

# NEXPLANON PLACEMENT

Week 46

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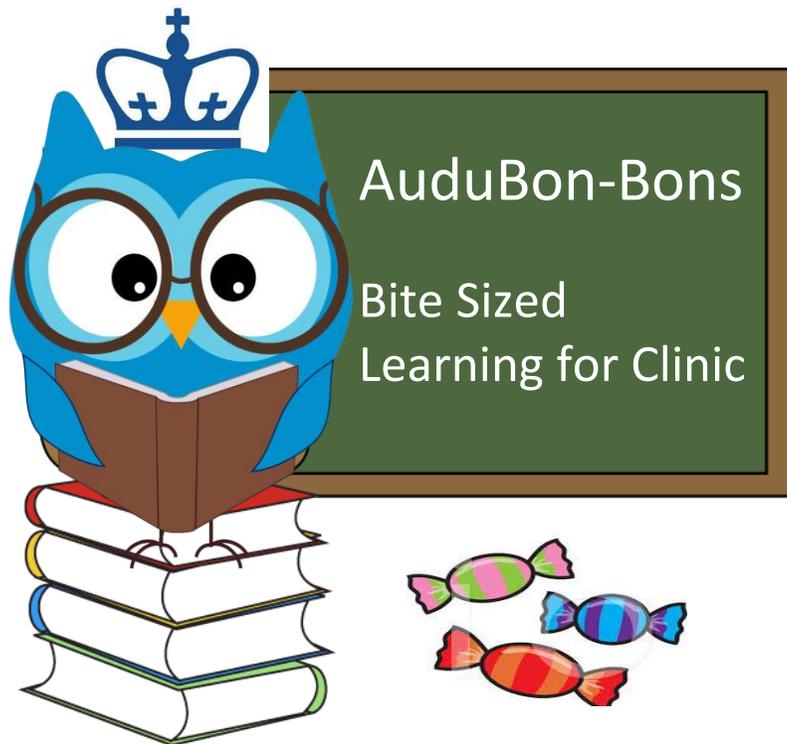
Reading Assignment:

ACOG Practice Bulletin #186

Long-Acting Reversible Contraception: Implants  
and Intrauterine Devices

Watch Nexplanon placement video

<https://www.acog.org/About-ACOG/ACOG-Departments/Long-Acting-Reversible-Contraception/LARC-Video-Series?IsMobileSet=false>



# LEARNING OBJECTIVES



- To understand relevant factors in determining appropriate candidates for Nexplanon placement
- To recognize contraindications to Nexplanon insertion
- To review technical issues regarding the insertion procedure for Nexplanon



# CASE VIGNETTE

- Ms. Familia Completa, a 32 yo G1 P1 woman, presents to clinic requesting placement of a Nexplanon implant for contraception.



# FOCUSED HISTORY

What elements of this patient's history are most relevant?

- **PMH:** Denies
- **PSH:** Tonsillectomy at age 8
- **POBH:** FTNSVD x 1
- **PGYNH:** Regular menses q28d x 5d  
LMP 1 week ago

## Previous contraceptive methods

- **MEDS:** None
- **ALL:** Penicillins – hives



# PERTINENT PHYSICAL EXAM FINDINGS

What elements of this patient's physical exam are most relevant?

**General:** No acute distress, well appearing

**Extremities:** Warm, well perfused, normal in appearance, no edema, no rash

**Vulva:** Normal external female genitalia. No lesions.

**Vagina:** Pink, healthy mucosa. No discharge.

**Cervix:** Parous os. No lesions. No discharge. No CMT.

**Uterus:** NT. Anteverted. Not enlarged.

**Adnexae:** NT. No masses palpable.



# INDICATIONS

For which patients is the **etonogestrel implant** a good choice?

