Family Planning: Infertility Services

Policy Number: BIP066.M
Effective Date: June 1, 2024

➲ Instructions for Use

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Related Policies

None

Federal/State Mandated Regulations

Note: The most current federal/state mandated regulations for each state can be found in the links below.

Texas

http://www.statutes.legis.state.tx.us/Docs/IN/htm/IN.1366.htm

Section 1366.003 Offer of Coverage Required

(a) Subject to this subchapter, an issuer of a group health benefit plan that provides pregnancy-related benefits for individuals covered under the plan shall offer and make available to each holder or sponsor of the plan coverage for services and benefits on an expense incurred, service, or prepaid basis for outpatient expenses that arise from in vitro fertilization procedures.
(b) Benefits for in vitro fertilization procedures required under this section must be provided to the same extent as benefits provided for other pregnancy-related procedures under the plan.

Section 1366.004 Rejection of Offer

A rejection of an offer under Section 1366.003 to provide coverage for in vitro fertilization procedures must be in writing.

Section 1366.005 Conditions Applicable to Coverage

The coverage offered under Section 1366.003 is required only if:
(1) The patient for the in vitro fertilization procedure is an individual covered under the group health benefit plan;
(2) The fertilization or attempted fertilization of the patient's oocytes is made only with the sperm of the patient's spouse;
(3) The patient and the patient's spouse have a history of infertility of at least five continuous years' duration or the infertility is associated with:
  (A) Endometriosis;
  (B) Exposure in utero to diethylstilbestrol (DES);
  (C) Blockage of or surgical removal of one or both fallopian tubes; **or**
  (D) Oligospermia;
(4) The patient has been unable to attain a successful pregnancy through any less costly applicable infertility treatments for which coverage is available under the group health benefit plan; **and**
(5) The in vitro fertilization procedures are performed at a medical facility that conforms to the minimal standards for programs of in vitro fertilization adopted by the American Society for Reproductive Medicine.

Section 1366.006 Certain Issuers of Health Benefit Plans Not Required to Offer Coverage

An insurer, health maintenance organization, or self-insuring employer that is owned by or that is part of an entity, group, or order that is directly affiliated with a bona fide religious denomination that includes as an integral part of its beliefs and

practices that in vitro fertilization is contrary to moral principles that the religious denomination considers to be an essential part of its beliefs is not required to offer coverage for in vitro fertilization under Section 1366.003.

Washington

RCW 48.43.072: Required Reproductive Health Care Coverage—Restrictions on Copayments, Deductibles, and Other Forms of Cost Sharing. (wa.gov)

(c) "Reproductive health care services" means any medical services or treatments, including pharmaceutical and preventive care service or treatments, directly involved in the reproductive system and its processes, functions, and organs involved in reproduction, in all stages of life. Reproductive health care services does not include infertility treatment.

State Market Plan Enhancements

Oregon and Washington

Coverage for Infertility Services is only available if purchased by the Subscriber's Employer Group as a supplemental benefit. If the Member's Health Plan includes an Infertility Services supplemental benefit, a supplement to the Combined Evidence of Coverage and Disclosure Form will be provided to the Member.

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Oklahoma, Oregon, Texas, and Washington

Infertility Services

Refer to the schedule of benefits for coverage other than the benefits outlined below, if any. If the member's health plan includes an infertility services supplemental benefit, a supplement to the *Combined Evidence of Coverage and Disclosure Form* will be provided to the member.

Oklahoma and Texas

Basic Infertility Services

Benefits are available for the treatment of infertility by a contracting provider including diagnosis, diagnostic testing, surgery, and medication dispensed by the contracting physician.

Oregon

Fertility Preservation for Iatrogenic Infertility

- Benefits are available for fertility preservation for medical reasons that cause irreversible infertility such as chemotherapy, radiation treatment, and bilateral oophorectomy due to cancer. Services include the following procedures, when provided by or under the care or supervision of a physician:
  - Collection of sperm.
  - Cryo-preservation of sperm.
  - Ovarian stimulation, retrieval of eggs and fertilization.
  - Oocyte cryo-preservation.
  - Embryo cryo-preservation.
- Benefits for medications related to the treatment of fertility preservation are provided as described under the *Outpatient Prescription Drug Benefit and Medications Supplement to the Combined Evidence of Coverage and Disclosure Form* or under Injectable Drugs (Outpatient Infusion Therapy, Injectable Medications and Self-Injectable Medications).

