

# CONTRACEPTIVE COUNSELING: LARC

Week 44

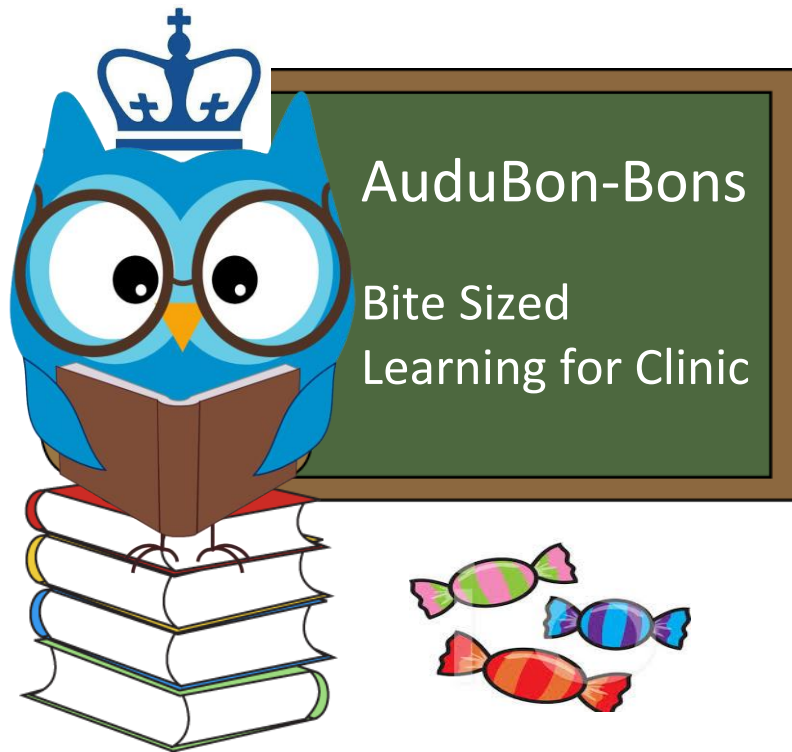
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Reading Assignment:

**ACOG Practice Bulletin #186**

Long-Acting Reversible Contraception: Implants and  
Intrauterine Devices

Explore the website: [www.bedsider.org](http://www.bedsider.org)



# LEARNING OBJECTIVES



- To be able to describe the current LARC methods
- To be able to counsel patients on risks and benefits of LARC use
- To understand patient eligibility for LARC use



# CASE VIGNETTE

- Ms. Nunca Bebe, an 18 yo G0, presents to clinic for contraceptive counseling.



# FOCUSED HISTORY

What elements of the patient's history are most relevant?

- **PMH:** Denies
- **PSH:** Tonsillectomy age 6
- **OBH:** G0
- **PGYNH:**
  - Menarche age 14. Irregular menses until age 15 and now monthly periods lasting 5 days and moderate in flow.
  - Two lifetime sexual partners: one female and one male. Currently sexually active with one non-monogamous male partner.
  - Previously used condoms for contraception.
  - Denies history of STIs.
  - Denies history of fibroids or cysts.
- **MEDS:** None
- **All:** Sulfa – hives
- **FH:** Aunt with postmenopausal breast cancer
- **SH:** Denies tob, drug, etoh use. Denies IPV. Accepts blood products. High school student.



# PERTINENT PHYSICAL EXAM FINDINGS

What elements of the patient's physical exam are most relevant?

- **General:** Well appearing woman, VSS
- **Abd:** Soft, ND, NT
- **Vulva:** Normal external female genitalia. No lesions.
- **Vagina:** Pink, healthy mucosa. No discharge.
- **Cervix:** Parous os. No lesions. No discharge. No CMT.
- **Uterus:** NT. Anteverted. Not enlarged.
- **Adnexae:** NT. No masses palpable.
- **Ext:** WWP



# LARCs - FAQs

What is a **LARC**?

- Long-acting reversible contraceptives

What are the available LARC methods?

- **Intrauterine devices (IUDs)**
  - Copper IUD
  - Four levonorgestrel-releasing IUDs (LNG-IUDs)
- **Etonogestrel single-rod contraceptive implant**

Do LARCs protect against **STIs**?

- No

What is the most significant **advantage** of LARC use?

- Do not require ongoing effort on the part of the patient for long-term and effective use
- **CHOICE study** showed significant reduction in unintended pregnancies and abortion rates as well as higher continuation rates

What are the **complications** associated with IUDs?

- Expulsion, method failure, and perforation

What are the most common **adverse effects** associated with the contraceptive **implant**?

