Call for Early Postpartum Long-Acting Reversible Contraception in North Carolina

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To the Editor—In 2011, 45% of pregnancies in the United States were unintended or mistimed [1]. As highlighted in the latest issue of the *North Carolina Medical Journal*, unintended pregnancy has an effect on upward mobility for women in North Carolina [2, 3]. One way that women's health providers are trying to address this issue is by increasing access to long-acting reversible contraception (LARC) devices during the postpartum period. Instead of waiting until an outpatient postpartum clinic visit, physicians are offering new mothers who desire these methods the option of LARC device insertion prior to hospital discharge following delivery. Medicaid programs in at least 19 states are providing this service to women, but it is not yet available in North Carolina [4].

Early postpartum LARC is not currently provided in North Carolina because of billing arrangements and financial hurdles. Most health insurance plans, including Medicaid, pay for the delivery hospitalization in 1 bundled payment. LARC devices are too expensive to be lumped into that reimbursement. Medicaid programs in other states have created separate codes to allow billing for the device and the procedure in the hospital [4]. While North Carolina Medicaid is in the process of addressing this need, our team sought to take steps towards providing this service now.

At the Mountain Area Health Education Center (MAHEC) and Mission Hospital in Asheville, we are invested in lowering barriers to LARC. We therefore conducted a pilot project of early postpartum inpatient Nexplanon insertions, both to develop protocols in preparation for providing this new clinical service in our inpatient setting and to test a potential reimbursement method.

The MAHEC/Mission team used the quality improvement tactic of plan-do-study-act (PDSA) to optimize protocols for early postpartum Nexplanon insertion. The PDSA cycles were fruitful in refining the protocol, but the preparatory phase for the pilot was approximately 9 months long. We thus encourage providers who are interested in providing early postpartum LARC to start developing protocols now, so they will be ready to implement this inpatient service as soon as billing codes are available on a state level.

In addition, the MAHEC/Mission pilot project tested a potential model for how this service might be provided in North Carolina within the current financial restrictions. Communications from the state Medicaid agency indicated that inpatient Nexplanon insertions could be billed under the current billing structure through the outpatient provider, instead of through the hospital. Unfortunately, when we tried billing Medicaid in this manner, only the provider's time was reimbursed, not the device. Thus our attempt to provide early postpartum LARC and get reimbursed within the current financial constraints was unsuccessful.

In order to increase women's access to contraception in the postpartum period, there need to be billing codes that guarantee reimbursement to hospitals for the device and insertion time. We understand that potential changes are being considered at North Carolina Medicaid, and we hope that these codes are approved. Reducing unintended pregnancies through early postpartum LARC will benefit all women and families in North Carolina. NCMJ

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