MEASURE PCU: POSTPARTUM CONTRACEPTIVE USE AMONG WOMEN AGES 15-44 (DEVELOPMENTAL MEASURE)

Office of Population Affairs/Centers for Disease Control and Prevention

A. DESCRIPTION

Among women ages 15 through 44 who had a live birth, the percentage that:

- 1. Adopted or continued use of the most effective or moderately effective FDAapproved methods of contraception within 3 and 60 days of delivery.
- 2. Adopted or continued use of a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.

The first measure is an intermediate outcome measure, and it is desirable to have a high percentage of women who are using the most effective or moderately effective contraceptive methods. The second measure is an access measure, and the focus is on making sure that women have access to LARC methods.

Two rates are reported for each measure: contraceptive use within 3 days of delivery is used to monitor the provision of contraception in the immediate postpartum period, while contraceptive use within 60 days of delivery is used to monitor the provision of contraception throughout the postpartum period. (A 60-day period is used because ACOG recommends a postpartum visit at 6 weeks, and two additional weeks are allowed for women whose postpartum care visit is delayed.)

The measures are reported for two age groups: one for ages 15 through 20 and one for ages 21 through 44.

NOTE: This is a developmental measure, and feedback obtained from state Medicaid programs will lead to refinements and additional guidance for reporting.

Guidance for Reporting:

- These measures apply to Medicaid enrollees ages 15 through 44. Two separate rates should be reported: within 3 days of delivery and within 60 days of delivery.
- The measurement year is calendar year 2014. This document reflects codes that were current in 2014.

B. DEFINITIONS

Use of a most effective method of contraception	Use of female sterilization, contraceptive implants, or intrauterine devices or systems (IUD/IUS).
Use of a moderately effective method of contraception	Use of injectables, oral pills, patch, ring, or diaphragm.

Use of a long-acting reversible method of contraception (LARC)	Use of contraceptive implants, intrauterine devices or systems (IUD/IUS).
Measurement year	Calendar year 2014.

C. ELIGIBLE POPULATION

Age	Women ages 15 through 44 years as of December 31 of the measurement year who had a live birth.
Continuous enrollment	Within the measurement year, women enrolled from the date of delivery to 60 days postpartum.
Allowable gap	No allowable gap during the continuous enrollment period.
Anchor date	Date of delivery.
Benefit	Medical or Family Planning Only Services.
Event/diagnosis	Use of contraception.

D. ADMINISTRATIVE SPECIFICATION

Denominator

The eligible female population that is of reproductive age, i.e., ages 15 through 44 years, and who had a live birth in the measurement year. The denominator for both measures should be stratified in two age groups: ages 15 through 20 and ages 21 through 44.

Women will be excluded from the denominator if they did not have an opportunity to receive contraception in the postpartum period (defined as within 60 days of delivery). Follow the steps below to identify the eligible population:

Step 1 Identify live births and deliveries by using codes in Table PCU-A.¹

Step 2 Exclude deliveries that did not end in a live birth (i.e., miscarriage, ectopic, stillbirth, or pregnancy termination) by using the codes in Table PCU-B.

Step 3 Exclude deliveries that occurred during the last 2 months of the measurement year. These deliveries should be excluded from the denominator because there may not have been an opportunity to provide the mother with contraception during the postpartum period. ACOG recommends having a postpartum visit by 6 weeks.

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¹ Some women may have more than one delivery in the measurement year; the measure is designed to identify unique live births (defined as those that occur ≥180 days apart) rather than women who had a live birth.

59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857

ICD-9

650, V27.0, V27.2, V27.3, V27.5, V27.6; 640.x1, 641.x1, 642.x1, 642.x2, 643.x1, 644.21, 645.x1, 646.x1, 646.x2, 647.x1, 647.x2, 648.x1, 648.x2, 649.x1, 649.x2, 651.x1, 652.x1, 653.x1, 654.x1, 654.x2, 655.x1, 656.01, 656.11, 656.21, 656.31, 656.51, 656.61, 656.71, 656.81, 656.91, 657.01, 658.x1, 659.x1, 660.x1, 661.x1, 662.x1, 663.x1, 664.x1, 665.x1, 665.x2, 666.x2, 667.x2, 668.x1, 668.x2, 669.x1, 669.x2, 670.02, 671.x1, 671.x2, 672.02, 673.x1, 673.x2, 674.x1, 674.x2, 675.x1, 675.x2, 676.x1, 676.x2, 678.x1, 679.x1, 679.x2; 670.12, 670.22, 670.32, 670.82

ICD-9-CM Procedure codes

72.0-73.99, 74.0-74.20, 74.40, 74.99

CPT

59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622

Table PCU-B. Codes indicating a known miscarriage, ectopic pregnancy, stillbirth, or induced abortion

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ICD-9
630-637.92, 639.0-639.9, 656.40, 656.41, 656.43, V27.1, V27.4, V27.7

CPT
59812, 59820, 59821, 59830, 59120, 59121, 59130, 59135, 59136, 59140
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Numerator for measure 1

The eligible population that is using a most or moderately effective method of contraception.

