Paragard, Mirena, Kyleena & Nexplanon Coverage Worksheet

Call the member services number, on the back of your insurance card, to check your benefits for the device you are interested in. Ask your insurance rep what coverage you have and any out of pocket expense you may have (i,e., deductible, coinsurance, etc.). Get the name of the person you speak with and call reference number.

This call is not an authorization. The information will help you make an informed decision and make you aware of out of pocket expenses you may have.

**\*\*Please bring this completed form with you to your appointment for insertion\*\***

|  |  |  |
| --- | --- | --- |
| **Name** | **Procedure Code** | **Charge**  |
| **Insert of IUD** | **58300** | **$230** |
| **Removal of IUD** | **58301** | **$150** |
| **Mirena**  | **J7298** | **$1600** |
| **Paragard** | **J7300** | **$1400** |
| **Kyleena** | **J7296** | **$2575** |
| **Insert of Nexplanon** | **11981** | **$250** |
| **Removal of Nexplanon**  | **11982** | **$300** |
| **Nexplanon Implant** | **J7307** | **$1600** |

Not all patients require ultrasound guidance for IUD’s. However, it is best to check your benefits for the device, insertion and the following sonogram codes transabdominal, transvaginal and ultrasound guidance.

|  |  |  |
| --- | --- | --- |
| **Transabdominal** | **76856** | **$220** |
| **Transvaginal Ultrasound** | **76830** | **$215** |
| **Ultrasound Guidance** | **76998** | **$225** |

|  |  |
| --- | --- |
| **IUD diagnosis codes if having placed for contraception only**  |  |
| **Insert of IUD**  | **Z30.430** |
| **Insert and removal of IUD** | **Z30.430** |
| **Removal of IUD** | **Z30.432** |
| **IUD diagnosis codes if having placed due to heavy bleeding** |  |
| **Menorrhagia** | **N92.0** |
| **Abnormal Uterine Bleeding** | **R93.9** |
| **Nexplanon diagnosis codes** |  |
| **Insert** | **Z30.46** |
| **Removal** | **Z30.432** |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person you spoke/reference number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insertion covered at what percentage of contracted rate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IUD/Nexplanon covered as a Medical Benefit @what percentage? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do I have copay with the visit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I understand, I am responsible for any payment denied or not covered by my insurance company if, I elect to proceed with the ordering and insertion of the device.

ACKNOWLEDGEMENT OF CREDIT CARD ON FILE FOR PATIENT PORTION OF PROCEDURE

You are being provided this letter of acknowledgement because you have an upcoming procedure to have an Intrauterine Device (IUD) placed, and we require a credit card on file or a deposit prior to having this done. This card on file or payment will be held and not charged until we receive the explanation of benefits back from your insurance carrier. Please make sure to check your explanation of benefits with your insurance carrier to ensure this amount is correct. You will be notified of the patient's responsibility and the amount charged. Once the charge is completed you will be sent a receipt for your records.

(INITIAL BELOW)

\_\_\_\_\_\_\_\_\_\_\_ I have health insurance and understand there are potential charges associated with the placement of my Intrauterine Device (IUD).

Credit Card Information:

Name on Card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date:\_\_\_\_\_\_\_\_

Code:\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_