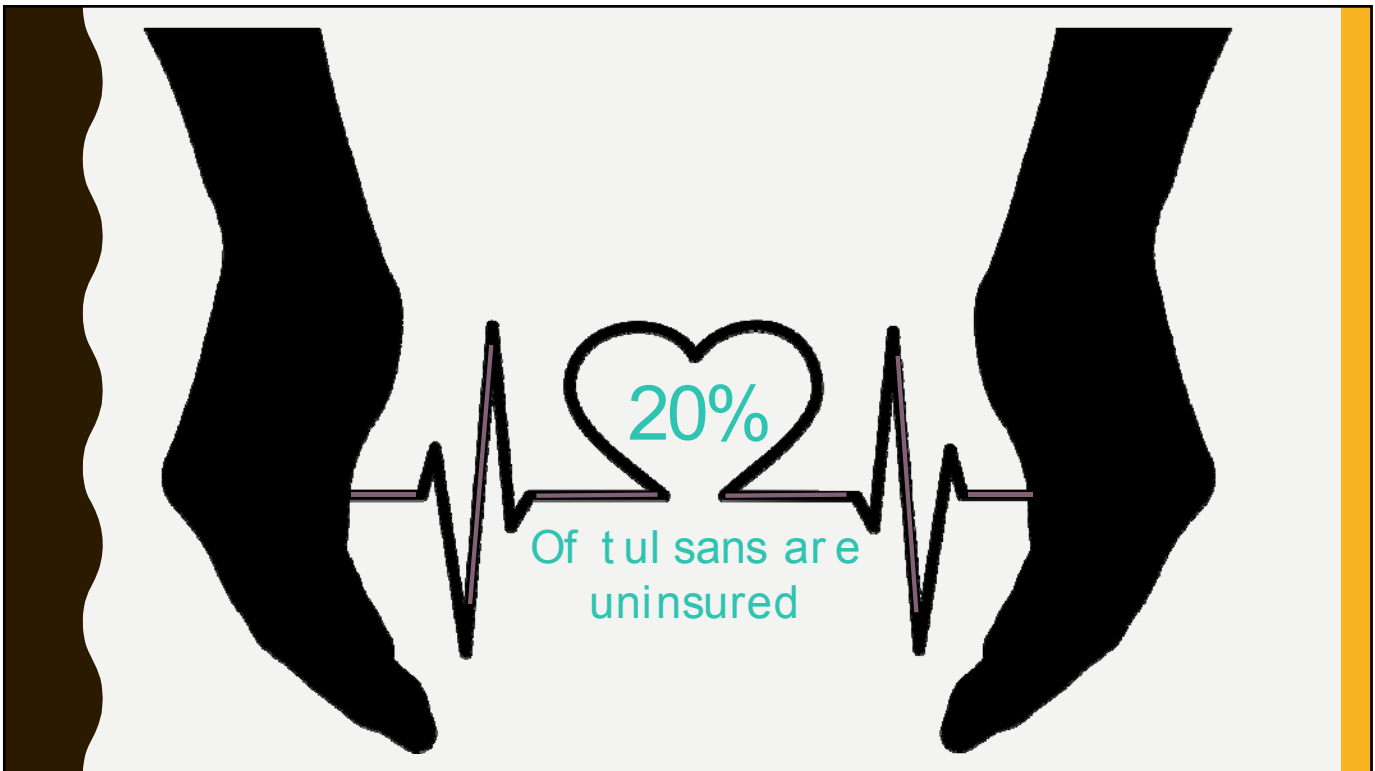


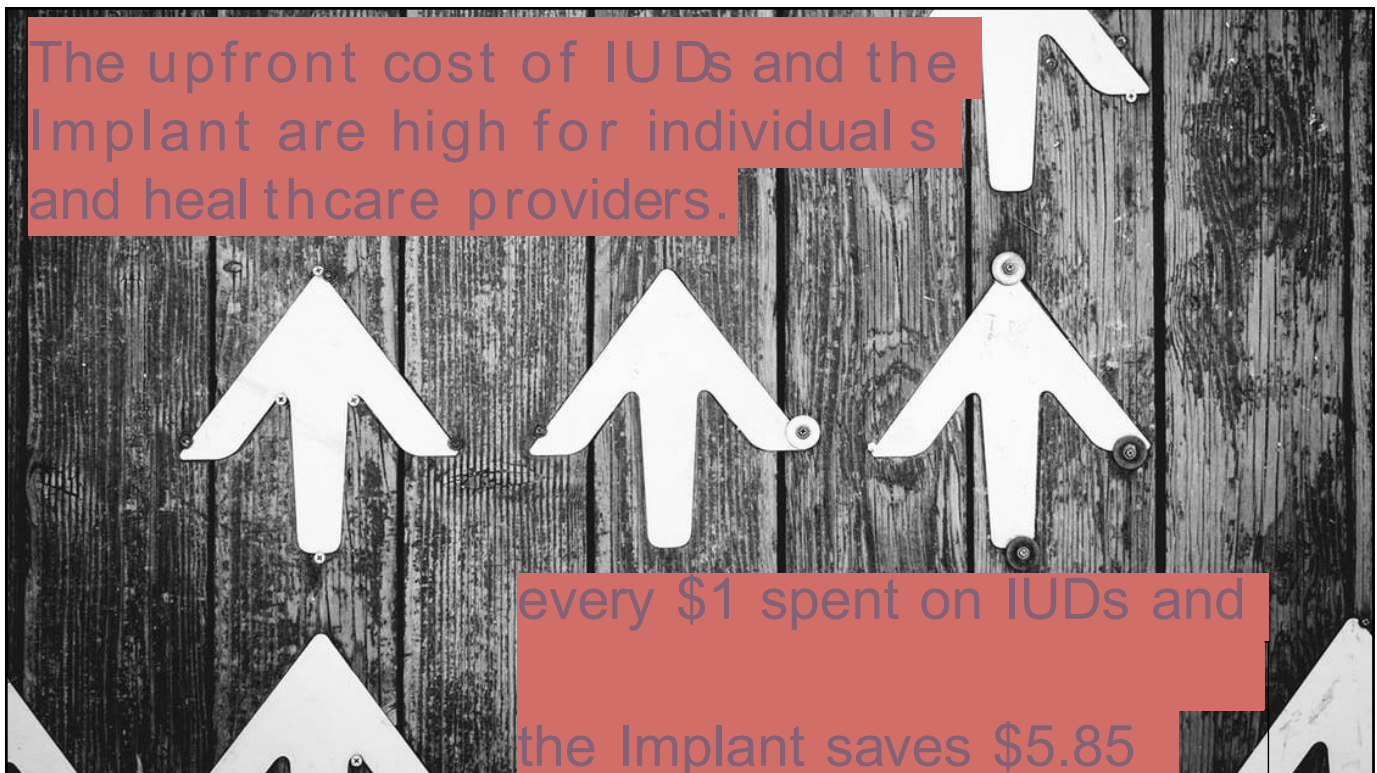
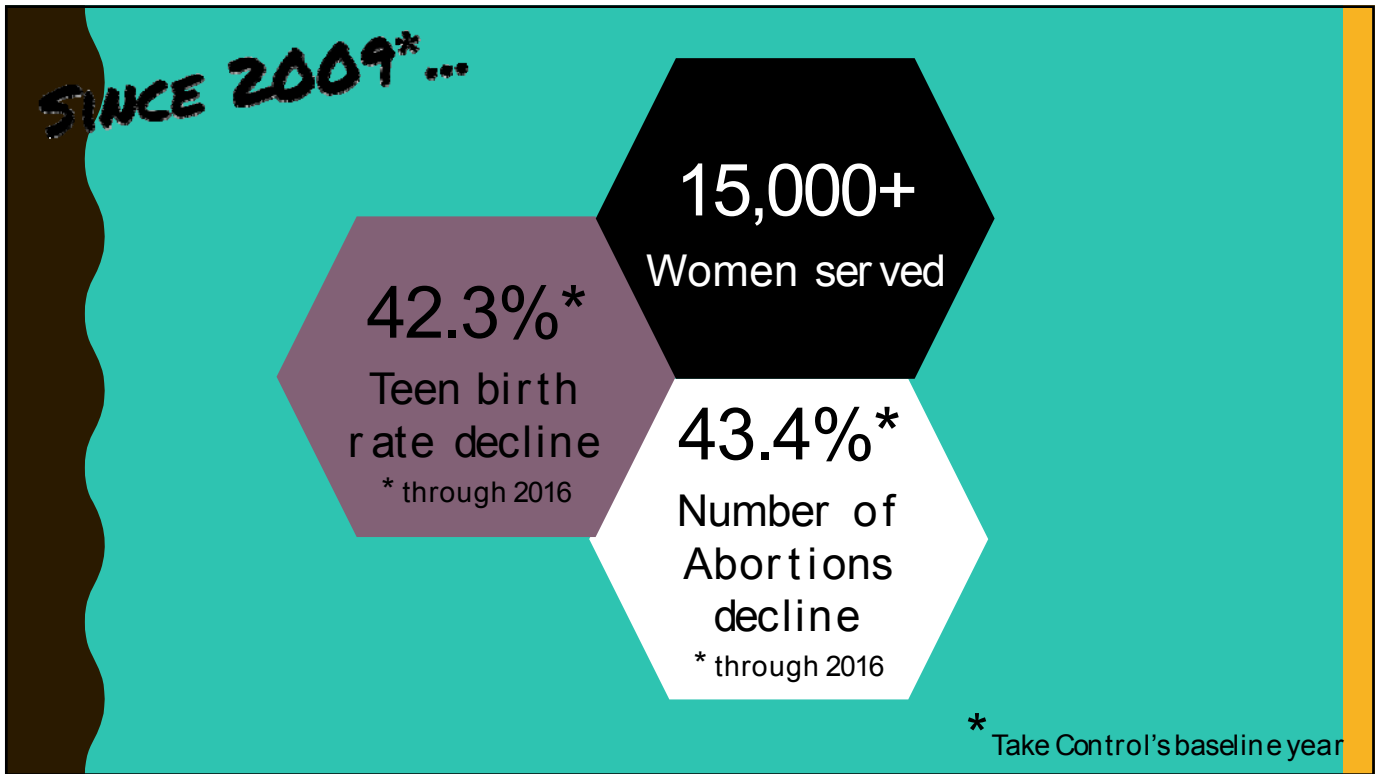
American Academy of Pediatrics. Policy Statement.
Contraception for Adolescents .9/2912014

