

Questions to Ask Your Insurance Company

Many health insurance policies offer limited benefits for infertility services. Before you come for your first appointment, be sure you understand your coverage. To check coverage, call your insurance company's Member Services phone number which is usually located on the back of your health insurance ID card. You can also ask that a Certificate of Coverage or a Summary Plan Description to be sent to you so you have the information in writing.

Questions to Ask Your Insurance Company regarding your coverage for infertility services:

1. Do I have **diagnostic infertility coverage**, including office visits, lab work, hysterosalpingogram, or sonohysterogram to determine the cause of infertility?
2. Do I need a **referral** to visit Dr (name of doctor) for an initial consultation?
3. Do I have **coverage** for the treatment of infertility including:
 - a. **intrauterine insemination (IUI)**
 - b. **in vitro fertilization (IVF)**
 - c. **cryopreservation (freezing of embryos)**
 - d. **storage of frozen embryos**
 - e. **infertility medications**
4. If services are covered, does my policy require **prior authorization** for these procedures?
5. Is there an annual or lifetime **maximum for infertility benefits**?
6. If my policy does not cover infertility treatment, does the policy cover office visits, lab work and ultrasounds during a non-covered treatment cycle?
7. If you or your partner have had **sterilization** or a **reversal of sterilization**, insurance will usually not cover infertility treatment. Be sure to ask about exclusions under your plan.

Some insurance companies can only give you information if you provide them with the appropriate billing codes, called CPT codes. Some of the most common CPT codes are listed below.

Diagnostic Tests

Hysterosalpingogram	74740
Sonohysterogram	76831

Intrauterine insemination (IUI)

Insemination	58322
Sperm prep for insemination	89261

IVF vitro fertilization (IVF)

Interuterine embryo transfer	58974
Oocyte (egg) retrieval	58970
Intracytoplasmic sperm injection (ICSI)	89280

Cryopreservation of embryos	89258
Storage of embryos	89342

Frozen Embryo Transfer (FET)

Thawing of cryopreserved embryos	89352
Preparation of embryo for transfer	89255
Interuterine embryo transfer	58974

Medications

2 wk Lupron Kit	J9218
Gonal F	S0126
Follistim	S0128
Repronex	S0122

Important Note:

If your insurance does not offer coverage for the treatment of infertility, payment is due in full, prior to receiving treatment. Please speak with our Financial Counselor at 603/653-9309 for information about the cost of treatment and to make financial arrangements.