



Contraceptive Care for Postpartum Women Ages 15-44 (CCP)

Measurement Year 2021 Performance Measures

Measure Description: The percentage of women ages 15 through 44 who had a live birth between January 1 and October 31 of the measurement year and were provided a most effective/moderately effective contraception method or a long-acting reversible method of contraception (LARC), within 3 days and within 60 days of delivery:

- Most effective LARC-sterilization, IUD/IUS, implant
- Moderately effective LARC- injectables, oral pills, patch, ring, or diaphragm

*Both Medicaid and CHIP lines of business will be reporting on in the Pennsylvania Performance Measure Contraceptive Care for Postpartum Women (CCP), however, CHIP will only be reporting on members ages 15-20. Each line of business will be calculated and reported as separate rates.

Eligible Population

Women 15 to 44 years of age as of December 31 of the measurement year. Age stratifications are as follows:

- Women ages 15 to 20
 - A rate will be reported for those who had most effective LARC prescribed within 3 or within 60 days of delivery
 - A rate will be reported for those who had moderately effective LARC prescribed within 3 or within 60 days of delivery
- Women ages 21 to 44
 - A rate will be reported for those who had most effective LARC prescribed within 3 or within 60 days of delivery
 - A rate will be reported for those who had moderately effective LARC prescribed within 3 or within 60 days of delivery

LARCs in the most effective category (ex. IUD) are preferred because they are best at preventing unplanned pregnancies.

Notes

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.

The Following Members Will Not Be Counted in the Measure Population

- Had a live birth in the last 2 months of the measurement year, i.e. after October 31

Numerator Codes

There is a large list of approved NCQA codes used to identify the services included in the CCP measure.

The following are just a few of the approved codes. For a complete list please reach out to your dedicated Quality Practice Liaison (QPL) or the Quality Management Department at AetnaBetterHealthPAQM@Aetna.com.

Quality Measure Toolkit

[AetnaBetterHealth.com/Pennsylvania](https://www.aetna.com/betterhealth/pennsylvania)

PA-20-09-29 (rev09/21)



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Code Class	Codes	Description
CPT	58300	Insertion of IUD
CPT	11981	Insertion, non-biodegradable drug delivery implant, Implanon or Nexplanon
CPT	11983	Removal with reinsertion, non-biodegradable drug delivery implant, Implanon or Nexplanon
ICD10CM	Z30.014	Encounter for initial prescription of intrauterine contraceptive device
ICD10CM	Z30.430	Encounter for insertion of intrauterine contraceptive device
ICD10CM	Z30.433	Encounter for removal and reinsertion of intrauterine contraceptive device
ICD10CM	Z30.017	Encounter for initial prescription of implantable subdermal contraceptive
ICD10PCS	0UH97HZ	Insertion of Contraceptive Device into Uterus, Via Natural or Artificial Opening
ICD10PCS	0UH98HZ	Insertion of Contraceptive Device into Uterus, Via Natural or Artificial Opening Endoscopic
ICD10PCS	0UHC7HZ	Insertion of Contraceptive Device into Cervix, Via Natural or Artificial Opening
ICD10PCS	0UHC8HZ	Insertion of Contraceptive Device into Cervix, Via Natural or Artificial Opening Endoscopic
ICD10PCS	0UH90HZ	Insertion of Contraceptive Device into Uterus, Open Approach
HCPCS	S4981	Insertion of Levonorgestrel- releasing intrauterine system
HCPCS	J7300	Intrauterine copper contraceptive
HCPCS	J7301	Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg
HCPCS	S4989	Contraceptive intrauterine device (e.g. progesterone), including implants and supplies
HCPCS	J7297	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 years duration
HCPCS	J7298	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration
HCPCS	J7296	Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg
HCPCS	J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies
HCPCS	J7307	Etonogestrel [contraceptive] implant system, including implant and supplies

Strategies for Increasing Postpartum LARC Use in Women

- It is not too early to plan for postpartum contraception during prenatal care. Start offering contraceptive counseling before women deliver
- Offer educational materials on LARC to currently pregnant women
 - Offer English and Spanish versions
 - Ensure materials are at a 5th grade reading level to increase health literacy on LARC
 - Offer interpretation services at your office
- Utilize credible resources when researching LARC
 - The American College of Obstetricians and Gynecologists (ACOG) has the most current information on LARC methods and how to access LARC ([acog.org/community/districts-and-sections/district-ii/programs-and-resources/medical-education/long-acting-reversible-contraception-larc](https://www.acog.org/community/districts-and-sections/district-ii/programs-and-resources/medical-education/long-acting-reversible-contraception-larc))
- Advise women seeking birth control methods that there are misconceptions regarding LARC and its linkage to pelvic inflammatory disease.
 - There is no link between the two
- Advise women that LARC can be inserted within minutes of childbirth
- Advise women that LARC is safe for all ages; fertility is rapid after removal, and they are a covered benefit from Aetna Better Health (Mirena, Paragard, Nexplanon are all covered types of LARC)