MOLINA® HEALTHCARE

Marketplace Benefit Interpretation

Marketplace National Regional Benefit Interpretation Document

Benefit Name	INFERTILITY (IN VITRO FERTILIZATION (IVF))
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	This policy addresses infertility services including IVF. Covered benefits are listed in three (3) Sections - A, B and C. 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. According to Mayo Clinic, In vitro fertilization (IVF) is a complex series of procedures used to help with fertility or prevent genetic problems and assist with the conception of a child. During IVF, mature eggs are collected (retrieved) from ovaries and fertilized by sperm in a lab. Then the fertilized egg (embryo) or eggs (embryos) are transferred to a uterus. **A. FEDERAL/STATE MANDATED REGULATIONS** **Note: The most current federal/state mandated regulations for each state can be found in the links below.** **CALIFORNIA:** California Health & Safety Code § 1374.55- Coverage of Treatment for Infertility Section 1374.551 SB No. 600 Chapter 853- An act to add Section 1374.551 to the Health and Safety Code, relating to health care coverage. **ILLINOIS:** IVF and Infertility Insurance Coverage

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Ill. Rev. Stat.
Chpt 215 ILCS 5/356m
Chpt 215 ILCS 125/5-3

OHIO:

Ohio Rev. Code § 1751.01 (A)(1)(h)): Infertility treatment
Ohio Department of Insurance Bulletin No. 2009-07: Infertility services

TEXAS:

Sec. 1366.003- Offer of Coverage Required

B. STATE MARKET PLAN ENHANCEMENTS

None

C. COVERED BENEFITS

IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

INFERTILITY

CALIFORNIA:

Medically Necessary iatrogenic fertility preservation services.

During Benefit WG on 5/20/2021: Clinical: PA should be required. If a member is disenrolled storage fees would no longer be payable. Assume there is a monthly billing process. If a claim is submitted for a nonmember, it would deny.

FLORIDA, IDAHO, KENTUCKY, MISSISSIPPI, NEW MEXICO, SOUTH CAROLINA, TEXAS, UTAH, WASHINGTON, WISCONSIN:

Only underlying causes are covered for infertility services and supplies. All infertility services and supplies are not covered.

NEW MEXICO:

Diagnosis and medically indicated treatments for physical conditions causing infertility (Benefit covers only testing, diagnosis, and corrective procedure, subject to exclusions in the "Exclusions" section.)

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ILLINOIS:

Infertility Services: Infertility services for the diagnosis and treatment of Infertility will be covered subject to the following terms, conditions, and limitations. Infertility services are covered upon prior order and written referral from a Member's Primary Care Physician or Woman's Principal Health Care Provider and when Preauthorized by Molina that the Member meets all the criteria for coverage. Prescribed and approved services must be received at an Infertility center or other Participating-Provider. Any services not covered are described in the "Exclusion" section of this agreement. The following Infertility services are covered:

- Infertility evaluation by a Participating Physician or Mid-Level Provider.
- Office visits related to the initial evaluation or follow-up appointments.
- Lab and X-ray, Huhner test (post-coital test), hysterosalpingogram, laparoscopy, hysteroscopy, ultrasounds, sperm antibody test, Artificial Insemination, semen analysis, acrosome reaction test, urological evaluation and testicular biopsy.
- In Vitro Fertilization, Uterine Embryo Lavage, Embryo transfer, Gamete Intrafallopian Tube Transfer, Zygote Intrafallopian Tube Transfer and Low Tubal Ovum Transfer.
- Assisted Reproductive Technologies (ART), meaning the treatments and/or procedures in which the human Oocytes and/or sperm are retrieved and the human Oocytes and/or Embryos are manipulated in the laboratory. ART includes prescription drug therapy used during the cycle where an Oocyte retrieval is performed.
- Outpatient prescription drugs and Specialty Prescription Drugs for the treatment of Infertility as outlined in this Agreement.
- Infertility services after reversal of Sterilization are covered if there is a successful reversal of Sterilization and if the Member's diagnosis meets the definition of Infertility.

Benefit Limitation/Oocyte Retrieval Limitation:

- For treatments that include Oocyte Retrievals, coverage for such treatments will be provided only if the Member has been unable to attain a viable pregnancy, maintain a viable pregnancy, or sustain a successful pregnancy through reasonable, less costly medically appropriate Infertility treatments. This requirement shall be waived in the event that the Member or partner has a medical condition that renders such treatment useless.
- The completed Oocyte Retrievals that shall be eligible for coverage is four per Plan Year.

