MEASURE UCM: USE OF CONTRACEPTIVE METHODS BY WOMEN AGES 15–44 (DEVELOPMENTAL MEASURE)

Office of Population Affairs/Centers for Disease Control and Prevention

A. DESCRIPTION

The percentage of women ages 15–44 that:

1. Adopted or continued use of the most effective or moderately effective FDA-approved methods of contraception.
2. Adopted or continued use of a long-acting reversible method of contraception (LARC).

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, one for ages 15–20 and one for ages 21–44.

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 15–44. Two separate rates should be reported: ages 15–20 and ages 21–44. Four rates will be reported in the web-based reporting system.
- The National Survey of Family Growth (NSFG) and Youth Risk Behavior Survey (YRBS) can be used to interpret the results of this measure. For more information, see Section E, "Additional Notes."
- 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 15–44 years as of December 31 of the measurement year.
Continuous enrollment	The measurement year.
Allowable gap	No more than one gap in enrollment of up to 45 days during the continuous enrollment period. To determine continuous enrollment for a Medicaid enrollee for whom enrollment is verified monthly, the enrollee may not have more than a 1-month gap in coverage (i.e., an enrollee whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
Anchor date	December 31 of the measurement year.
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 15–44 years.

Both measures use the same denominator. The denominator should be stratified in two age groups: ages 15 to 20 and ages 21 to 44.

Women will be excluded from the denominator if: (1) they are infecund for non-contraceptive reasons, or (2) they were pregnant and not at risk of unintended pregnancy. Follow the steps below to identify the eligible population:

Step 1 Identify and exclude women who were infecund due to non-contraceptive reasons such as natural menopause or oophorectomy. To do this, use the codes listed in Table UCM-A.

Step 2 Identify women who were pregnant at any point in the measurement year by using the codes listed in Table UCM-B. Steps 3 and 4 determine whether women are included or excluded based on the outcome and timing of a delivery.

Step 3 Identify and include women whose pregnancy ended in a known miscarriage, ectopic pregnancy, stillbirth, or induced abortion by using the codes in Table UCM-C.

Step 4 Identify women whose pregnancy ended in a live birth by using codes listed in Table UCM-D. Include women who gave birth in the first 10 months of the measurement year, since there was adequate time to provide contraception in the postpartum period. Women who gave birth in the last two months of the measurement year, or who were still pregnant at the end of the measurement year, should be excluded from the denominator because there may not have been an opportunity to provide them with contraception. A 2-month period was selected because the American College of Obstetricians and Gynecologists (ACOG) recommends having a postpartum visit by 6 weeks, and an additional 2 weeks was added to allow for reasonable delays in attending the postpartum visit.

Step 5 All remaining women who were pregnant at some point in the measurement year should be excluded from the denominator because they are either still pregnant at the end of the year, or because the outcome of the pregnancy was unknown.

Figure UCM-A provides a flowchart for implementing these exclusion and inclusion categories.

Table UCM-A. Codes indicating sterilization for non-contraceptive reasons (i.e., hysterectomy, oophorectomy, or menopause)

ICD-9
V49.81, V88.01, 256, 256.1, 256.2, 256.31, 256.39, 256.8, 627.1, 627.2, 627.3, 627.8, 627.9
CPT
58150, 58152, 58180, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294, 58541, 58542, 58543, 58544, 58548, 58552, 58554, 58570, 58571, 58572, 58573, 58943, 58950, 58951, 58952, 58953, 58954, 58956, 58957, 58958, 58960

Table UCM-B. Codes indicating a pregnancy

ICD-9
V22.x, V23.x, V23.xx, V24.x, V27.x, V28.x, V28.xx, V61.6, V61.7, V72.42, V91.xx, 630-679.14
ICD-9-CM Procedure Codes
72.0-73.99, 74.0-74.20, 74.40, 74.99
CPT
59812, 59820, 59821, 59830, 59120, 59121, 59130, 59135, 59136, 59140, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, 59400, 59409, 59410, 59412, 59425, 59426, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622

