10 Steps to Verify Coverage for Contraceptive Services

Step 1
Call number on the back of patient's insurance card (This number should be collected upon scheduling of appointment).

Step 2
Verify that the patient is currently covered by the plan, the plan’s coverage of contraceptive care and, if applicable, for long-acting reservable contraceptives (LARCs) or injectable contraceptives. (Refer to NJ-RHAP PACT Billing and Code guide for CPT and ICD-10 codes)

Step 3
If the patient wishes to receive a LARC, ask if there are specific devices that are covered (or not covered) by plan – provide the “J” codes for the devices if needed:
- J7296: Levonorgestrel-releasing (LNG) IUD 19.5 mg (Kyleena)
- J7297: LNG-releasing IUD 52mg (Liletta)
- J7298: LNG-releasing IUD 52 mg (Mirena)
- J7300: Copper IUD (Paragard)
- J7307: Etonogestrel implant system and supplies (Nexaplon)
- J7301: LNG-releasing IUD 13.5 mg (Skyla)
- J1050: Depo-Provera 1 mg

Step 4
Ask whether prior authorization is required for services and identify steps necessary to complete that process.

Step 5
Confirm provider(s) who will be providing services are in-network and ask for detailed coverage and payment levels for all possible encounters and procedures that may be billed.

Step 6
If the plan is exempt from ACA contraceptive mandate, which prohibits out of pocket patient costs for contraception, ask what the patient responsibility/cost-sharing amount will be. Confirm if a patient needs to meet a deductible before any coverage is applied.

Step 7
Repeat collected information to confirm, document the date and time of call and the representative’s name.

Step 8
Document collected information in patient’s chart, communicate any necessary updates to patient, and proceed with service delivery accordingly.

Step 9
Track information collected for all insurers in one spreadsheet (with no patient information) including coverage details, payment amounts, and other policies.
- Reconcile explanation of benefits and payments upon receipt to ensure payment is accurate.
- Analyze insurance denials and their reasons and reflect that in tracking document.

Step 10
If needed, modify or educate necessary staff about coverage and reimbursement details to improve patient experiences and outcomes while also maximizing reimbursement for services delivered.

For additional resources, as well as the full New Jersey Reproductive Health Access Project Provider Access Commitment Toolkit (NJ-RHAP PACT), please visit: bit.ly/QIResourcesNJRHAP or the Quality Institute website: njhcqi.org.