



IntraUterineDevice (IUD)/IMPLANT INSURANCE WORKSHEET

If you are active on the UNC Student Blue Insurance, the Graduate Student Health Insurance or the PostDoc Insurance Plan, all charges at Campus Health for these procedures will be paid at 100% and it is not necessary to complete this worksheet.

If Campus Health is in-network with your insurance plan (Aetna, BCBS, CIGNA, United Health Care, NC Medicaid, Tricare Standard and Tricare Reserve) call your insurance company using the phone number on the back of your card to verify your benefits. Patients covered by Tricare Prime are encouraged to see their primary care provider. **If Campus Health is out-of-network with your insurance plan, it may be beneficial to be referred to an in-network provider.**

Name: _____ PID: _____ Insurance: _____

Options for completing this required form:

- Call your insurance company to verify benefits using the questions below. Return the completed and signed form to GYN Services on the third floor of Campus Health **OR** email the completed form to campushealth_records@unc.edu with "LARC" in the subject line. **If you have any questions about completing this form, email insurancerep@unc.edu or call 919-966-6588.**
- Go to Patient Accounts on the second floor of Campus Health for assistance in IUD/Hormonal Implant benefit verification

By answering the following questions, you will have a better understanding of your own financial responsibility after the IUD / Hormonal Implant is inserted

1. Is Campus Health In-Network with my insurance? Y/N

Your insurance company may ask for a Campus Health Identification Number. Our NPI is 1356368708

If your insurance company has difficulty finding Campus Health when using the above NPI number, give the insurance rep the name of your GYN Provider. We may also be listed as "The University of North Carolina – Campus Health" in their system.

Will my insurance pay for an IUD/Hormonal Implant Insertion at Campus Health? (Codes are as follows) ___Y___N

***Inquire with insurance carrier about ALL the IUD devices and/or Hormone Implant listed below**

IUD Device

- Liletta J7297 Yes _____ No _____ (ask if covered for insertion at CH as a medical benefit)
- Mirena J7298 Yes _____ No _____ (ask if covered for insertion at CH as a medical benefit)
- Paragard J7300 Yes _____ No _____ (ask if covered for insertion at CH as a medical benefit)
- Skyla J7301 Yes _____ No _____ (ask if covered for insertion at CH as a medical benefit)
- Kyleena J7296 Yes _____ No _____ (ask if covered for insertion at CH as a medical benefit)

Paracervical Block CPT Code 64435 Yes _____ No _____ (ask if covered for insertion at CH)

IUD Insertion CPT Code 58300 Yes _____ No _____ (ask if covered for insertion at CH)

IUD Insertion Diagnosis Code Z30.430 Yes _____ No _____ (ask if covered for insertion at CH)

IUD Removal CPT Code 58301 Yes _____ No _____ (ask if covered for removal at CH)

IUD Removal Diagnosis Code Z30.432 Yes _____ No _____ (ask if covered for removal at CH)

Hormone Implant

Device CPT Code Implant J7307 _____ Yes _____ No _____ (ask if covered for insertion at CH as a medical benefit)

Implant Insertion Code 11981 Yes _____ No _____ (ask if covered for insertion at CH)

Diagnosis Code Z30.017 Yes _____ No _____ (ask if covered for insertion at CH)

Implant Removal CPT Code 11982 Yes _____ No _____ (ask if covered for removal at CH)

Implant Removal Diagnosis Code Z30.46 Yes _____ No _____ (ask if covered for removal at CH)

- 2. What is my deductible? \$ _____
- 3. Have I met my deductible? Y/N If not, what portion remains? \$ _____
- 4. Is the IUD device/Hormonal Implant subject to deductible? Y/N _____

IF YOUR DEDUCTIBLE ISN'T MET & THE IUD/IMPLANT IS SUBJECT TO DEDUCTIBLE, YOU MAY HAVE TO PAY FOR THE IUD OUT-OF-POCKET

- 5. Will my insurance pay if the IUD/Hormone Implant is inserted by an advance practice provider (NP/PA) ___Y___N
- 6. What is my financial responsibility for the procedure? \$ _____
- 7. Is pre-authorization required for this procedure? Y/N
- 8. Ask for the call reference number # _____

Customer Service Representative Name: _____ Date: _____

I understand that this is not a guarantee for payment for services by my insurance carrier and any portion of the deductible I have not met will be my responsibility if the IUD/Hormone Implant is subject to the deductible. I further acknowledge that I am responsible any charges not covered by insurance.

(Patient Signature) _____ (Date) _____

Insurance Information completed by: _____ Date: _____