Step 1 Use the codes in Table PCU-C to identify postpartum women who adopted or continued use of one of the following methods of contraception in the measurement year among the population of enrollees identified for the denominator: sterilization, IUD, implant, contraceptive injection, contraceptive pills, patch, ring, or diaphragm.

Although the eligible population is defined as women who had a live birth in the first 10 months of the year, consider use of contraception for the entire 12-month period. Contraceptive use needs to be followed to the end of the measurement year to accurately capture use in the 2-month postpartum period. For example, a woman who gives birth in October will need to have her contraceptive use tracked through November and December of the measurement year.

Step 2 LARC methods (IUD, implant) can be removed at the client's request so adjustments must be made to reflect this. To do so, use the codes in Table PCU-D to identify women who had their IUD or implant removed at any point between delivery and 3 days postpartum, and between delivery and 60 days postpartum. Check to see if they had an IUD or implant reinserted on the same or a subsequent date within the 3 and 60 day timeframes. If there is no code indicating reinsertion, use the codes in Table PCU-C to determine whether a woman used another most or moderately effective

method. Do so by looking back over the 30 days <u>prior</u> to the removal (since a woman may receive a prescription for another method prior to the removal) as well as the period after the LARC removal. If there is no code for reinsertion or another most or moderately effective method, consider them as a non-user of contraception.

- Step 3 Subtract the number of women with a LARC removal and no subsequent most or moderately effective method identified in step 2 from those identified in step 1 to determine the numerator.
- Step 4 Determine the date that the contraceptive method was provided to identify: (a) women that received contraception in the immediate postpartum period of 3 days after delivery; and (b) women that received contraception within 60 days of delivery. The second category will also include women who received contraception in the first 3 days postpartum.

Numerator for measure 2

The eligible population that is using a LARC method.

Step 1 Use the codes in Table PCU-E to identify women who adopted or continued use of the contraceptive implant or IUD/IUS, among the population of enrollees identified for the denominator.

Consider use of LARC for the entire 12-month period. Although the eligible population is defined as women who had a live birth in the first 10 months of the year, their LARC use needs to be followed to the end of the measurement year to accurately capture use in the 2-month postpartum period. For example, a woman who gives birth in October will need to have her contraceptive use tracked through November and December of the measurement year.

- Step 2 LARC methods (IUD, implant) can be removed at the client's request so adjustments must be made to reflect this. To do so, use the codes in Table PCU-D to identify women who had their IUD or implant removed at any point between delivery and 3 days postpartum, and between delivery and 60 days postpartum. Check to see if they had an IUD or implant reinserted on the same or a subsequent date within the 3 and 60 day timeframes. If there is no code for reinsertion or another most or moderately effective method, consider them as a non-user of LARC.
- Step 3 Subtract the number of women with a LARC removal identified in step 2 from those identified in step 1 above to determine the numerator.
- Step 4 Determine the date that the LARC method was provided to identify: (a) women that received LARC in the immediate postpartum period of 3 days after delivery; and (b) women that received LARC within 60 days of delivery. The second category will also include women who received LARC in the first 3 days postpartum.

Table PCU-C. Codes used to identify use of most or moderately effective contraceptive methods

Description	Codes
Female Sterilization	ICD-9 V25.2, Sterilization V26.51, Tubal ligation status 66.2, Procedure code bilateral endoscopic or occlusion of fallopian tubes CPT 58600, Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral 58605, Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure) 58615, Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach 58611, Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra- abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure) 58670, Laparoscopy, surgical; with fulguration of oviducts (with or without transection) 58671, Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring) 58565, Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants HCPCS A4264, Permanent implantable contraceptive intratubal occlusion device and delivery system
Intrauterine Device (IUD/IUS)	ICD-9 V25.11, Encounter for insertion of intrauterine contraceptive device V25.13, Encounter for removal and reinsertion of intrauterine contraceptive device V25.42, Surveillance of contraceptive method, intrauterine device V45.51, Presence of intrauterine contraceptive device 996.32, Mechanical complication due to intrauterine contraceptive device 69.7, Insertion of intrauterine contraceptive device CPT 58300, Insertion of IUD HCPCS J7300, Intrauterine copper contraceptive J7301, Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg J7302, Levonorgestrel- releasing intrauterine contraceptive system, 52 mg S4989, Contraceptive intrauterine device (e.g. progestacertiud), including implants and supplies Q0090, Levonorgestrel-releasing intrauterine contraceptive system, (skyla), 13.5 mg S4981, Insertion of levonorgestrel- releasing intrauterine system NDC 50419042101, 50419042201, 51285020401

