Understanding Your Fertility Insurance Benefits

Questions to ask your insurance provider about fertility benefits.

GENERAL

- **Do you already have a diagnosis of infertility:**
  - + If no, ask: Can you confirm the co-pay for diagnostic testing with a specialist?
    - – In-network?
    - – Out-of-network?
  - + If yes, ask: What will my first visit cost me out of pocket? What will diagnostic tests cost? For example: Fertility Hormones and other preconception labs, ultrasound tests, procedural tests like Diagnostic Hysteroscopy or Hysterosalpingogram?

- **What are my fertility benefits:**
  - + In-network?
  - + Out-of-network?

- **What is my co-pay/co-insurance for fertility treatment:**
  - + In-network?
  - + Out-of-network?

- **What is my deductible for treatment:**
  - + In-network?
  - + Out-of-network?
    - – Is there a separate deductible for infertility care?
    - – How much of my deductible have I met?

- **After I have met my deductible, what is my percentage of responsibility for treatment:**
  - + In-network?
  - + Out-of-network?

- **What are my:**
  - + Yearly dollar maximums?
    - – In-network?
    - – Out-of-network?
  - + Maximum number of treatment attempts?
    - – In-network?
    - – Out-of-network?
  - + Lifetime dollar maximums?
    - – In-network?
    - – Out-of-network?

- **Do I need a referral to see a specialist?**

- **Do I need precertification in order to:**
  - + Have diagnostic tests run related to infertility?
  - + Obtain fertility treatments?

- **Are there any requirements that must be met before my fertility benefits become effective** (i.e. certain number of IUIs before IVF can be attempted, documented medical history of infertility)?

- **Are there any exclusions to treatment?**

DIAGNOSTIC TESTS*

Following your new patient consultation, the first step in your fertility journey will be fertility testing. Testing tells us your current fertility status and any factors that may impact your ability to conceive. Below is a list of tests and their procedure codes to ask your insurance company about.

- **Preconception screening labs,** such as ABO Group & Rh *(86900/86901),* Antibody screen RBC *(86850),* CBC *(85025),* CMP *(80053)* Chlamydia Antibodies IgG *(86631),* Gonorrhea/Chlamydia NAA *(87491/87591)* Hepatitis B *(87340),* Hepatitis C *(86803),* HIV *(86703)*, RPR Syphilis *(86592)*, Rubella *(86762)*, Varicella *(86787)*, CMV, HTLV1&2 *(Z11.3 Infectious with a predominate mode of sexual transmission)*
- **What lab should I be using for general preconception lab tests that cannot be run at a First Fertility lab?**
- **Baseline and monitoring ultrasounds during IVF, IUI, & FET cycles** *(76830/76857)*
- **Progesterone** *(84144)*
- **Estradiol** *(82670) -Day 3 Test*
- **AMH** *(83520) -Day 3 Test*
- **FSH** *(83001) -Day 3 Test*
- **LH** *(83002) - Day 3 Test*
- **TSH** *(84443)*
- **Prolactin** *(84146)*

- **Semen analysis** *(89320)*
- **Hysterosalpingogram/HSG** *(58340, 74740)*
- **Saline Infusion Sonohysterogram/SIS** *(58340, 76831)*
- **Endometrial Biopsy** *(58100)*
- **Hysteroscopy** *(58555/58558)*
- **Vitamin D** *(Z13.21)*

TREATMENTS & PROCEDURES

Are the following treatments or procedures covered?

- **IUI/Intrauterine Insemination** *(58322)*
- **Oocyte Retrieval for IVF or Egg Freeze** *(58970, 89250, 89254, 89261)*
- **Intracytoplasmic Sperm Injection/ICSI** *(89280/89281)*
- **Cryopreservation of: Sperm** *(89259)*, **Embryos** *(89258)*, **& Eggs** *(89337)*
- **Assisted Hatching** *(89253)*
- **Embryo biopsy for PGT-A and/or PGT-M** *(89290/89291)***
- **Frozen Embryo Transfer/FET** *(58974, 89255, 89352)*

** Additional testing & treatment may be recommended.*
*** PGT-A/PGT-M are separate from biopsy fees. Please ask your insurer about coverage of testing.*

MEDICATIONS*

*Are the following medications covered?**

- **Clomiphene Citrate** *(Clomid)*
- **Letrozole**
- **Gonadotropin Injectables** *(FSH or LH medications: Follistim, GonalF, Luveris, Menopur & others)*
- **GnRH Agonists/Antagonists** *(Lupron, Ganirelix, Cetrotide)*
- **Progesterone** *(Prometrium tablets, Endometrium suppositories, & injections)*
- **HCG** *(Chorionic gonadotropin for injection)*
- **Estrogen** *(tablets or Vivelle patches)*
- **Estrace** *(tablets)*
- **Are infertility medications covered under my general medical plan, prescription benefits, or neither?**
- **Are the cost of medications included in my infertility benefit maximum?**
- **Am I restricted to a specific specialty pharmacy or may I use a pharmacy of my own choosing?**

** Based on cycle type. Not all medications indicated may be recommended*

ADDITIONAL QUESTIONS

- **Are genetic disease carrier screening tests for me and my partner covered** *(i.e. Sickle Cell, Fragile X, CF)***? Am I restricted on what lab I can use for carrier screening tests?**
- **Is preimplantation genetic testing** *(PGT-A and/or PGT-M)* **testing on embryos covered?**
- **Am I restricted to a specific lab for preimplantation genetic testing** *(PGT-A and/or PGT-M)* **on embryos?**
- **Are donor sperm and/or donor egg options covered?**
- **Are gestational carrier options covered?**
- **Are early pregnancy ultrasounds covered?**
- **Is genetic counseling covered?**

Please note these questions are meant as a guide only and do not represent a complete list of all possible questions that should be asked to understand your coverage. Patients should be aware that all services and expenses may not be covered by their insurance policy. Contact our office for a complete list of insurance plans accepted at our facility.