

Somerset

Gynecology & Obstetrics

3290 W. Big Beaver Rd.
Suite 444
Troy, MI. 48084-2914

Phone 248-816-9200
Fax 248-816-1017
www.somersetgynob.com

Contraception Insurance Information

LONG-ACTING REVERSIBLE CONTRACEPTION (LARC):

The IUD device or Nexplanon implant may or may not be covered by your insurance, so **we strongly encourage you to *verify your contraceptive benefits.** If it is not a covered benefit, payment in full is expected at the time of service. If it is a *reviewable benefit we will bill your insurance and request a copy of your credit card, to be kept on file for any unpaid balances.

Insurance coverage depends on many variables, including but not limited to: coverage on date of service, group's contract (which can change during annual re-enrollment), benefits, deductibles, copays, waiting periods, etc. Please verify your individual coverage. Your insurance company will need the procedure and diagnosis codes listed below to determine *coverage. In case your insurance company asks how we bill:

*****IUD DEVICE AND INSERTION ARE BILLED AS "IN-OFFICE", NOT OUT-PATIENT*****

IUD OPTIONS:

- **MIRENA IUD DEVICE:** Procedure code **J7298**
Cost to patient: **\$900.00** Diagnosis code **Z30.430**

Go to www.mirena-us.com for payment plan information.

- **PARAGARD IUD DEVICE:** Procedure code **J7300**
Cost to patient: **\$750.00** Diagnosis code **Z30.430**

Go to www.paragard.com for Patient Assistance Program information.

- **KYLEENA IUD DEVICE:** Procedure code **J7296**
Cost to patient: **\$900.00** Diagnosis code **Z30.430**

- **IUD INSERTION:** Procedure code **58300**
Cost to patient: **\$100.00** Diagnosis code **Z30.430**

- **IUD REMOVAL:** Procedure code **58301**
Cost to patient: **\$100.00** Diagnosis code **Z30.432**

NEXPLANON:

- **NEXPLANON Implant DEVICE:** Procedure code **J7307**
Cost to patient: **\$850.00** Diagnosis code **Z30.49**

- **NEXPLANON INSERTION:** Procedure code **11981**
Cost to patient: **\$210.00** Diagnosis code **Z30.49**

Visit www.nexplanon-usa.com for any purchasing options available.

***Benefit information is never a guarantee of coverage; codes and prices are subject to change.**

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****PERMANENT CONTRACEPTION:**

- **Tubal at cesarean delivery:** Approximate charge: **\$400**
Procedure code: **58611** Diagnosis code **Z30.2**
- **Tubal at vaginal delivery:** Approximate charge: **\$600**
Procedure code: **58605** Diagnosis code **Z30.2**
- **Laparoscopic Tubal ligation NOT after delivery:** Approximate charge: **\$650**
Procedure code: **58670** Diagnosis code: **Z30.2**
- **Abdominal Tubal ligation NOT after delivery:** Approximate charge: **\$700**
Procedure code: **58600** Diagnosis code: **Z30.2**

** Hospital charges for procedures can be obtained by calling Beaumont Health at 855-577-5780 or by Internet at www.beaumont.org/patients-visitors/billing/pricing

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