Description	Codes	b	
Hormonal Implant	ICD-9 V25.5, Encounter for insertion of implantable subdermal contraceptive, V25.43, Surveillance of implantable subdermal contraceptive. V45.52, Presence of subdermal contraceptive implant		
	CPT 11981, Insertion, non- biodegradable drug delivery implant, Implanon or Nexplanon 11983, Removal with reinsertion, non- biodegradable drug delivery implant, Implanon or Nexplanon		
	HCPCS J7306, Levonorgestrel (contraceptive) implant system, including implants and supplies J7307,Etonogestrel [contraceptive] implant system, including implant and supplies		
	NDC 00052027201, 00052027401, 00052433001		
Injectable (1-month/ 3-month)	HCPCS J1050, Injection, medroxyprogesterone acetate		
	NDC 00009074630, 00009074635, 00009470913, 00009737607, 00009737611, 00703680101, 00703680104, 54569370100, 54569490400, 54569552700, 54569561600, 54569621900, 54868361300, 54868410000, 54868410001, 54868525700, 55045350501, 59762453701, 59762453702, 59762453801, 59762453802, 59762453809		
Oral Contraceptive Pills	ICD-9 V25.01, Counseling and prescription of oral contraceptives V25.41, Surveillance of contraceptive pill		
	HCPCS S4993, Contraceptive pills for birth control		
	NDC 00008111720, 00008111730, 00008251402, 00008253505, 00008253601, 00008253601, 00052026106, 00052028306, 00062125100, 00062125115, 00062125120, 00062133220, 00062141116, 00062141123, 00062171400, 000621741415, 00062176100, 00062178100, 00062178100, 00062179600, 00062179615, 00062190120, 00062190320, 000190700, 00062190715, 00062191000, 00062191015, 00093313482, 00093542356, 00093614882, 00247052028, 00247069028, 00247069128, 00247069228, 00247151328, 00247151628, 00247151728, 0024716404, 00247176421, 0024717652, 00247198621, 00247198628, 00247200828, 00247201004, 00247201008, 00247201028, 00247201228, 00247201328, 0024724728, 00247216928, 00247217028, 00247223528, 00247226028, 0024726828, 00378655053, 00378727253, 00378728755, 00378729253, 00430042014, 00430048214, 00430053014, 00430058514, 00430058544, 00555034458, 00555901658, 00555901858, 00555902542, 00555901256, 00555904558, 00555902742, 00555901858, 0055590258, 00555903270, 0055590156, 00555912366, 00555912366, 00555913167, 0055590458, 0055590175, 00603760718, 00603752149, 00603752517, 00603752549, 00603750140, 00603750449, 00603752517, 00603752149, 00603752517, 00603752549, 00603760817, 00603760917, 00603760515, 00603760648, 00603760715, 00603760748, 00603760817, 00603760917, 00603760515, 00603760648, 00603760715, 00603760748, 00603760817, 00603760917, 00603760515, 00603760648, 00603760715, 00603760748, 00603760817, 00603760917, 00603760515, 00603760618, 00603760648, 00603760715, 00603760748, 00603760817, 00603760917, 00603760515, 006037606715, 00603760748, 00603760817, 00603760917, 00603760515	0, 5, 0, 8, 8, 1, 8, 8, 3, 4, 5, 8, 7, 7, 5,	

Description			C	odes		/
Oral	NDC					
Contraceptive Pills	(continued)					
(continued)	,					
,	00603762549.	00603763417.	00603763449,	00603764017.	00603764217.	00603766317,
			00781406015,			
	00781565815.	16714007304.	16714034004,	16714034604.	16714034704.	16714034804.
			16714036004,			
			16714040504,			
			23490769901,			
			35356025528,			
			50419040701,			
			50419043312,			
			50458017815,			
			50458025115,			
			51285008370,			
			51285043165,			
			52544021928,			
			52544024828,			
			52544026829,			
			52544029231,			
						52544063028,
	,	,	52544084828,	,	,	,
			52544095121,			
			52544098131,			
			54569068901,			
			54569427301,			
			54569499700,			
			54569579600,			
			54569612800,			
			54868044300,			
			54868151200,			
			54868386300.			
	,	,	54868459000,	,	,	,
			54868475400,			
			54868491100,			
			54868582800,			
			55045378206,			
			58016482701,			
			68180084413,			
			68180087613,			
			68462030329,			
			68462039429,			00.0200.020,
	00.0200.020,	00.0200020,	,	,	00.0200020	
D / I	HODOO					
Patch	HCPCS					
	J7304, Contra	ceptive supply,	hormone contai	ning patch, each	1	
	NDO					
	NDC	00000400045	00000400004	0450040004 5	0450040045 54	JE00E 44000
		00062192015,	00062192024, 5	00458019201, 5	0458019215, 54	1569541300,
	54868467000					
Vaginal Ring	HCPCS					
5 5		eptive supply. h	normone contair	ning vaginal ring	, each	
	,			5 59	•	
	NDC					
		00052027303.	54569586500, 5	4868483201. 5	5887075401	
		1		, -		