- Adults and adolescents
- Desire highly effective contraceptive method
- Desire long-term, reversible contraception
- Want or need to avoid estrogen exposure

**Nexplanon**<sup>®</sup>  
(etonogestrel implant) 68mg  
Radiopaque



# CONTRAINDICATIONS

- Known or suspected pregnancy
- Current or past history of thrombosis or thromboembolic disorders
- Liver tumors, benign or malignant, or active liver disease
- Undiagnosed abnormal genital bleeding
- Known or suspected breast cancer, personal history of breast cancer, or other progestin-sensitive cancer, now or in past
- Allergic reaction to any of the components of Nexplanon



# INFORMED CONSENT

What will you discuss with the patient before signing the consent form?

- Laterality
  - Non-dominant arm
- Risks/ Benefits/ Alternatives
  - *Risks:* Bleeding, infection, discomfort during insertion, hematoma, paresthesias, scarring, failure of contraception
  - *Benefits:* Highly effective, long-acting, reversible contraception  
Avoidance of anesthesia
  - *Alternatives:* Other forms of contraception



# PRE-PROCEDURE CONSIDERATIONS

The MA asks what instruments/ supplies you will need in the room before you begin.

- Adequate lighting
- Chux
- Antiseptic solution (povidone-iodine or chlorhexidine)
- Surgical marker
- Local anesthetic, needles, syringe
- Sterile gauze, adhesive bandage, pressure bandage
- Sterile preloaded disposable Nexplanon applicator



# PROCEDURE

Describe the steps of the procedure

1. Conduct a NYP time-out.
2. Have patient lie on back with arm flexed at the elbow and externally rotated so that her hand is underneath her head.
3. Identify the insertion site: Overlying the triceps muscle 8-10cm from medial epicondyle of the humerus and 3-5cm posterior to the sulcus between the biceps and triceps muscles
4. Make two marks with the surgical marker: First mark the spot where the implant will be inserted, and the second 5cm proximal to serve as a guide during insertion
5. Clean the skin from the first mark to the second.
6. Anesthetize the insertion area: 2mL 1% lidocaine

