> NJ-RHAP PACT Resource

May 2020

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.

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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.