Description	Codes
Diaphragm	CPT 57170, Diaphragm or cervical cap fitting with instructions
	HCPCS A4266, Diaphragm for contraceptive use
	NDC 00027013160, 00027013180, 00062330100, 00062330200, 00062330300, 00062330400, 00062330500, 00062330600, 00062330700, 00062330800, 00062330900, 00062331000, 00062331100, 00062331200, 00062331300, 00062334100, 00062334200, 00062334300, 00062334400, 00062334500, 00062334600, 00062334700, 00062334800, 00062334900, 00062335000, 00062335100, 00062335200, 00062338100, 00062338200, 00062338300, 00062338400, 00062338500, 00062338500, 00062338700, 00062338800, 00062338900, 00062338400, 00062338500, 0

Table PCU-D. Codes used to identify removal/discontinued use of LARC

Description	Codes
Discontinue Intrauterine device (IUD)	ICD-9 V25.12, Encounter for removal of intrauterine contraceptive device 97.71, Removal of intrauterine device CPT 58301, Encounter for removal of intrauterine contraceptive device
Discontinue Implant	CPT 11976, Removal, non-biodegradable drug delivery implant, Norplant 11982, Removal, non-biodegradable drug delivery implant, Implanon or Nexplanon

Table PCU-E. Codes used to identify use of a long-acting reversible contraceptive method (LARC)

Description	Codes
Intrauterine Device (IUD/IUS)	ICD-9 V25.11, Encounter for insertion of intrauterine contraceptive device V25.13, Encounter for removal and reinsertion of intrauterine contraceptive device V25.42, Surveillance of contraceptive method, intrauterine device V45.51, Presence of intrauterine contraceptive device 996.32, Mechanical complication due to intrauterine contraceptive device 996.65, Infection and inflammatory reaction due to other genitourinary device, implant and graft 69.7, Insertion of intrauterine contraceptive device CPT 58300, Insertion of IUD HCPCS J7300, Intrauterine copper contraceptive J7301, Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg J7302, Levonorgestrel- releasing intrauterine contraceptive system, 52 mg S4989, Contraceptive intrauterine device (e.g. progestacertiud), including implants and supplies Q0090, Levonorgestrel-releasing intrauterine contraceptive system, (skyla), 13.5 mg S4981, Insertion of levonorgestrel- releasing intrauterine system NDC 50419042101, 50419042201, 5128520401
Hormonal Implant	ICD-9 V25.5, Encounter for insertion of implantable subdermal contraceptive, V25.43, Surveillance of implantable subdermal contraceptive. V45.52, Presence of subdermal contraceptive implant CPT 11981 Insertion, non- biodegradable drug delivery implant, Implanon or Nexplanon 11983, Removal with reinsertion, non- biodegradable drug delivery implant, Implanon or Nexplanon HCPCS J7306, Levonorgestrel (contraceptive) implant system, including implants and supplies J7307,Etonogestrel [contraceptive] implant system, including implant and supplies NDC 00052027201, 00052027401, 00052433001

E. ADDITIONAL NOTES

The Lactational Amenorrhea Method (LAM) is a highly effective, temporary method of contraception that can be used in the postpartum period. If the infant is being fed only its mother's breast milk, and the woman has not experienced her first postpartum menses, then LAM provides 98% protection from pregnancy in the first 6 months postpartum.²

Despite the protection from LAM, many healthcare providers will want to provide contraceptive services to women at the postpartum visit because the effectiveness of breastfeeding for pregnancy prevention drops quickly when women stop exclusive breastfeeding. It may be difficult for many clients to receive contraceptive services at that time.

For health programs that want to consider rates of LAM when interpreting the measures' results, the National Immunization Survey (NIS) may be helpful for this purpose. The NIS is a data source for Healthy People 2020 objectives on breastfeeding, reports the percentage of women that report exclusively breastfeeding at 3 months and 6 months postpartum, and is available for the United States overall and for all states and territories. For more information about the NIS, see http://www.cdc.gov/nchs/nis.htm.

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² Trussell J. Contraceptive Efficacy. In Hatcher RA, Trussell J, Nelson AL, Cates W, Kowal D, Policar M. Contraceptive Technology: Twentieth Revised Edition. New York NY: Ardent Media, 2011.