Not Covered

Oklahoma, Oregon, Texas and Washington

- Cryo-preservation of the fertilized embryos
  - **Exception:** For Oregon members only, benefits are available for fertility preservation for iatrogenic infertility (refer to *Covered Benefits* section)

- Donor eggs
- Donor sperm
- Host uterus
- Oocyte preservation
- Ovum transplants
- Ovum or ovum bank charges
- Sperm or sperm bank charges
- Medical or hospital services incurred by surrogate mothers who are not UnitedHealthcare members
- Medical and hospital infertility services for a member whose fertility is impaired due to an elective sterilization, including surgery, medications and supplies
- Reversal of sterilization procedures

Oklahoma and Texas

- Advanced infertility procedures, as well as In vitro fertilization (IVF), gamete intrafallopian transfer (GIFT) and zygote intrafallopian transfer (ZIFT), as well as medications and procedures performed in conjunction with these procedures (unless the member's health plan includes an infertility services supplemental benefit).
- Insemination procedures in excess of six procedures per lifetime, unless the member conceives, in which case the benefit renews.

Oregon

- Embryo transfer related to iatrogenic infertility.
- Long-term storage costs (greater than one year) related to iatrogenic infertility.

History/Revision Information

Date	State(s) Affected	Summary of Changes
06/01/2024	All	**Supporting Information** • Removed *Definitions* section • Archived previous policy version BIP066.L
	Oklahoma and Texas	**State Market Plan Enhancements** • Removed language indicating coverage for infertility services is only available if purchased by the subscriber's employer group as a supplemental benefit **Covered Benefits** • Removed language indicating [services are not covered] unless member has the infertility benefit as stated in the *Federal/State Mandated Regulations* and/or *State Market Plan Enhancements* sections [of the policy] *Infertility Services* • Added language (relocated from *State Market Plan Enhancements* section of the policy) to indicate a supplement to the Combined Evidence of Coverage and Disclosure Form will be provided to the member if the member's health plan includes an infertility services supplemental benefit • Added instruction to refer to the Schedule of Benefits for coverage other than the benefits outlined [in the policy], if any *Basic Infertility Services* • Added language to indicate benefits are available for the treatment of infertility by a contracting provider including diagnosis, diagnostic testing, surgery, and medication dispensed by the contracting physician **Not Covered** • Revised list of non-covered services; added: ○ Advanced infertility procedures, as well as in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), and zygote intrafallopian transfer (ZIFT), as well as medications and procedures performed in conjunction with these procedures (unless the member's health plan includes an infertility services supplemental benefit)

Date	State(s) Affected	Summary of Changes
		○ Insemination procedures in excess of six procedures per lifetime, unless the member conceives, in which case the benefit renews
	Oregon	**Covered Benefits** ***Infertility Services*** • Revised language to indicate a supplement to the Combined Evidence of Coverage and Disclosure Form will be provided to the member if the member's health plan includes an infertility services supplemental benefit; refer to the Schedule of Benefits for coverage other than the benefits outlined [in the policy], if any *Fertility Preservation for Iatrogenic Infertility* • Replaced language indicating "benefits for medications related to the treatment of fertility preservation are provided as described under the Outpatient Prescription Drug Supplement or under *Pharmaceutical Products*" with "benefits for medications related to the treatment of fertility preservation are provided as described under the Outpatient Prescription Drug *Benefit and Medications* Supplement *to the Combined Evidence of Coverage and Disclosure Form* or under *Injectable Drugs (Outpatient Infusion Therapy, Injectable Medications, and Self-Injectable Medications)*" **Not Covered** • Added language (relocated from the *Covered Benefits* section of the policy) to indicate the following services are not covered: ○ Embryo transfer related to iatrogenic infertility ○ Long-term storage costs (greater than one year) related to iatrogenic infertility
	Washington	**Covered Benefits** ***Infertility Services*** • Revised language to indicate a supplement to the Combined Evidence of Coverage and Disclosure Form will be provided to the member if the member's health plan includes an infertility services supplemental benefit; refer to the Schedule of Benefits for coverage other than the benefits outlined [in the policy], if any

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.