



Binder:	<u>OSF HealthPlans HCM Department</u>	
Policy		
No./Title:	<u>HCM.CMG.113 Coordination of Infertility Services</u>	
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Approval:		Title: Vice President and Chief Medical Officer

POLICY: It is the policy of OSF HealthPlans to preauthorize infertility services for the Catholic and the Non-Catholic infertility rider, unless the procedure is addressed under the Non-Catholic rider only. If the procedure is strictly Non-Catholic in nature, the member will be referred to designated vendor.

PURPOSE: To promote quality care and consistency in the preauthorization of infertility services.

PROCEDURE:

1. When a member or a participating physician office calls regarding infertility services, the call will be referred to the HealthCare management Department.
2. The HealthCare Management nurse will check the member's eligibility and employer information to verify whether the Catholic rider or the Non-Catholic rider applies.
3. The qualifying questions are as follows:

Catholic Rider	Non-Catholic Rider
Members must be married one year	Members must be married one year
The member should have failure to conceive after one year of unprotected sexual intercourse.	The member should have failure to conceive after one year of unprotected sexual intercourse.
Failure to sustain a successful pregnancy or has recurrent miscarriages	Failure to sustain a successful pregnancy or has recurrent miscarriages
Applicable to female -- no history of previous tubal ligation/cauterization	Applicable to female -- no history of previous tubal ligation/cauterization
Applicable to male -- no previous vasectomy	Applicable to male -- no previous vasectomy
Has the female undergone any previous assisted reproductive treatments? (NOTE: If during the lifetime, four oocyte retrieval have been completed without a viable birth, the couple is not eligible for benefits and denial of requested services should occur. If a viable birth occurred after four or less oocyte retrievals, then the couple may complete up to two oocyte retrievals in a lifetime)	Has the female undergone any previous assisted reproductive treatments? (NOTE: If during the lifetime, four oocyte retrieval have been completed without a viable birth, the couple is not eligible for benefits and denial of requested services should occur. If a viable birth occurred after four or less oocyte retrievals, then the couple may complete up to two oocyte retrievals in a lifetime)

4. The OSF HealthPlans nurse will manage the member for preauthorization of procedures and medication; if a member is covered under the non-Catholic rider and is to have a procedure which is approved only under this rider, the member will be referred to designated vendor for management.
5. For members covered under the Catholic Rider and pursuing a non-covered procedure, OSF HealthPlans will cover only services provided under the Catholic rider and exclude both male and female infertility procedures, medications, prescriptions, diagnostic and laboratory studies related to excluded infertility services as listed in the rider.
6. SUZI procedure does not meet the criteria for coverage under the Catholic Rider because it is considered a variation on IVF. Therefore, the procedure is not a covered benefit for Catholic members.
7. All medical costs not explicitly associated with egg retrieval are excluded, for example pre-existing medical conditions in the donor or complications of the procedure.
8. Providers credentialed for infertility services will not be covered for services outside this scope of practice. Non-infertility related medical diagnoses are to be managed by appropriate in network providers credentialed within the scope of practice needed to evaluate and treat these diagnoses.
9. Three office visits including two ultrasound procedures will be allowed to the infertility specialist during the first trimester of pregnancy. Any additional visits or ultrasound procedures will require additional authorization for review of medical necessity in accordance with usual standards of care.
10. Three-D obstetrical ultrasound procedures are not covered during the first trimester of pregnancy, Level II ultrasound studies are covered.

Catholic Rider	Non-Catholic Rider
Testing	Testing
Prescription medications	Prescription medications
INI (per Ethical Religious directives, using special collection condom)	Invitro fertilization (IVF)
Gamete intrafallopian tube transfer (GIFT)	Artificial insemination
	Gamete intrafallopian tube transfer (GIFT)
	Intracytoplasmic sperm injection (ICSI)
	Donor sperm and eggs (medical costs) Procedures utilized to retrieve oocytes or sperm and subsequent procedures used to transfer the oocytes or sperm to the covered recipient are covered Associated donor expenses and medical expenses, including but not limited to physical examination, laboratory screening, psychological screening, and prescription drugs, are covered if established as prerequisites to donation by the insurer

EXCLUSIONS:

- Costs incurred for reversing a tubal ligation or vasectomy
- Costs for services rendered to a surrogate; however, costs for procedures to obtain eggs, sperm or embryos from a covered individual shall be covered if the individual chooses to use a surrogate and if the individual has not exhausted benefits for completed oocytes retrievals
- Costs of preserving and storing sperm, eggs and embryos
- Costs for an egg or sperm donor which are not medically necessary; any fees for non-medical services paid to the donor are not covered under the law
- Experimental treatments
- Costs for procedures which violate the religious and moral teachings or beliefs of the insurance company or covered group

Reference: Infertility Insurance Coverage – Illinois Division of Insurance
<http://www.idfpr.com/DOI/HealthInsurance/infertility.asp>