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Effective Contraception Utilization

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Disclosures

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Objectives

- Illustrate how to best address contraception with adolescents
- Cover modes of contraception considered effective for this measure
- Delineate the codes used for monitoring the ECU incentive measure by EOCCO

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Measured Population

Effective Contraception Measure

Numerator: Women aged 15-50 using effective contraception as defined by the Oregon Health Authority (OHA)

Denominator: All women aged 15-50 as of December 31 of the measurement year who were continuously enrolled in a CCO for the 12 month measurement period. Exclusions to follow.

Exclusions

- Hysterectomy (Z90.710)
- Bilateral Oophorectomy (Z90.722)
- Natural Menopause (N95.1)
- Premature Menopause (E28.319)
- Currently Pregnant
- Pregnant During Measurement Year
- Female Infertility (N97.0, N97.1, N97.2, N97.8, N97.9)
- Congenital Abnormalities of Female Organs (Q50.02, Q51.0)

Not Excluded, But Should Be?

- Women whose partner have vasectomy
- Women who are not sexually active
- Women who are actively trying to become pregnant
- Women who do not have sex with men

Bilateral Tubal Ligation

In previous years, a code for surveillance of tubal would need to be submitted annually, however the Oregon Health Authority (OHA) has changed this such that any woman who has a claim for tubal in their records (since 2002) will always show as compliant for this measure.

“Women who had claims indicating female sterilization would count as a numerator hit in the measurement year, as well as the subsequent years. OHA will compile a ‘female sterilization permanent numerator table’ using all the OHP claims history (which dates back to 2002), and give numerator credits to the CCO that the member is continuously enrolled with during the measurement year."

What Is Effective Contraception?

ECU Per the OHA

- Tubal
- Implant
- IUD
- Depo Provera
- OCPs
- Contraceptive Ring
- Contraceptive Patch
- Diaphragm

Adolescent Sexual Activity

Best Practices

“Best practices in adolescent anticipatory guidance and screening include a sexual health history, screening for pregnancy and sexually transmitted infections, counseling, and if indicated, providing access to contraceptives.”

AAP, “Contraception for Adolescents”, October 2014

Adolescent Sexual Activity

2011:

- 47% of high school students reported ever having sex
- 34% reported having sex in the previous 3 months

Annually:

- 750,000 adolescent girls become pregnant
- 82% of these pregnancies are unplanned
- 59% of these pregnancies end in births
- 14% end in miscarriage
- 27% end in abortion

Adolescent Contraceptive Use

TABLE 1 Lifetime Use (Ever-Use) of Contraception Among Sexually Experienced Women Aged 15 to 19 Years: United States, 2006 to 2010

