Same-Day Insertion for Long-Acting Reversible Contraception: Best Practice Checklist

According to studies, nearly half of patients don’t return for a second visit for their intrauterine device (IUD) insertion and implants. ACOG recommends Same-Day Insertion (SDI) for IUDs and LARC as a best practice and should be offered routinely as a safe and effective contraceptive option.¹ The following checklist is specifically designed to help your practice deliver best practices while simplifying the SDI process.

Administrative Workflow

- **Identify office champions**
  Appoint office staff—physician, nurse, and/or frontline champions to organize and streamline the process to ensure SDI is feasible (ie, coverage details, appointment availability, LARC inventory)

- **Patient coverage**
  Create a quick reference guide to help your staff find coverage information for plans you accept (ie, chart/grid with coverage details, authorization requirements)
  - Appoint one billing team staff member to oversee all benefit coverage procedures
  - The ACA generally requires health plans to cover FDA-approved contraceptive methods including implants and IUDs as a preventative service at low or no cost to the patient

- **Use modifiers**
  Ensure your office billing team is up to date with current billing and coding practices (ie, applying modifiers to receive separate reimbursement payment for SDI). See ACOG billing & coding resources

- **Anticipate demand**
  Have several devices readily available for SDI and then customize your inventory as needed.
  - Simplify inventory management by dedicating a staff member to oversee your device stock
  - Optimize tracking and forecast demand with device manufacturer resources

- **Leverage technology infrastructures**
  Gauge patient IUD interest before their appointment by utilizing technology infrastructures such as EMR, patient intake systems, and staff appointment reminders.


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Clinical Workflow

Clinical training

Ideally, most providers would be knowledgeable and comfortable with offering LARC, be able to answer patients’ questions, and be fully trained for SDI. See ACOG clinical training opportunities. As long as pregnancy can be excluded, clinicians are encouraged to initiate and place LARC in the same visit.2

Develop patient education protocols that fit with your practice

Train staff to counsel on all contraceptive options, including LARC (ie, addressing patient concerns, dispelling myths and misconceptions). Make educational opportunities easily available to patients ahead of appointments through patient portals, your practice website, appointment reminders, or in a way that works for your office.

— Understand patient goals: Offer options based on an understanding of her goals and preferences around birth control and pregnancy

— Assess SDI eligibility:
  - Gauge patient’s interest in LARC
  - Does she need more time to consider?
  - Rule out pregnancy
    - The use of a diagram or algorithm on “How to be reasonably certain that a woman is not pregnant” can help serve as a reference guide for providers. See Other Resources section for examples
  - Contraindications
    - Refer to the appropriate product’s prescribing information for a complete list of contraindications
    - If indicated, perform physical examination and appropriate testing (e.g. blood pressure, STI testing, hemoglobin, etc.)
      - Please note: IUDs can be placed the same day as STI testing, no need to wait for the test results.2

— Obtain informed consent: LARC insertion cannot proceed without the patient’s understanding and agreement

Train staff

Identify and train staff to conduct contraceptive counseling with accurate, unbiased information about birth control and empathetically collaborate with patients to identify best methods for their lifestyles (ie, shared decision making, and patient autonomy). See ACOG contraceptive counseling resources

— Your frontline staff are key: They are often the first place patients get basic facts about the availability of birth control at your practice

— Simple patient surveys can benefit your practice by helping you understand:
  - How important is it for the patient to not become pregnant within the next year?
  - Have they heard of IUDs or implants?
  - Are they interested in IUDs or implants?
  - Would they like more information about IUDs or implants?

Stock exam rooms with “insertion kits”

These kits make insertions faster and easier when they contain the needed checklists and supplies (eg, sterile drape, ring forceps, uterine scissors curved 9”, antiseptic solution, tenaculum, uterine sound)


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ACOG Billing & Coding Resources

Simplify answers to all billing and coding questions: Submitting a ticket to the ACOG Coding Database is an easy way to quickly get experts’ answers to all your coding and billing questions.

ACOG LARC Quick Coding Guide

ACOG District II: A Quick Guide for Reimbursement—Coding for LARC

ACOG LARC Billing Quiz

Additional ACOG Resources

ACOG Practice Bulletin 186: Long-Acting Reversible Contraception: Implants and Intrauterine Devices

ACOG LARC Program

ACOG District II LARC webpage

ACOG LARC Program Help Desk

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Other Resources

- Contraceptive Action Plan (CAP) LARC Same-Day Insertion Diagram
- Reproductive Health Access Project Quick Start Algorithm

Disclaimer: The exclusion of a resource does not reflect the quality of that resource. Note: Websites or URLs are subject to change without advance notice. The inclusion of a resource does not imply endorsement by ACOG District II.