

1.7 REIMBURSEMENT DECISION TREE

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PROCEDURE	Reimbursement
INITIAL Visits	
IUD insertion OR failed IUD insertion _____	\$ _____
Implant inserted _____	\$ _____
Non-LARC method provided _____	\$ _____
No method provided, but contraceptive counseling provided _____	\$ _____
RETURN Visits (at any time during Z-CAN program)	
IUD insertion or failed IUD insertion AND contraceptive counseling provided but no method or non-LARC method provided at INITIAL visit _____	\$ _____
Implant insertion AND contraceptive counseling provided but no method or non-LARC method provided at INITIAL visit _____	\$ _____
IUD insertion or failed IUD insertion AND implant insertion at INITIAL visit (with implant removal at RETURN visit) _____	\$ _____
Implant insertion AND IUD insertion or failed IUD insertion at INITIAL visit (with IUD removal at RETURN visit, if needed) _____	\$ _____
IUD insertion or failed IUD insertion AND IUD insertion at INITIAL visit (confirm IUD expulsion or IUD perforation/removal on Adverse Event Form) _____	\$ _____
IUD insertion or failed IUD insertion AND failed IUD insertion at INITIAL visit _____	\$ _____

No additional reimbursement for these procedures during RETURN visit

- IUD removal
- Implant removal
- Non-LARC method provided (including method refill/reinjection)
- No method provided, but contraceptive counseling provided