Focus on what matters



Birth control
Worry-free for free





5 Years of coverage



1 IUD

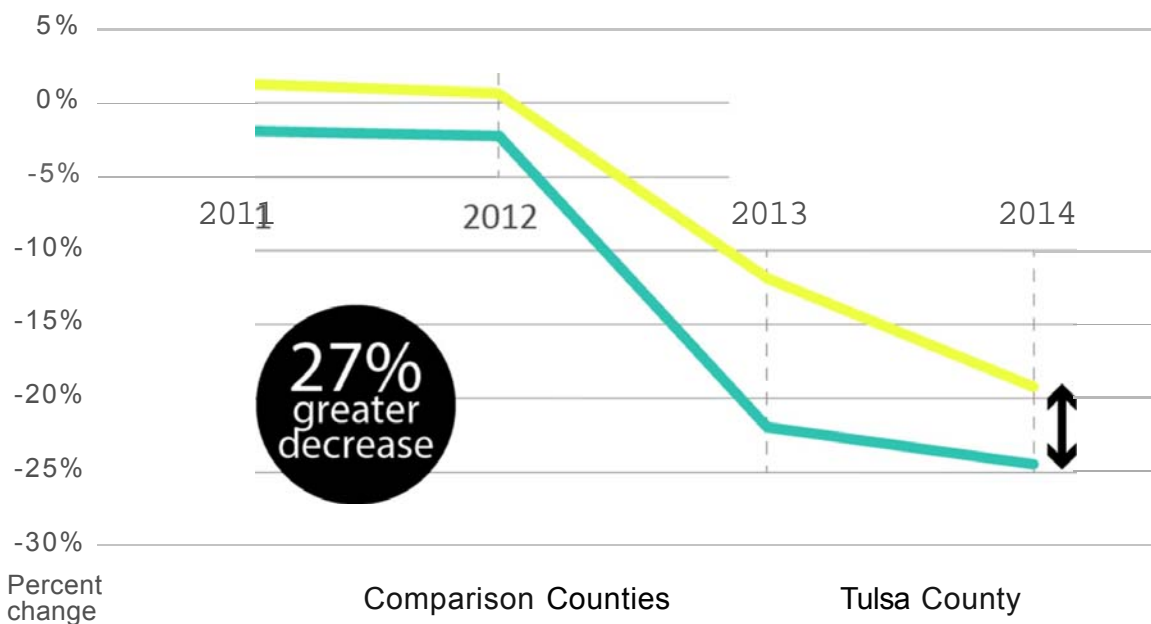
VS.


1,825

Pills

Pills

Teen Birth Rate: Tulsa County vs. Comparison Counties





22.3% more women access LARC at TCI Clinics
When social media campaigns are running



System Level Challenges addressed with system level solutions
Policy changes for the state



Shift the dialogue

<p>SURE THE PILL IS REALLY EFFECTIVE. IF YOU REMEMBER TO TAKE IT EVERY DAY.</p>	<h2>What is LARC?</h2> <p>Long Acting Reversible Contraception</p>
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THE FACTS ABOUT LARC

(LONGACTING REVERSIBLE CONTRACEPTIVE)

>99%

EFFECTIVE

100%

REVERSIBLE

FEWER THAN

5%

OF TEENS ON
BIRTH CONTROL
ARE USING LARC

RATE OF
DISCONTINUATION OF
IMPLANT IS ABOUT

10%

RISK OF PERFORATION
FROM AN IUD IS
LESS THAN

1/1000

RISK OF SERIOUS
COMPLICATION WITH
AN IUD IS

<1%



REFERENCES PROVIDED UPON REQUEST!