

## Long-Acting Reversible Contraceptives

### Dear Providers and Staff:

According to the Centers for Disease Control and Prevention (CDC)<sup>1</sup>, in Nevada 73.3% % of women aged 18 to 49 years are at risk for unintended pregnancy, and 58.0% of women have ongoing or potential need for contraceptive services.

<https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7025a2-H.pdf>

SilverSummit Health Plan (SSHP) support and encourage you to have contraceptive counseling conversations with your patients. Here are two reasons to specifically discuss Long-Acting Reversible Contraceptives (LARCs) with your patients:

1. Highly effective and low maintenance
2. No prior authorization required

**The attached flyer discusses LARC benefits and types.**

### Additional Resources

#### 1. Birth control options explained in patient-friendly language

- Planned Parenthood: <https://www.plannedparenthood.org/learn/birth-control>
- U.S. Department of Health & Human Services: <https://www.womenshealth.gov/a-z-topics/birth-control-methods>

#### 2. Colorful educational materials for patients

- Beyond the Pill – University of California, San Francisco: <https://beyondthepill.ucsf.edu/educational-materials>

#### 3. CDC Contraceptive Guidance for Health Care Providers

- Centers for Disease Control and Prevents:  
<https://www.cdc.gov/reproductivehealth/contraception/index.htm>

#### 4. Tips on starting contraceptive counseling conversations with your patients

<https://www.willyouaskher.com/>

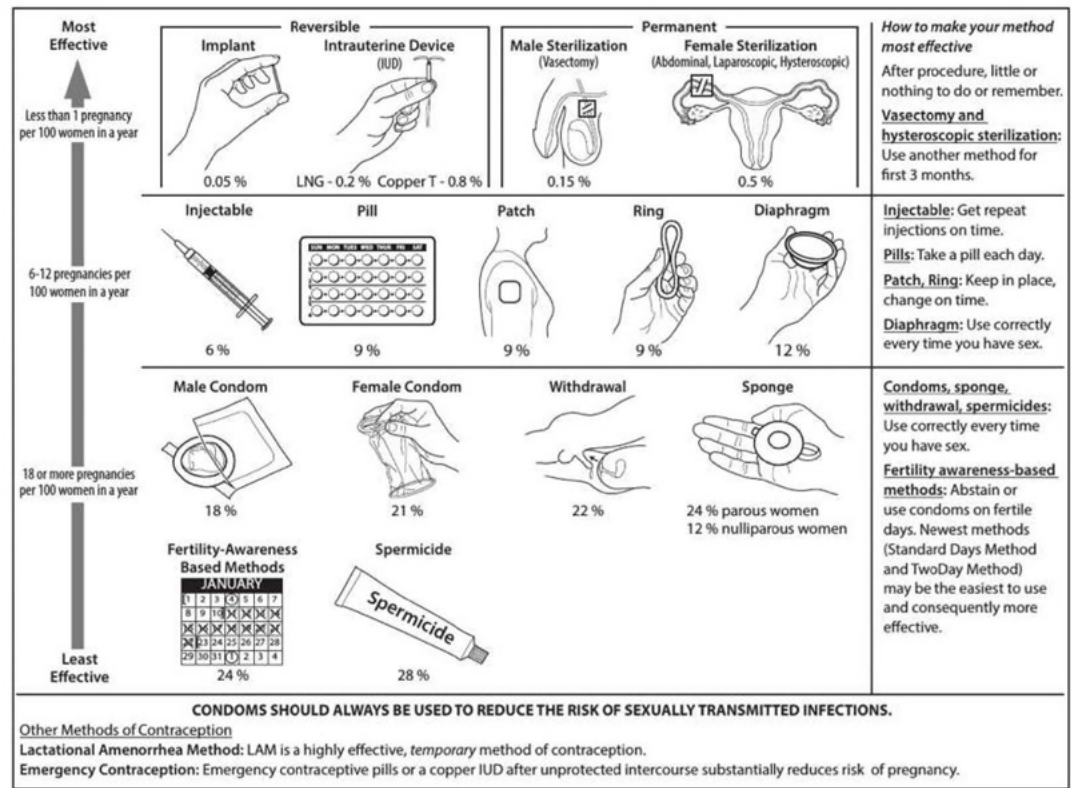
***Thank You!***

# Long-Acting Reversible Contraceptives (LARCS)

LARCS are the most effective forms of reversible contraception and are as effective as surgical sterilization. They are used by an average of 23% of female contraceptive users. Actively informing women about benefits, risks, and common side effects of LARCS can improve consideration and acceptance of method.

## Benefits:

- Highly effective (>99% prevention)
- Does not require regular adherence
- Rapidly reversible
- Few contraindications and side effects
- Long-term cost-effectiveness
- Reduced risk for cervical, endometrial, and ovarian cancer
- Teen birth and abortion rates both declined by nearly 50 percent among teens aged 15-19 and by 20 percent among young women aged 20-41.
- Cost avoided: \$66.1 and 69.6 million



Sources: Adapted from World Health Organization (WHO) Department of Reproductive Health and Research, Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP). Knowledge for health project. Family planning: a global handbook for providers (2011 update). Baltimore, MD; Geneva, Switzerland: CCP and WHO; 2011; and Trussell J. Contraceptive failure in the United States. Contraception 2011;83:397-404.\* The percentages indicate the number out of every 100 women who experienced an unintended pregnancy within the first year of typical use of each contraceptive method. 1. Colorado Department of Public Health and Environment, Taking the Unintended Out of Pregnancy: Colorado's Success with Long-Acting Reversible Contraception, January 2017

## LARC CODES & REIMBURSEMENT

DEVICE NAME	DEVICE TYPE (IUD/IMPLANT)	HORMONAL/ COPPER/ IMPLANT	HCPCS	DURATION	REIMBURSEMENT FEE	NOTES
MIRENA (52MG)	IUD	HORMONAL	J7298	8 YEARS	\$1,210.46	FDA Approved for heavy menstrual bleeding- lighter periods, less cramps
SKYLA (13.5MG)	IUD	HORMONAL	J7301	3 YEARS	\$1,007.91	Smallest IUD
KYLEENA (19.5MG)	IUD	HORMONAL	J7296	5 YEARS	\$1,210.46	Smaller than Mirena and Liletta- lighter periods, less cramps
LILETTA (52MG)	IUD	HORMONAL	J7297	8 YEARS	\$1,240.46	Very similar to Mirena
PARAGUARD	IUD	COPPER	J7300	10 YEARS	\$1,126.19	Non-Hormonal- Heavier periods, longer duration, more cramps
NEXPLANON	IMPLANT	IMPLANT	J7307	3 YEARS	\$1,209.93	Lighter periods, less cramps

## INSERTION CODE

CPT CODE: 58300 DESCRIPTION: INSERT INTRAUTERINE DEVICE REIMBURSEMENT: \$31.70-\$58.70