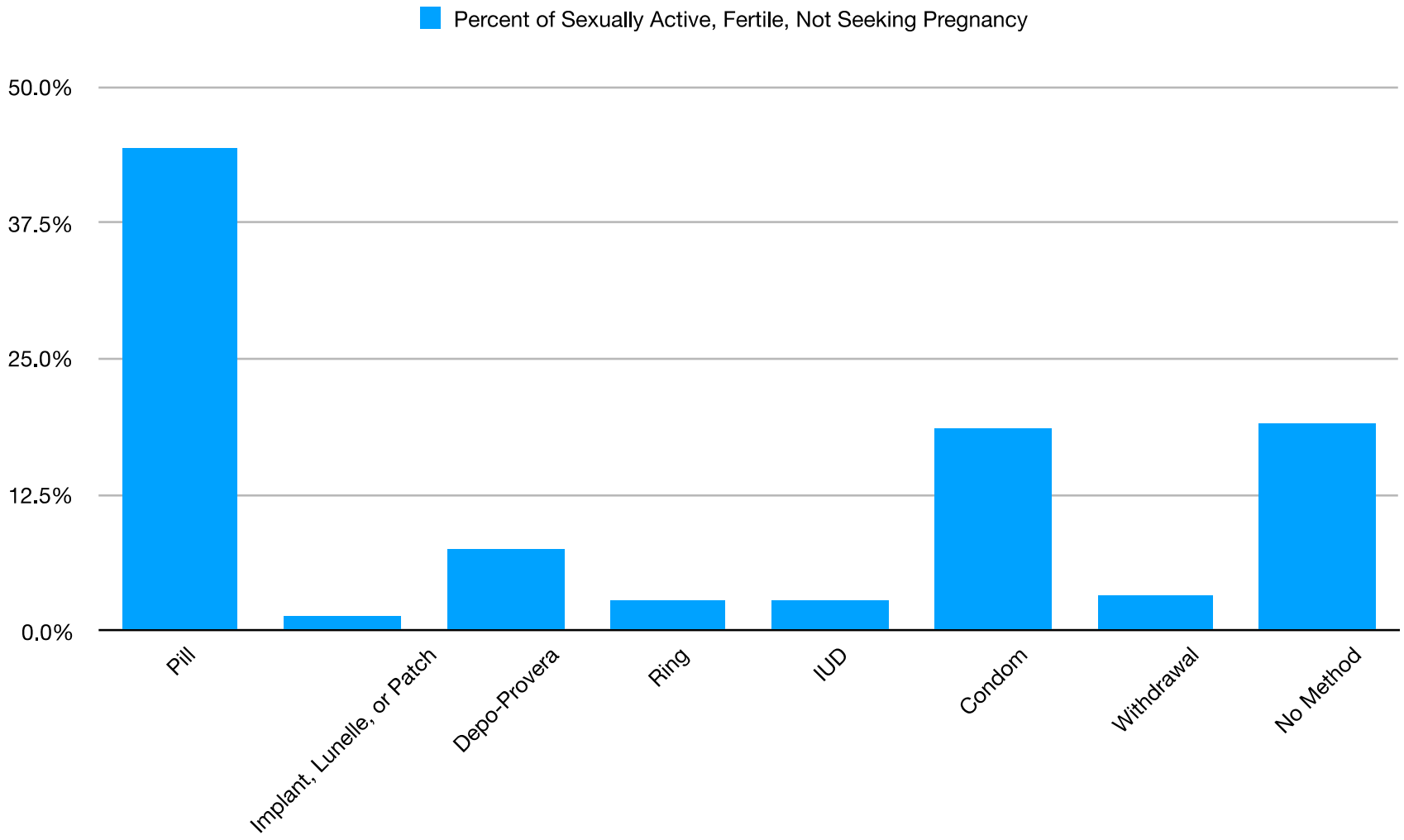
Method	% Distribution
Any method[188]	98.9
Injectable	20.3
Pill	55.6
Contraceptive patch	10.3
Contraceptive ring	5.2
Emergency contraception	13.7
Condom	95.8
Female condom	1.5
Periodic abstinence—calendar	15.0
Withdrawal	57.3
Other methods	7.1
Long-acting reversible contraceptives (IUDs and implants)[64]	4.5

Current Contraceptive Use

TABLE 2 Current Contraceptive Use by Method of Women Aged 15 to 19 Years: United States, 2006 to 2008[162]

Contraceptive Status and Method	% Distribution
Using contraception	28.2
Pill	15.2
Implant, Lunelle, or patch	0.5
3-mo injectable (Depo-Provera)	2.6
Contraceptive ring	1.0
IUD	1.0
Condom	6.4
Withdrawal	1.1
Not using contraception	71.8
Nonsurgically sterile—female or male	0.5
Pregnant or postpartum	3.9
Seeking pregnancy	0.9
Other nonuse:	
Never had intercourse or no intercourse in 3 mo before interview	60.0
Had intercourse in 3 mo before interview	6.5

Sexually Active, Fertile, Contraception



Consent to Treatment

- Family planning/sexual and reproductive health (ORS 109.610, ORS 109.640)
- Minors of any age are allowed to access birth control-related information and services as well as testing and treatment for sexually transmitted infections (STIs) including HIV, without parental consent.
- 66% of parents agree that it is important for adolescents to have private conversations with their physician

