



## **Insurance Coverage For Fertility Treatment**

When undergoing fertility treatment, it is important to know your insurance benefits and get the most out of your coverage. Educating yourself and becoming your own advocate will help you maximize your coverage. HRC Fertility Center provides the following sample questions to assist our patients when contacting their insurance carriers.

### Typical Levels of Coverage

- No benefits for any infertility diagnosis.
  - A diagnosis cannot be altered for submission to insurance companies.
- Infertility diagnostic coverage- office visits and diagnostic testing may be covered to determine the underlying cause of infertility.
- ART coverage- diagnostic testing, treatment, IUI, and IVF cycles may be a covered benefit.
  - These services may be limited to a dollar amount or number of cycles allowed per calendar year of lifetime max.

### What to Ask

1. Do I have infertility diagnostic coverage?
  - a. Office visits
  - b. Blood/lab work
  - c. Radiological testing (ultrasounds, HSG, HSC, SonoHSG)
2. Do I need a referral before I see a physician?
3. Is there a pre-certification/ authorization requirement before beginning the process?
4. Do I have a deductible? How much have I met year-to-date?
5. Do I have ART coverage? If so what treatment coverage do I have?
  - a. Artificial Intrauterine Insemination (IUI)
  - b. In Vitro Fertilization (IVF)
  - c. Intracytoplasmic Sperm Injection (ICSI)
  - d. Embryo Assisted Hatching (AHA)
  - e. Cryopreservation (freezing of embryos)
  - f. Storage of embryos
  - g. Thawing of embryos
  - h. Egg Donation
6. Is there a specific laboratory which must be used?
7. Is there a specific pharmacy which must be used?
  - a. Is medication part of infertility lifetime max? If no, what is the max for medication?
  - b. Is prior authorization required?
8. Do I have 'out of network' coverage?
9. Is there any specific exclusion, or a waiting period, in regards to infertility coverage?
10. Is there a pre-existing condition limitation?
11. Do I have pregnancy coverage? If so, am I able to be seen at HRC for monitoring?

#### Note about insurance

Your insurance is a contract between you, the insurance company carrier, and your employer. The verification of benefits is completed as a courtesy to our patients and is not a guarantee of payment. It is the patient's responsibility to stay informed of any benefit changes. You must be eligible at time of service for benefits to apply. HRC will bill for services that are covered; patient is responsible for deductibles, co-pay, and co-insurance.