



**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](mailto:campushealth_records@unc.edu), with "LARC" in the subject line. **If you have any questions about completing this form or benefit verification, email [insurancerep@unc.edu](mailto:insurancerep@unc.edu) or call 919-966-6588.**

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**

**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 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)

- Is the IUD device/Hormonal Implant subject to deductible? Y/N
- What is my deductible? \$ \_\_\_\_\_
- Have I met my deductible? Y/N If not, what portion remains? \$ \_\_\_\_\_
- Will my insurance pay if the IUD/Hormone Implant is inserted by an advance practice provider (NP/PA) \_\_\_Y\_\_\_N?
- What is my financial responsibility for the procedure? \$ \_\_\_\_\_
- Is pre-authorization required for this procedure? Y/N
- Ask for the call reference number # \_\_\_\_\_

Customer Service Representative Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

*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: \_\_\_\_\_