- Changes in menstrual bleeding patterns, GI difficulties, headaches, breast pain, vaginitis, weight gain, worsening of acne
- 12% of implant uses in contraceptive studies report weight gain, but not shown in analysis of CHOICE study when adjusting for confounders
- Insertion complications are rare



# COPPER IUD



- T-shaped device of polyethylene wrapped with copper wire around the stem and arms
- What is the **mechanism of action** of the copper IUD?
  - Preventing fertilization through inhibition of sperm migration and viability
    - Not an abortifacient
- According to the FDA, for **how long** is it approved for use?
  - Up to 10 years
- What is the **failure rate**?
  - 1 year failure rate: **0.8** per 100 women
  - 10 year failure rate: **1.9** per 100 women
- What are the most common **adverse effects**?
  - Heavy menstrual bleeding and pain
- What is the **perforation rate**?
  - **1.1** per 1000 insertions



# LEVONORGESTREL-RELEASING IUD

- What is the **mechanism of action** of the LNG-IUD?
  - Preventing fertilization by causing a profound change in the amount of viscosity of cervical mucus, making it impenetrable to sperm
  - Not an abortifacient
- What are the most common **adverse effects**?
  - Headaches, nausea, breast tenderness, mood changes, ovarian cyst formation
- What is the **perforation rate**?
  - **1.4** per 1000 LNG-IUD insertions

**Kyleena**  
(levonorgestrel-releasing  
intrauterine system) 19.5 mg

**Skyla**  
(levonorgestrel-releasing  
intrauterine system) 13.5 mg

**Mirena**  
(levonorgestrel-releasing  
intrauterine system) 52 mg

**Liletta**  
(levonorgestrel-releasing  
intrauterine system) 52 mg





# WHAT ARE THE AVAILABLE LNG-IUDs?

Brand Name	Medication and Device Type (Dose)	Initial Rate of Release (micrograms/day)	FDA-approved Duration of Use	Potential Efficacy Beyond FDA-approved Duration	Identifying Characteristics	Size of Device (Horizontal x Vertical, mm)	Inserter Tube Diameter (mm)	Percentage of Women Experiencing an Unintended Pregnancy in the First Year of Use (Typical Use)*
Kyleena	LNG-IUD (19.5 mg)	17.5	5 years	N/A	Blue strings; silver ring	28 x 30	3.8	0.20 <sup>†</sup>
Liletta	LNG-IUD (52 mg)	19.5	4 years	+1 year <sup>†</sup>	Blue strings	32 x 32	4.4	0.20 <sup>†</sup>
Mirena	LNG-IUD (52 mg)	20	5 years	+2 years <sup>§,  </sup>	Gray strings	32 x 32	4.4	0.20 <sup>†</sup>
Skyla	LNG-IUD (13.5 mg)	14	3 years	N/A	Gray strings; silver ring	28 x 30	3.8	0.20 <sup>†</sup>

**Kyleena**  
(levonorgestrel-releasing intrauterine system) 19.5 mg

**Skyla**  
(levonorgestrel-releasing intrauterine system) 13.5 mg

**Mirena**<sup>®</sup>  
(levonorgestrel-releasing intrauterine system) 52 mg

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*Adolescents and long-acting reversible contraception: implants and intrauterine devices. ACOG Committee Opinion No. 735. American College of Obstetricians and Gynecologists. Obstet Gynecol 2018;131:e130–9.*



# CONTRACEPTIVE IMPLANT

- Placed subdermally and consists of an ethylene vinyl acetate copolymer core that contains **68mg** of **etonogestrel** surrounded by an ethylene vinyl acetate copolymer skin
- Radio-opaque and easily visualized on X-ray
- What is the **mechanism of action** of the contraceptive implant?
  - Primary mechanism is suppression of ovulation
  - Additional efficacy from thickening of cervical mucus and alternation of the endometrial lining
- According to the FDA, for **how long** is it approved for use?
  - Controlled release of etonogestrel over **3 years**
- What is the **failure rate**?
  - **0.05%**
  - **Most effective method of LARC**



# LARC ELIGIBILITY

Where can you access **evidence-based guidance** for contraceptives, including LARCs?

- CDC: US Medical Eligibility Criteria for Contraceptive Use (US MEC)
- [www.cdc.gov/reproductivehealth/contraception/usmec/htm](http://www.cdc.gov/reproductivehealth/contraception/usmec/htm)

Are LARCs appropriate for **nulliparous** women and **adolescents**?

- Yes

Can you insert a LARC immediately after an induced or spontaneous **abortion**?

- Yes

Can you insert a LARC **postpartum**?

