Technical Bulletin
Division of Health Care Financing and Policy
Division of Public and Behavioral Health

Date:	**September 19, 2018**
Topic:	**Long Acting Reversible Contraceptives (LARCs)**
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To:	**Nevada Medicaid Providers**

In 2012 in the United States, approximately one infant was born every 25 minutes with Neonatal Abstinence Syndrome (NAS).[1] This equates to approximately 5.8 infants per 1,000 hospital births. In 2012, Nevada's rate was 5 infants per 1,000 hospital births with a slight decrease to 4.8 in 2013.[2] Please note this is the latest national and Nevada data available.

NAS is a collection of symptoms in newborn infants exposed to any of a variety of substances in utero, including opioids.[3] Clinically significant neonatal withdrawal most commonly results from exposure to opioids, but symptoms of neonatal withdrawal have also been noted in infants exposed to antidepressants, anxiolytics, and other non-opioids.[4]

The clinical signs of NAS include high pitched and excessive crying, irritability, poor sleep, sweating, poor feeding, respiratory distress, seizures, tremors, and other signs.[5] Approximately, 80 percent of infants treated for NAS have their care paid for by Medicaid in the United States.[6]

What can Nevada physicians do to help stop this problem? Nevada Medicaid covers Long Acting Reversible Contraceptives (LARCs). LARCs include intrauterine devices (IUD) and birth control implants.

The Nevada Division of Health Care Financing and Policy (Nevada Medicaid) and the Division of Public and Behavioral Health are collaborating on encouraging providers to offer LARCs to eligible Medicaid recipients immediately following delivery of an NAS infant or to any woman at-risk of developing a substance use disorder. LARCs are a Nevada Medicaid covered benefit when provided by a Physician, Special Clinic, Advance Practice Registered Nurse (APRN), Indian Health Service Outpatient (Tribal and Non-Tribal), Certified Nurse Midwife (CNM), and Physician Assistant (PA). LARCs reimbursement is available under family planning services for women of childbearing age.

If the mother is still in the hospital as an inpatient, a Nevada Medicaid provider may bring the IUD or implant to the hospital and code the device with a modifier for reimbursement outside of the OB global or delivery codes. A Nevada Medicaid provider may also conduct this service in their clinical setting.

1 Patrick SW, et al. "Increasing Incidence and Geographic Distribution of Neonatal Abstinence Syndrome," (2015) 652.

2 Ko JY, Patrick SW, Tong VT, Patel R, Lind JN, Barfield WD. Incidence of Neonatal Abstinence Syndrome — 28 States, 1999–2013. MMWR Morb Mortal Wkly Rep 2016;65:799–802. DOI: http://dx.doi.org/10.15585/mmwr.mm6531a2.

3 Wiles JF, Isemann B, Ward LP, Vinks AA, Akinbi H. "Current Management of Neonatal Abstinence Syndrome Secondary to Intrauterine Opioid Exposure." J Pediatr 2014 165:440-6 DOI:10.1016/jpeds 2014.05.010.

4 Kocherlakota P, "Neonatal Abstinence Syndrome." Pediatrics 2014:134e:e547 (2014) DOI:10.15242/peds.2013-3524.

5 Hudak and Tan, et al. "Neonatal Drug Withdrawal, 2012; and see also Hamdan, Ashraf, "Neonatal Abstinence Syndrome" published in Medscape, Updated: Dec 20, 2017 https://emedicine.medscape.com/article/978763-overview.

6 Patrick SW, et al. "Increasing Incidence and Geographic Distribution of Neonatal Abstinence Syndrome, (2015)" 653-654.

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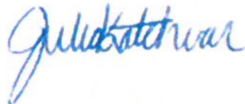

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