Contraceptive Methods

Nexplanon

- Implanted in the arm
- Good for 3 years
- Can cause irregular bleeding
- Failure rate <1%
- Insertion takes 1 minute
- Removal can take <5 minutes
- Can be seen on x-ray
- Requires manufacturer training

IUD

- Several varieties
- Hormonal and non-hormonal
- Failure rate <1%
- Safe in nulliparous women
- Does not increase risk of pelvic inflammatory disease (PID)
- Screening for gonorrhea/chlamydia can be done at time of insertion, treatment without removal is adequate

Depo-Provera Injection

- Single injection every 13 weeks
- Can be started the same day as the visit, even if pregnancy cannot be definitively ruled out, follow up pregnancy test in 2-4 weeks
- Perfect-use pregnancy rate is 0.2%, Typical-use is 6%
- Irregular bleeding experienced by nearly all, improves over time
- Long return to fertility
- Weight gain?
- Bone density?

Oral Contraceptive Pills

- Can be started on the day of visit
- Requires back up method for 7 days
- May be decreased in effectiveness by several medications, including antibiotics
- May decrease the effectiveness of medications
- Perfect-use failure of 0.3%, Typical-use failure 9%

Progesterone-Only Pills

- Generally considered to be less effective than combined oral contraceptives
- More time sensitive than combined oral contraceptives
- Efficacy not studied separately from combined oral contraceptives

Contraceptive Patch

- Can be placed on the abdomen, upper torso, upper outer arm, buttocks
- 1 patch for each of 3 weeks in a row, then one week off
- Typical-use failure rate: 9%
- 1.6 times higher estrogen exposure than with combined oral contraceptives
- Black box warning for higher risk of VTE (still true?!?)

Vaginal Ring

- Inserted into vagina, stays in place for 3 weeks, then remove for 1 week
- Efficacy should not be affected by concomitant use of tampons, spermicide, miconazole
- Can be removed for up to 3 hours for intercourse
- Typical-use failure rate: 9%
- Can have same-day start

Tubal Ligation

- Typically not appropriate in adolescent population, but paid for by EOCCO with appropriate signed consent over the age of 15.

Coding

Surveillance Codes

- Tubal Ligation Z30.2
- Implant Z30.46
- IUD Z30.431
- Depo-Provera Z30.42 plus 96372 and J1050 each injection
- Oral Contraceptive Pills Z30.41
- Contraceptive Ring Z30.44
- Contraceptive Patch Z30.45
- Diaphragm Z30.49

Initiation Codes

- Implant placement **Z30.017** plus **11981** and **J3707**
- IUD counseling visit: **Z30.014**
- IUD placement **Z30.430** plus device codes: ParaGard = **J7300** Liletta = **J7297** Mirena **= J7298**
- Kyleena = **J7296** Skyla = **J7301**
- Depo Provera (injection) **Z30.013** plus **96372** and **J1050**
- Birth control pills **Z30.011**
- Contraceptive Ring **Z30.015**
- Contraceptive Patch **Z30.016**
- Diaphragm plus **Z30.018** plus **A4266** for the device

Removal Codes

- Implant removal **Z30.46** plus **11981** removal + reinsertion: **Z30.46** plus **11983** plus **J3707**
- IUD removal **Z30.432** plus **58301** removal + reinsertion**:** **Z30.433** plus J code and **58301 and 58300** (and *modifier **-51** or **-59***)

Resources

Sources

- https://www.oregon.gov/oha/HPA/ANALYTICS/CCOData/Effective%20Contraceptive%20Use%20-%202018.pdf
- “Contraception for Adolescents”, Technical Report. American Academy of Pediatrics. Pediatrics, Volume 134, Number 4, October 2014.
- https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/YOUTH/Documents/minor-rights.pdf

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