- Yes
- Ideally counseling should be provided prenatally
- Immediate PP IUD insertion is within 10 minutes after placental delivery
  - Expulsion rate **10-27%**
- Delayed PP insertion is 4-6 weeks PP
  - Increased risk of perforation if breastfeeding although absolute risk is low



# EMERGENCY CONTRACEPTION



Can any LARCs be used for **emergency contraception**?

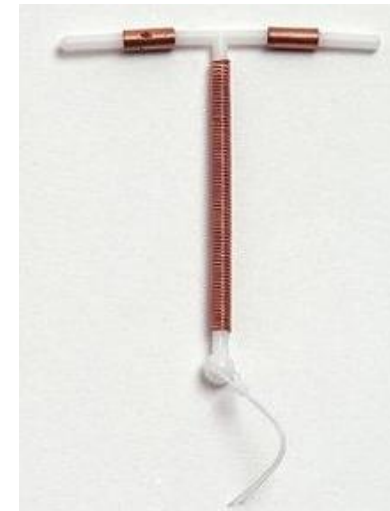
- Yes

Which one?

- **Copper IUD**

**When** can it be used?

- No later than **5 days** after unprotected intercourse



# SOCIAL DETERMINANTS OF HEALTH



Uninsured and underinsured patients can access all LARCs at Family Planning Practice on the same day as their appointment.



# EPIC .PHRASE

## **.BBLARC**

Description: Contraception Counseling for LARCs

The patient would like to initiate a LARC. We reviewed the options as well as the risks and benefits of each. They plan to use \*\*\* and desire insertion today. Written informed consent was obtained and procedure was uncomplicated. Please see procedure note for details.



# CODING AND BILLING

## Basic Contraceptive Implant Coding

The diagnostic coding will vary, but usually will be selected from the Z30.01- (encounter for initial prescription of contraceptives) and Z30.4- (encounter for surveillance of contraceptives) series in ICD-10-CM. These codes are:

- Z30.017** Encounter for initial prescription of implantable subdermal contraceptive  
This code is reported for the initial prescription, counseling, advice, and insertion of the implant, even when the insertion is performed at a separate encounter
- Z30.46** Encounter for surveillance of implantable subdermal contraceptive  
This code is reported for checking, reinsertion, or removal of the implant

The contraceptive implant is a single-rod etonogestrel-releasing contraceptive device inserted under the skin of the upper arm. The insertion and/or removal of the implant are reported using one of the following CPT (Current Procedural Terminology) codes:

- 11981** Insertion, non-biodegradable drug delivery implant
- 11982** Removal, non-biodegradable drug delivery implant
- 11983** Removal with reinsertion, non-biodegradable drug delivery implant

CPT procedure codes do not include the cost of the supply. Report the supply separately using a HCPCS (Healthcare Procedural Coding System) code:

- J7307** Etonogestrel (contraceptive) implant system, including implant and supplies

## Basic IUD Coding

Most IUD services will be linked to a diagnosis code from the Z30.01- (encounter for initial prescription of contraceptives) and Z30.43- (encounter for surveillance of intrauterine contraceptive device) series.

- Z30.014** Encounter for initial prescription of intrauterine contraceptive device  
This code includes the initial prescription of the IUD, counseling, and advice, but excludes the IUD insertion
- 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

Intrauterine devices include the copper IUD and the hormonal IUDs. The insertion and/or removal of IUDs are reported using one of the following CPT codes:

- 58300** Insertion of IUD
- 58301** Removal of IUD

CPT procedure codes do not include the cost of the supply. Report the supply separately using a HCPCS code:

- J7296** Levonorgestrel-releasing intrauterine contraceptive system (Kyleena®), 19.5 mg (5 year duration)
- J7297** Levonorgestrel-releasing intrauterine contraceptive system (Liletta®), 52 mg (4 year duration)
- J7298** Levonorgestrel-releasing intrauterine contraceptive system (Mirena®), 52 mg (5 year duration)
- J7300** Intrauterine copper contraceptive (Paragard®) (10 year duration)
- J7301** Levonorgestrel-releasing intrauterine contraceptive system (Skyla®), 13.5 mg (3 year duration)





# EVIDENCE

Adolescents and long-acting reversible contraception: implants and intrauterine devices. ACOG Committee Opinion No. 735. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2018;131:e130–9.

Long-acting reversible contraception: implants and intrauterine devices. Practice Bulletin No. 186. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2017;130:e251–69.

[www.Bedsider.org](http://www.Bedsider.org) (accessed August 2019)

[www.cdc.gov/reproductivehealth/contraception/usmec/htm](http://www.cdc.gov/reproductivehealth/contraception/usmec/htm) (Accessed August 2019)