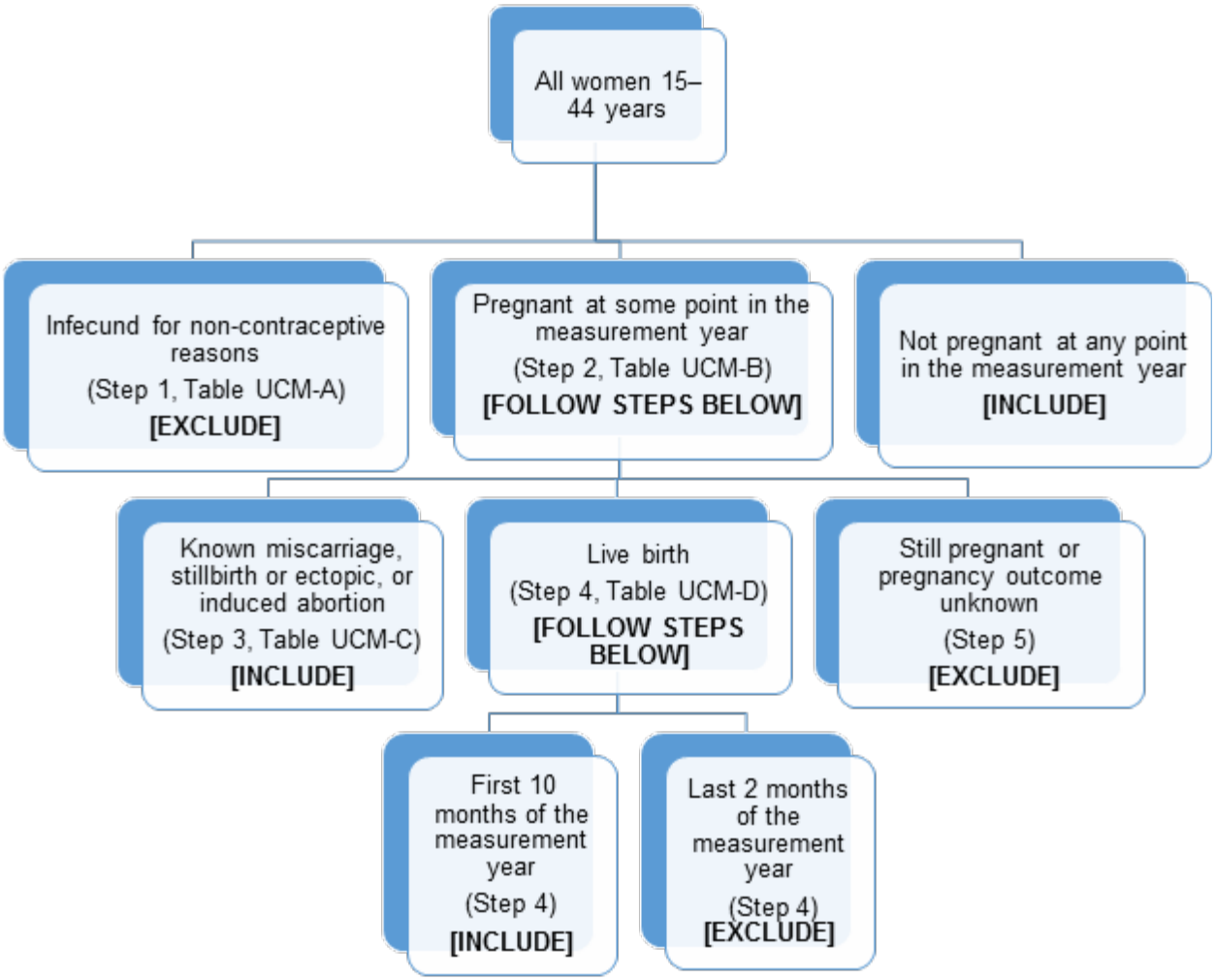
Table UCM-C. Codes indicating a known miscarriage, ectopic pregnancy, stillbirth, or induced abortion

ICD-9
630-637.92, 639.0-639.9, 656.40, V27.1, V27.4, V27.7 656.41, 656.43
CPT
59812, 59820, 59821, 59830, 59120, 59121, 59130, 59135, 59136, 59140 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857

Table UCM-D. Codes to identify a delivery resulting in a live birth

ICD-9
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, 650, 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, V27.0, V27.2, V27.3, V27.5, V27.6, 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

Figure UCM-A. Flowchart of Applying the Exclusion and Inclusion Criteria to Define the Denominator



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 UCM-E to identify 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.

Step 2 LARC methods (IUD, implant) can be removed at the woman's request so adjustments must be made to reflect this. Use the codes in Table UCM-F to identify women who had their IUD or implant removed at any point during the measurement year. Check to see if they had an IUD or implant reinserted on the same or a subsequent date. If there is no code indicating reinsertion, use the codes in Table UCM-E to determine whether a woman used another most or moderately effective method. Do so by looking back over the 30 days prior 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 identified as non-users of contraception in step 2 from those identified in step 1 to determine the numerator. Calculate the numerator separately for the two age groups: ages 15–20 and 21–44.

