

Paragard, Mirena, Kyleena, Nexplanon Worksheet

Please complete this worksheet IN ITS ENTIRETY and bring with you to your appointment

Please contact your insurance company and verify that the device you would like to have is a covered medical benefit.

Name	Procedure (CPT)	Diagnosis Code
Paragard IUD	J7300	Z30.430
Mirena IUD	J7298	Z30.430
Kyleena IUD	J7296	Z30.430
Nexplanon	J7307	Z30.49

Date: _____

Person you spoke with: _____

Reference number: _____

Provide your insurance representative with the following CPT codes and make sure the questions provided are answered

- 1. IUD type/ Nexplanon _____ CPT (Procedure) code _____ Insurance covers above CPT code at what percentage of contracted rate.
- IUD insertion CPT Code: 58300 Nexplanon insertion code 11981 Insurance covers above CPT code at what percentage of contracted rate.
- 3. Does my deductible need to be met before this is covered?
- 4. Do I have a copay with the visit?

I understand, I am responsible for any payment denied or not covered by my insurance company.

Name:	Date of birth:

Signature: _____