

CAP PERFORMANCE MEASURES

Guidance Document

1. CAP PERFORMANCE MEASURES:

In order to support goals associated with increasing access to contraception, including Long Acting Contraceptive Methods (LARCs), health care providers must collect, report, monitor and review a set of data and information describing current practice and improvements in practice associated with changes made to health care delivery systems and processes.

The CAP project has five key performance measures, outlined in Table 1: Pregnancy Intentions Identification, Provision of Contraceptive Counseling, Contraceptive Coverage, LARC Coverage, and Same Day LARC Insertion. These measures are intended to support health care providers in examining the rate at which LARC methods are provided to the female clients ages 15-44. This will help CAI, MDRC and your health center assess the impact implementing the ICON Project has on increasing access to contraception, including LARCs, in your health center.

Important clarifications:

1. Eligible clients include women ages 15-44 years who are not pregnant during the reporting period who made a clinic visit during the period. ICD-10 codes for identifying ineligible women can be found on page 6 of this document.
2. For each unduplicated client, count only the most current visit within each reporting period.
3. Data for performance measures 1-5 should be stratified by the following age at last visit categories: **15-17**, **18-29**, and **30-44**.
4. When segmenting data by age, use the age the patient was at their last visit during the reporting period. Do not include individuals whose birthday take place during a reporting period in two age categories.
5. All data can be pulled from fields within the EMR, billing and/or pharmacy databases.

Table 1: ICON Performance Measures

Measure	Definition	Numerator/Denominator
1. Pregnancy Intentions Identification	# and % of UNDUPLICATED female clients ages 15-44 asked if they want to become pregnant or have a baby in the next year.	Numerator: # UNDUPLICATED female clients ages 15-44 years asked about their pregnancy intentions, or whether they want to become pregnant or have a baby in the next year. Denominator: # of UNDUPLICATED female clients ages 15-44 not currently pregnant.
2. Provision of Contraceptive Counseling	# and % of UNDUPLICATED female clients ages 15-44 provided with contraceptive counseling	Numerator: # UNDUPLICATED female clients ages 15-44 years who are provided contraceptive counseling. Denominator: # of UNDUPLICATED female clients ages 15-44 not currently pregnant.
3. Contraceptive¹ Coverage	a. # and % of UNDUPLICATED female clients ages 15-44 years using contraceptive method at beginning of visit ²	Numerator: # UNDUPLICATED female clients ages 15-44 years using contraceptive method at the <u>beginning</u> of visit. Denominator: # of UNDUPLICATED female clients ages 15-44 not currently pregnant.
	b. # and % of UNDUPLICATED female clients ages 15-44 years using contraceptive method at end of visit ³	Numerator: # UNDUPLICATED female clients ages 15-44 years using contraceptive method at the <u>end</u> of visit. Denominator: # of UNDUPLICATED female clients ages 15-44 not currently pregnant.
4. LARC Coverage	a. # and % of unduplicated female clients ages 15-44 years using a LARC method (IUD or implant) at beginning of visit ²	Numerator: # UNDUPLICATED female clients ages 15-44 years using LARC method (IUD or implant) at the <u>beginning</u> of visit. Denominator: # of UNDUPLICATED female clients ages 15-44 not currently pregnant.
	b. # and % of unduplicated female clients ages 15-44 years using a LARC method (IUD or implant) at end of visit ³	Numerator: # UNDUPLICATED female clients ages 15-44 years using LARC method (IUD or implant) at the <u>end</u> of visit. Denominator: # of UNDUPLICATED female clients ages 15-44 not currently pregnant.
5. Same Day LARC Insertion	# and % of unduplicated female clients ages 15-44 years who had LARC device provided the same day as selected	Numerator: # of UNDUPLICATED female clients ages 15-44 who had a LARC device (IUD or implant) inserted on the SAME DAY as the method was selected by the client. Denominator: # of UNDUPLICATED female clients ages 15-44 not currently pregnant.

¹ Contraceptive Method includes hormonal IUD, non-hormonal IUD, hormonal implant, hormonal shot, hormonal ring, hormonal patch & oral contraceptive

² Contraceptive Use at beginning of visit is defined as patient reporting contraceptive use at the beginning of the visit

³ Contraceptive Use at end of visit is defined as patient leaving with a method provided/inserted, with a prescription for a method, or continuing with current method

2. STRATIFICATION

Data for performance measures 1-5 should be stratified by the following age at last visit categories:

- 15-17
- 18-29
- 30-44

3. GUIDANCE ON HOW TO EXTRACT AND REPORT ON THE PROVISION OF HORMONAL CONTRACEPTION AND IUDS

Data for performance measures 3 and 4 will need to be obtained from your health centers databases. Depending on how your systems work, the data may come from your billing data, electronic medical record and/or pharmacy data. Below is more guidance to help you think though how to extract data necessary to report on these measures.

Considerations for pulling data on provision of hormonal contraception and IUDS:

We realize that you are the expert at knowing both how data is collected in your health center and how to extract that data. However, in our experience, for some health systems extracting such data can be a challenging task. We therefore suggest that before you begin pulling the data, that a data analyst speak with staff who are intimately acquainted with how contraceptive services are documented. This would likely include discussions with clinical staff and billing staff, and maybe the practice manager.