Numerator for measure 2

The eligible population that is using a LARC method.

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

Step 2 LARC methods (IUD, implant) can be removed at the enrollee's request so adjustments must be made to reflect this. Use the codes in Table UCM-F to identify women who had their IUD or implant removed at any point during the measurement year. Check to see if they had an IUD or implant reinserted on the same or a subsequent date. If there is no code indicating reinsertion, consider them as a non-user of LARC.

Step 3 Subtract the number of women identified as non-users of LARC in step 2 from those identified in step 1 above to determine the numerator. Calculate the numerator separately for the two age groups: ages 15–20 and 21–44.

Table UCM-E. 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, 5128520401

Description	Codes
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 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, 00008253605, 00052026106, 00052028306, 00062125100, 00062125115, 00062125120, 00062133220, 00062141116, 00062141123, 00062171400, 00062171415, 00062176100, 00062176115, 00062178100, 00062178115, 00062179600, 00062179615, 00062190120, 00062190320, 000190700, 00062190715, 00062191000, 00062191015, 00247052028, 00247069028, 00247069128, 00247069228, 00247139828, 00247151328, 00247151628, 00247151728, 00247176404, 00247176421, 00247176521, 00247198621, 00247198628, 00247200828, 00247201004, 00247201008, 00247201028, 00247201228, 00247201328, 00247214728, 00247216928, 00247217028, 00247223028, 00247223528, 00247226028, 00247226828, 00378655053, 00378727253, 00378729253, 00430042014, 00430048214, 00430053014, 00430053550, 00430057014, 00430057045, 00430058014, 00430058045, 00430058114, 00430058514, 00430058545, 00555034458, 00555071558, 00555900867, 00555900942, 00555901058, 00555901258, 00555901467, 00555901658, 00555901858, 00555902058, 00555902542, 00555902557, 00555902658, 00555902742, 00555902757, 00555902858, 00555903270, 00555903458, 00555904358, 00555904558, 00555904758, 00555904958, 00555905058, 00555905158, 00555905167, 00555906458, 00555906467, 00555906558, 00555906658, 00555906667, 00555912366, 00555913167, 00555913179, 00603359017, 00603359049, 00603752117, 00603752149, 00603752517, 00603752549, 00603754017, 00603754049, 00603760615,

Description	Codes
Oral Contraceptive Pills (Continued)	00603760648, 00603760715, 00603760748, 00603760817, 00603760917, 00603762517, 00603762549, 00603763417, 00603763449, 00603764017, 00603764217, 00603766317, 00603766517, 23490765301, 23490767001, 23490769901, 24090080184, 24090096184, 35356001468, 35356001568, 35356002168, 35356025528, 35356037028, 43386062030, 45802084054, 50419040201, 50419040203, 50419040303, 50419040503, 50419040701, 50419040703, 50419041112, 50419041128, 50419043306, 50419043312, 50452025115, 50458017115, 50458017615, 50458017815, 50458019115, 50458019411, 50458019416, 50458019615, 50458019715, 50458025115, 51285005866, 51285007997, 51285008070, 51285008198, 51285008297, 51285008370, 51285008498, 51285008787, 51285009158, 51285009287, 51285011458, 51285043165, 51285054628, 51285076993, 51285094288, 51285094388, 52544014331, 52544017572, 52544020431, 52544021028, 52544021928, 52544022829, 52544023528, 52544023531, 52544024531, 52544024728, 52544024828, 52544025428, 52544025928, 52544025988, 52544026528, 52544026531, 52544026829, 52544026884, 52544027428, 52544027431, 52544027536, 52544027928, 52544028754, 52544029128, 52544029231, 52544029241, 52544029528, 52544038328, 52544038428, 52544047536, 52544055028, 52544055228, 52544055428, 52544062928, 52544063028, 52544063128, 52544084728, 52544084828, 52544089228, 52544093628, 52544094028, 52544094928, 52544095021, 52544095121, 52544095328, 52544095428, 52544095931, 52544096691, 52544096728, 52544098131, 52544098231, 52959045002, 54569067900, 54569068500, 54569068501, 54569068900, 54569068901, 54569143900, 54569384400, 54569422200, 54569422201, 54569426900, 54569427301, 54569481700, 54569487800, 54569487801, 54569489000, 54569498400, 54569499700, 54569499800, 54569516100, 54569534300, 54569534900, 54569549300, 54569549302, 54569579600, 54569579700, 54569579800, 54569581600, 54569582600, 54569603200, 54569612800, 54569614400, 54569614500, 54569627200, 54569628000, 54569628100, 54868042800, 54868044300, 54868050200, 54868050700, 54868050801, 54868050901, 54868051600, 54868151200, 54868156400, 54868231600, 54868260600, 54868270100, 54868377200, 54868386300, 54868394800, 54868409300, 54868423900, 54868436900, 54868453800, 54868459000, 54868460700, 54868473000, 54868473100, 54868474200, 54868474500, 54868475400, 54868477600, 54868481400, 54868482800, 54868485100, 54868486000, 54868491100, 54868502800, 54868528600, 54868532600, 54868535600, 54868582600, 54868582800, 54868594200, 55045283902, 55045348506, 55045349701, 55045349801, 55045378106, 55045378206, 55045378302, 55289024708, 55289088704, 55887005228, 55887028628, 58016474701, 58016482701, 66993061128, 66993061528, 68180084313, 68180084413, 68180084613, 68180084813, 68180085413, 68180087611, 68180087613, 68180089713, 68180089813, 68180090213, 68462030329, 68462030529, 68462030929, 68462031629, 68462031829, 68462038829, 68462039429, 68462055629, 68462056529
Patch	<u>HCPCS</u> J7304, Contraceptive supply, hormone containing patch, each <u>NDC</u> 00062192001, 00062192015, 00062192024, 50458019201, 50458019215, 54569541300, 54868467000
Vaginal Ring	<u>HCPCS</u> J7303, Contraceptive supply, hormone containing vaginal ring, each <u>NDC</u> 00052027301, 00052027303, 54569586500, 54868483201, 55887075401

