Intrauterine Device (IUD)/IMPLANT INSURANCE WORKSHEET

Please read the following carefully before moving on to the worksheet:

You **DO NOT** need to complete this worksheet if you have active coverage under:

- UNC Student Blue Insurance plan
- UNC Graduate Student Health Insurance Plan
- UNC PostDoc Insurance Plan

Your insurance will cover 100% of charges if the procedure is done at Campus Health.

UNC Campus Health is **OUT OF NETWORK** with these plans:

- **Aetna**: Duke Select
- **Aetna**: Duke Basic
- **Blue Cross Blue Shield NC**: Blue Home
- **Blue Cross Blue Shield NC**: Blue Local
- **Tricare**: Tricare Prime

**You will be responsible for 100% of the cost of your IUD / Implant and Placement if the procedure is done At Campus Health**

If you are covered by NC Medicaid, or any of these MEDICAID MANAGED CARE PLANS, you **MUST** have your worksheet completed by Patient Accounts staff (2nd floor, Admin East):

- NC Medicaid
- **Healthy Blue of NC**
- AmeriHealth Caritas NC
- United Healthcare of NC
- WellCare of NC
- Carolina Complete Health
Intrauterine Device (IUD)/IMPLANT INSURANCE 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 Group NPI is 1356368708; Our Tax ID is 56-1319749. 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. The procedure WILL NOT be done at UNC Hospital.

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

<table>
<thead>
<tr>
<th>IUD Device</th>
<th>J7297</th>
<th>J7298</th>
<th>J7300</th>
<th>J7301</th>
<th>J7296</th>
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<tbody>
<tr>
<td>Liletta</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Mirena</td>
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<tr>
<td>Kyleena</td>
<td></td>
<td>No</td>
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</tr>
</tbody>
</table>

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 J 7307 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. Is the IUD device/Hormonal Implant subject to deductible? Y/N

3. What is my deductible? $$

4. Have I met my deductible? Y/N If not, what portion remains? $$

5. 

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

6. Will my insurance pay if the IUD/Hormone Implant is inserted by an advance practice provider (NP/PA) ____ Y ____ N?

7. What is my financial responsibility for the procedure? $$

8. Is pre-authorization required for this procedure? Y/N

9. 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: ___________________________