Some of the questions that could be asked during such a conversation could include:

- 1) What are the standard codes used when initiating the following contraceptive services?:
 - ✓ Oral contraceptives (pill)
 - ✓ Hormonal patch
 - ✓ Hormonal ring
 - ✓ Hormonal shot (Depo-Provera)
 - ✓ IUDs (ParaGard, Mirena, and/or Skyla)
 - ✓ Hormonal Implant (Nexplanon)

- 2) What are the standard codes used when providing on-going monitoring of (e.g. string check, refills, side effect management, routine depo-Provera shot) for the following forms of contraceptives?:
- ✓ Oral contraceptives (pill)
 - ✓ Hormonal patch
 - ✓ Hormonal ring
 - ✓ Hormonal shot (Depo-Provera)
 - ✓ IUDs (ParaGard, Mirena, and/or Skyla)
 - ✓ Hormonal Implant (Nexplanon)
- 3) Do the coding practices related to the provision of such services differ by provider? If so, how?

Once have had a conversation such as described above, you may want to pull some data and see if it reflects how the practice setting staff believe they are providing contraceptive services.

Tables 3 – 5 have billing codes that may assist you in pulling the performance data. These are billing codes for the provision and monitoring of hormonal contraception and IUDs (and include both diagnosis and supply codes).

Table 3: HCPCS-Level II Supply Codes for Hormonal Contraception and IUDs

Code	Description
J1050	Medroxyprogesterone acetate, 1 mg (Depo-Provera)
J7297	Levonorgestrel-releasing IUD, 52mg, 3-year duration (Liletta IUD)
J7298	Levonorgestrel-releasing IUD, 52mg, 5-year duration (Mirena IUD)
J7300	Intrauterine copper contraceptive (ParaGard IUD)
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla IUD), 13.5mg
J7302	As of 1/1/16, this code is no longer in use. It was previously used for Mirena or Liletta IUD
J7303	Hormone containing vaginal ring, each (NuvaRing)
J7304	Hormone containing patch, each (Evra-Ortho patch or Xulane patch), per 1 unit/patch)

Table 4: Diagnosis/Encounter Codes for Hormonal Contraceptive Management

Code	Description
Z30.011	Encounter for initial subscription for contraceptive pills
Z30.018*	Encounter for initial prescription of other contraceptive (e.g. Patch, Ring)
Z30.019*	Encounter for initial prescription of contraceptives, unspecified
Z30.09*	Encounter for other general counseling and advice on contraception
Z30.430	Encounter for insertion of intrauterine contraceptive device
Z30.433	Encounter for removal and reinsertion of intrauterine contraceptive device
Z30.49*	Encounter for surveillance of other contraceptives. <i>(NOTE: This new code is used for insertion, removal, checking, and reinsertion of the implant, and can also be used to indicate surveillance of patch, ring and diaphragm)</i>
Z30.9*	Encounter for contraceptive management, unspecified (for Patch and Ring)
Z30.013	Encounter for initial prescription of injectable contraceptive (Depo-Provera)
Z30.011	Encounter for initial subscription for contraceptive pills

Table 5: Diagnosis/Encounter Codes for Surveillance of Previously Prescribed Contraceptive Methods

Code	Description
Z30.40*	Encounter for surveillance of contraceptives, unspecified
Z30.41	Encounter for surveillance of contraceptive pills
Z30.431	Encounter for routine checking of intrauterine contraceptive device
Z30.49*	Encounter for surveillance of other contraceptives. <i>(NOTE: This new code is used for insertion, removal, checking, and reinsertion of the implant, and can also be used to indicate surveillance of patch, ring and diaphragm)</i>
Z230.42	-Encounter for surveillance of injectable contraception (DMPA/Depo-Provera)

Codes with an asterisk(*) may be used to document provision of contraceptive counseling & management, but due to their lack of specificity, cannot be used to track provision of a specific type of hormonal contraception or IUD.

CODES FOR EXCLUSION CRITERIA

Performance measures 1 requires that you exclude reporting on clients who are currently pregnant. Below, under the heading “Codes for Exclusion Criteria” we have also included a list of the diagnosis codes typically used to document pregnancy care.

Table 6: Diagnosis codes that Indicate Pregnancy

Code	Description
Z234.00	Encounter for supervision of normal first pregnancy, unspecified trimester
Z34.80	Encounter for supervision of other normal pregnancy
Z34.90	Encounter for supervision of normal pregnancy, unspecified, unspecified trimester
Z33.1	Pregnant state, incidental
Code for the Supervision of High Risk Pregnancy	
009.00	Supervision of pregnancy with history of infertility, unspecified trimester
009.10	Supervision of pregnancy with history of ectopic or molar pregnancy, unspecified trimester
009.291	Supervision of pregnancy with other poor reproductive or obstetric history, first trimester
009.40	Supervision of pregnancy with grand multiparity, unspecified trimester
009.30	Supervision of pregnancy with insufficient antenatal care, unspecified trimester
009.90	-Supervision of high risk pregnancy, unspecified, unspecified trimester
009.91	Supervision of high risk pregnancy, unspecified, first trimester
009.92	Supervision of high risk pregnancy, unspecified, second trimester
009.93	Supervision of high risk pregnancy, unspecified, third trimester