

Intrauterine Device (IUD)/IMPLANT INSURANCE WORKSHEET

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

UNC Student Blue Insurance plan

UNC Graduate Student Health Insurance Plan

UNC PostDoc Insurance Plan

Your insurance will cover 100% of charges if services rendered at Campus Health.

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

Aetna: Elect Choice EPO, Duke Basic and Duke Select

Blue Cross Blue Shield NC: Blue Local, Blue Care, Blue Value and Blue Home with UNC Health Alliance

Cigna: Cigna Connect plan to individual and Family – IFP, and Cigna SureFit

Medicaid Managed Care Plans: AmeriHealth Caritas NC, WellCare of NC, Carolina Complete Health

First Health Network: If your card does not have the First Health logo printed on it

Tricare: Tricare Prime

If your insurance plan is out of network with Campus Health, you will be responsible for 100% of the out of network cost of your IUD / Implant and placement procedure. You will be required to sign an Acknowledgement and Agreement for Payment form prior to scheduling the procedure.

If you are covered by NC Medicaid, or any of these MEDICAID MANAGED CARE PLANS, you **MUST** have your worksheet completed by GYN front desk staff (3rd floor, GYN clinic):

NC Medicaid

Healthy Blue of NC

United Healthcare of NC

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 non-Campus Health primary care provider. **If Campus Health is out-of-network with your insurance plan, we will not schedule the procedure unless an Acknowledgement and Agreement for Payment form is signed. Graduating students are eligible for services 30 days after the academic calendar graduation, however you must have active insurance coverage in order to receive services.**

Name: _____ PID: _____ Insurance: _____

Instructions for completing this required form:

- **If you are enrolled in one of the following plans, confirm active coverage dates with BCBS and initial.**
 UNC Student Blue Insurance Plan – Coverage Dates: _____ Initials _____
 UNC Graduate RA/TA Plan - Coverage Dates: _____ Initials _____
 UNC Postdoc Insurance Plan – Coverage Dates: _____ Initials _____
- Call your insurance company (unless you are covered by one of the 3 UNC plans above) 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 or benefit verification, email 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 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)

1. Is the IUD device/Hormonal Implant subject to deductible? Y/N
2. What is my deductible? \$ _____
3. Have I met my deductible? Y/N If not, what portion remains? \$ _____
4. Will my insurance pay if the IUD/Hormone Implant is inserted by an advance practice provider (NP/PA) ____ Y ____ N?
5. What is my financial responsibility for the procedure? \$ _____
6. Is pre-authorization required for this procedure? Y/N
7. Ask for the call reference number # _____
8. 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 acknowledge that I am responsible for any charges not covered by insurance. I further acknowledge that if my insurance coverage terminates prior to my procedure date I am responsible for 100% of the charge amount.

(Patient Signature) _____
 Insurance Information completed by: _____

Date: _____
 Date: _____