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, 00062338600, 00062338700, 00062338800, 00062338900, 00062364103, 00062364300, 00234005100, 00234013100, 00234013150, 00234013155, 00234013160, 00234013165, 00234013170, 00234013175, 00234013180, 00234013185, 00234013190, 00234013195, 00234013600, 00234013660, 00234013665, 00234013670, 00234013675, 00234013680, 00234013685, 00234013690, 00234013695, 00396401065, 00396401070, 00396401075, 00396401080

Table UCM-F. 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 UCM-G. Codes used to identify use of 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 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 ideal denominator for a clinical performance measure of contraceptive services is all women at risk of unintended pregnancy (i.e., who are fecund, are not pregnant or seeking pregnancy, and have ever had sex). However, it is not possible to identify this population with existing claims data because there are no codes for a woman's pregnancy intention or history of sexual activity. Further, both sterilization and LARC are long-lasting but there is no systematic record of receipt of sterilization or LARC in the year(s) preceding the measurement year. These limitations can be offset by using estimates from national survey data to help interpret the measure's results and to set benchmarks that consider the limitations of claims data.

Two national surveys may be helpful:

1. The National Survey of Family Growth (NSFG) is a national survey that gathers information on family life, marriage and divorce, pregnancy, infertility, use of contraception, and men's and women's health. It is conducted by CDC's National Center for Health Statistics and generates a nationally representative sample of women and men ages 15 through 44. Approximately 5,000 individuals are interviewed each year, and updated data files are released every two years. This survey can be used to identify the portion of enrollees that are not at risk of unintended pregnancy because they never had sex, are infecund, or are trying to get pregnant. This information can then help determine the population at risk for unintended pregnancy to use as a benchmark for measure performance. For more information about the NSFG, see: http://www.cdc.gov/nchs/nsfg.htm.
2. The Youth Risk Behavior Survey (YRBS) was developed in 1990 to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. These behaviors, often established during childhood and early adolescence, include sexual behaviors that contribute to unintended pregnancy and sexually transmitted infections. The YRBS includes national, state, territorial, tribal government, and local school-based surveys of representative samples of 9th through 12th grade students. These surveys are conducted every two years, usually during the spring semester. From 1991 through 2013, the YRBS has collected data from more than 2.6 million high school students in more than 1,100 separate surveys. These numbers can help determine the number of high school students at risk for unintended pregnancy and can be used as a benchmark to gauge performance for high school aged females. For more information about YRBS, see: http://www.cdc.gov/healthyyouth/data/yrbs/overview.htm.

Examples of how to use the NSFG and YRBS to interpret performance results on this measure will be available soon.