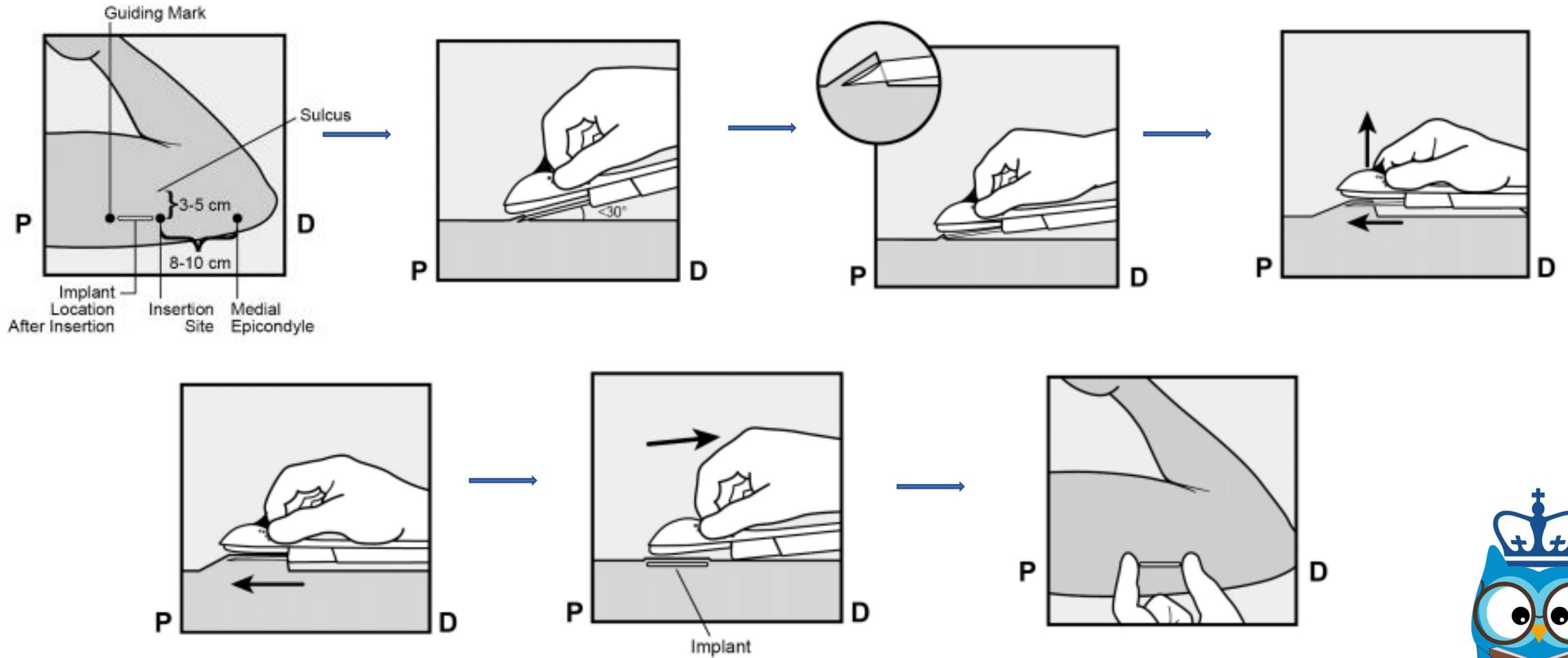


# PROCEDURE

7. Stretch the skin around the insertion site towards the elbow.
8. Insert the implant **SUBDERMALLY**: Puncture the skin with the tip of the needle angled slightly less than thirty degrees. Insert the needle until the bevel is just under the skin. Lower the applicator to a nearly horizontal position while lifting the skin with the need while sliding the needle to its full length. Unlock the purple slider by pushing it slightly down and move the slider back until it stops.
9. Apply a small adhesive bandage or steri strips over the insertion site.
10. Palpate implant and have patient palpate implant.
11. Apply pressure bandage.
12. Patient may remove pressure bandage in 24 hours and small adhesive bandage in 3-5 days.



# PROCEDURE



# FOLLOW UP

- Advise patient to return for:
  - Fever
  - Worsening arm pain
  - Syncope
  - Unusually heavy vaginal bleeding
  - Pregnancy-like symptoms
- Recommend back-up method of contraception for **7 days** if not inserted between day 1 and day 5 of her menstrual cycle
- No evidence to support routine follow up visits, but may ask patient to return in 1-3 months to assess satisfaction and side effects



# CODING AND BILLING

## Basic Contraceptive Implant Coding

The diagnostic coding will vary, but usually will be selected from the Z30.01- (encounter for initial prescription of contraceptives) and Z30.4- (encounter for surveillance of contraceptives) series in ICD-10-CM. These codes are:

**Z30.017** Encounter for initial prescription of implantable subdermal contraceptive

This code is reported for the initial prescription, counseling, advice, and insertion of the implant, even when the insertion is performed at a separate encounter

**Z30.46** Encounter for surveillance of implantable subdermal contraceptive

This code is reported for checking, reinsertion, or removal of the implant

The contraceptive implant is a single-rod etonogestrel-releasing contraceptive device inserted under the skin of the upper arm. The insertion and/or removal of the implant are reported using one of the following CPT (Current Procedural Terminology) codes:

**11981** Insertion, non-biodegradable drug delivery implant

**11982** Removal, non-biodegradable drug delivery implant

**11983** Removal with reinsertion, non-biodegradable drug delivery implant

CPT procedure codes do not include the cost of the supply. Report the supply separately using a HCPCS (Healthcare Procedural Coding System) code:

**J7307** Etonogestrel (contraceptive) implant system, including implant and supplies



# EVIDENCE

## References

- Long-Acting Reversible Contraception: Implants and Intrauterine Devices. ACOG Practice Bulletin No. 186. Obstet Gynecol 2017; 130:e251-69.
- Nexplanon package insert. Merck Sharp & Dohme Corp.

