Postpartum placement of long-acting reversible contraception

**Summary:** We are reaching out to remind you that immediate postpartum placement of long-acting, reversible contraception (LARC) (e.g., intrauterine devices and etonogestrel implants such as Nexplanon®) during inpatient delivery are covered under Medicaid benefits. Dell Children’s Health Plan supports provider and member education for LARC devices but is not responsible for payment as a Catholic organization under Ethical and Religious Directives.

**Resources to consult when considering LARC:**
- Review information about the benefit and postpartum LARC insertion found in the [HHSC LARC Toolkit](#).
- Consult the [American College of Obstetricians and Gynecologists](#) website.
- See the Frequenty Asked Questions attachment.

**How do I submit a claim for LARC services?**
All LARC claims must be sent to Dell Children’s Health Plan. Dell Children’s Health Plan will issue a denial and *Explanation of Payment (EOP)*. Then, a paper claim including a copy of the EOP must be sent to the Texas Medicaid and Healthcare Partnership (TMHP).

**What if I need assistance?**
If you have questions about this communication or need assistance, please contact your local Provider Relations representative or call Provider Services toll free at 1-888-821-1108.
**Frequently asked questions**

**When should the IUD or Nexplanon® be inserted postpartum?**
Per American College of Obstetricians and Gynecologists (ACOG) guidelines, the intrauterine device (IUD) can be inserted in the postpartum period.¹ This applies to:
- Immediate postpartum IUD insertion (within 10 minutes after placenta delivery in vaginal and cesarean births).
- Immediate postpartum initiation of the contraceptive implant (insertion before hospital discharge after a hospital stay for birth).

**What are instances when postpartum IUD placement should be avoided?**
Immediate postplacental insertion should be avoided in patients with a fever. Patients with rupture of membranes occurring more than 36 hours before delivery, postpartum hemorrhage or extensive genital lacerations should be considered for interval insertion.

**What codes can I bill for LARC?**
As a reminder, Dell Children’s Health Plan is not responsible for directly reimbursing contraceptives of any kind including LARC under Ethical and Religious Directives. All Medicaid-eligible contraceptive services must be billed directly to Texas Medicaid and Healthcare Partnership (TMHP).

There are several billable codes for medical and pharmacy benefits. Consider using codes outlined in the *Texas Medicaid Provider Procedures Manual (TMPPM)* such as: J1050, J7297, J7298, J7300, J7301 and J7307. Please note that formulary and medical services and codes are subject to change. Please monitor the [Vendor Drug Program](https://www.tmppm.com) and [Texas Health and Human Services Commission](https://www.hhsc.texas.gov) websites for up-to-date codes and policy changes.

**Does postpartum IUD placement increase a woman’s chance of infertility in the future?**
No, there is no data to suggest any adverse effect on future fertility. Baseline fecundity has been shown to return rapidly after IUD removal.²

**Is there a greater rate of IUD expulsion with postpartum placement of an IUD?**
Yes, and the expulsion rate varies with device type. An important study of the Copper T 380A IUD demonstrated expulsion rates of 5.1 percent at six weeks, 7 percent at six months and 12.3 percent at 12 months.³ A different study of expulsion rates of the levonorgestrel-containing system demonstrated an expulsion rate of 10 percent at 10 weeks.⁴

**When should patients be seen for follow-up?**
Patients should be seen between 21 days and six weeks. It is important to confirm that the device is still in place to prevent unintended pregnancy.

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