

# Family Planning: Infertility Services

Policy Number: BIP066.J  
 Effective Date: August 1, 2021

[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>

#### **Sec. 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.

#### **Sec. 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.

#### **Sec. 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.

## Sec. 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](#).

## State Market Plan Enhancements

### Oklahoma, Oregon, Texas 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.

None unless member has the infertility benefit as stated in the *Federal/State Mandated Regulations* and/or *State Market Plan Enhancements* sections.

## Not Covered

- Cryopreservation of the fertilized embryos
- 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

## Definitions

**Infertility:** Either: (1) the inability to conceive a pregnancy or to carry a pregnancy to a live birth after a year or more of regular opposite sex/heterosexual relations without contraception; or (2) the presence of a demonstrated condition recognized by a licensed Physician who is a Network Provider as a cause of Infertility; or 3) a same sex partner may be considered infertile.

## History/Revision Information

Date	State(s) Affected	Summary of Changes
08/01/2021	All	<ul style="list-style-type: none"><li>• Routine review; no change to benefit coverage guidelines</li><li>• Archived previous policy version BIP066.I</li></ul>

## 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.