

Midwest Reproductive Center

Investigate Your Insurance Benefits

Determining if you have infertility coverage can be a frustrating and confusing experience. We have developed the following guidelines to assist you in determining what costs your insurance will help cover.

Before contacting your insurance company have the following information at hand.

- 1). Name of the insured person.
- 2). Insurance Member ID #.
- 3). Name of employer
- 4). Group code or #.
- 5). Name of insurance plan
- 6). Patient's name and date of birth

You may be able to check your benefits on line at your insurance carrier's web site. Often, the web address will be printed on your insurance card. For more detailed information it is best to call.

Most insurance carriers have an electronic menu to navigate through when you call the customer service number. You'll want to eventually talk to a representative. Navigate through the menu until you get to benefit and eligibility information, then at that point you can usually dial a number to get to a benefit specialist/insurance representative.

Use the following as a worksheet when calling.

Date and time of call

Name of insurance company representative

Phone number and extension

Do I need a referral from my primary care physician?

Yes No _____

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Do I have coverage for diagnostic evaluation of infertility?

❖ Blood/Lab work Yes No _____

❖ What lab do I need to use?

❖ Imaging Studies

➤ Hysterosalpingogram Yes No _____
➤ Saline Sonogram Yes No _____

❖ Endometrial Biopsy Yes No _____

Do I have coverage for treatment of infertility?*

❖ Office Visits Yes No _____

❖ Controlled Ovarian Stimulation (COH)

➤ Labs for Monitoring Stimulation Yes No
➤ Follicle Monitoring Ultrasounds Yes No
➤ Office Visits Yes No

❖ Intrauterine Insemination (IUI) Yes No

(Sometimes, insurance companies will only cover medications and monitoring if they are not used in conjunction with “artificial means of conception” However, its possible that the carrier will cover medications and monitoring but not the actual insemination. Always be very specific in your request.)

❖ Assisted Reproductive Technology (ART) Yes No

➤ IVF (in vitro fertilization) Yes No
➤ ICSI (intracytoplasmic sperm injection) Yes No
➤ GIFT/ZIFT Yes No

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❖ Are there certain criteria that need to be met before starting treatment?

Yes No _____

➤ Length of employment before the benefit is effective?

➤ Length of time attempting pregnancy?

➤ Does my doctor need to write a letter of medical necessity? Yes No

Do I have coverage for surgery for treatment of infertility?

❖ Diagnostic Laparoscopy/Hysteroscopy Yes No

❖ Surgical Treatment of Infertility Yes No

Do I have coverage for medications to treat infertility?

❖ What pharmacy do I need to use?

❖ Are the following medications covered?

- Clomiphene Citrate (Clomid)
- Human menopausal gonadotropin (hMG, Repronex)
- Human chorionic gonadotropin (hCG, Profasi, Pregnyl, Ovidrel)
- FSH follitropin for injection (Follistim, Gonal F)

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Limitations

- ❖ Do I have a lifetime maximum benefit? Yes No
 - If so, what is the limit? _____
- ❖ Do I have a calendar year maximum benefit? Yes No
 - If so, what is the limit? _____
- ❖ What are the maximum allowed attempts for non-IVF procedures, such as ovulation induction and IUI?
- ❖ What are the maximum allowed attempts for ART procedures (IVF, GIFT, ZIFT, ICSI)?
 - Does this include only stimulation and retrieval cycles or does it also include cycles using cryopreserved embryos (thaw cycles)?
- ❖ Is there an age limit for infertility treatment? Yes No
 - If so, what is the limit? _____

*Procedure and diagnosis coding for infertility treatment can easily be mistaken for diagnostic testing when the billing is filed. Please remember that you insurance company may request access to your medical records and we are required to code according to the treatment you receive. Please do not request that we falsify claims or change diagnoses codes for you to obtain benefits you do not have. Many times insurance companies will pay in error leading to a patient believing they have coverage, even though the benefit for infertility does not exist. Office visits, labs, and ultrasounds are sometimes paid by an insurance carrier without the carrier realizing the services are treatment related and not diagnostic procedures. Usually, if paid in error, within a few months the error is corrected and the payments are returned. You would then be financially responsible for those services.