

INSURANCE VERIFICATION FORM FOR IUD AND IMPLANTABLE SUBDERMAL CONTRACEPTION

Patient Information

Patient Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Patient Insurance Carrier:	<input type="text"/>	ID#:	<input type="text"/>
Insured:	<input type="text"/>	Group ID:	<input type="text"/>
Insured Date of Birth:	<input type="text"/>		

Provider Information

Provider performing service:	<input type="text"/>	Tax ID of Group:	<input type="text"/>
Provider's NPI:	<input type="text"/>	Expected DOS:	<input type="text"/>

Payer Information

Payer Contact Name:	<input type="text"/>	Payer Contact Telephone:	<input type="text"/>
Payer Contact Email:	<input type="text"/>	Call ID:	<input type="text"/>

Notes:

When calling the payer, ask the following questions:

1. Does the patient have coverage for the following CPT/HCPCS codes?
2. Is the device covered under their pharmacy benefits or under their medical benefits? If under pharmacy benefits, how should they obtain the device?
3. Does the patient have a co-payment, deductible, or co-insurance for any of these services (including device and provider services)?

Covered pharmacy benefit	Covered medical benefit	Not covered	CPT/HCPCS Code	Procedure/Device	Co-payment	Deductible	Co-insurance
			11981	Insert implantable device			
			11982	Removal implantable device			
			11983	Removal and insert implantable device			
			J7307	Etonogestrel implant system			
			58300	Insertion of IUD			
			58301	Removal of IUD			
			J7296	Kyleena			
			J7297	Liletta			
			J7298	Mirena			
			J7300	Paragard			
			J7301	Skyla			