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  - Except if a live birth follows a completed Oocyte Retrieval, then coverage shall be required for a maximum of two additional completed Oocyte Retrievals.
- Following the final completed Oocyte Retrieval for which coverage is available, coverage for one subsequent procedure used to transfer the Oocytes or sperm to the covered recipient shall be provided.
- The maximum number of completed Oocyte Retrievals that shall be eligible for coverage is six per Plan Year.

Donor Expenses:

- The medical expenses of an Oocyte or sperm Donor for procedures utilized to retrieve Oocytes or sperm, and the subsequent procedure used to transfer the Oocytes or sperm to the covered recipient will be covered. Associated donor medical expenses, including but not limited to physical examination, laboratory screening, psychological screening, and prescription drugs, will also be covered if established as prerequisites to donation by the insurer.
- Coverage for a known donor is provided. In the event the Member does not have arrangements with a known donor, the use of a contracted facility is required. If the Member uses a known donor, use of contracted Providers by the donor for all medical treatment, including but not limited to testing, prescription drug therapy and ART procedures, is required.
- If an Oocyte Donor is used, then the completed Oocyte Retrieval performed on the donor will count against the Member as one completed Oocyte Retrieval.

MICHIGAN:
Infertility treatment is a covered benefit without any quantitative limit on services

OHIO:
Infertility and voluntary family planning services are required benefits under state law for HMO plans only per ORC section 1751.01 (A)(1)(h) and must be provided in accordance with Ohio Department of Insurance Bulletin No. 2009-07.

Infertility Services: Molina covers diagnostic and exploratory procedures to determine infertility. These include surgical procedures to correct the medically diagnosed disease or condition of the reproductive organs including, but not limited to, endometriosis, collapsed/clogged fallopian tubes, or testicular failure.

IN VITRO FERTILIZATION (IVF)

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ILLINOIS:
Molina does cover IVF and there is a 6 attempt lifetime max

MORE INFORMATION
Refer to Benefit Interpretation Policy titled **Family Planning**

D. NOT COVERED

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

INFERTILITY
CALIFORNIA:
All infertility services and supplies are not covered, other than Medically Necessary iatrogenic fertility preservation services and underlying causes

FLORIDA, IDAHO, KENTUCKY, MISSISSIPPI, SOUTH CAROLINA, TEXAS, UTAH, WISCONSIN:
All infertility services and supplies are not covered except underlying causes

FLORIDA, KENTUCKY, MICHIGAN, MISSISSIPPI, TEXAS, WISCONSIN:
Infertility Services: All infertility services and supplies are not covered, except as covered in the Covered Services section, related to artificial insemination and conception by artificial means, such as: ovum transplants, gamete intrafallopian transfer (GIFT), semen and eggs (and services related to their procurement and storage), in vitro fertilization (IVF), and zygote intrafallopian transfer (ZIFT).

ILLINOIS:
Infertility Services: All infertility services and supplies are not covered, except as covered in the Covered Services section.

IDAHO:
Infertility Services: Molina does not cover infertility services and supplies, including artificial insemination and conception by artificial means, such as: ovum transplants, gamete intrafallopian transfer (GIFT), semen and eggs (and services related to their procurement and storage), in vitro fertilization (IVF), and zygote intrafallopian transfer (ZIFT).

NEW MEXICO:
Infertility Services Except as covered in the Covered Services section, all infertility services and supplies are not covered including related to artificial insemination and conception by artificial means, such as: ovum transplants, gamete intrafallopian transfer (GIFT), semen and eggs (and services related to

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their procurement and storage), in vitro fertilization (IVF), and zygote intrafallopian transfer (ZIFT).

SOUTH CAROLINA
Infertility Services: Molina does not cover infertility services and supplies, including insemination and conception by artificial means, such as: ovum transplants, gamete intrafallopian transfer (GIFT), semen and eggs (and services related to their procurement and storage), in vitro fertilization (IVF), and zygote intrafallopian transfer (ZIFT).

WASHINGTON:
Infertility Services: Molina does cover infertility diagnosis services. Molina does not cover infertility services and supplies, including artificial insemination and conception by artificial means, such as: ovum transplants, gamete intrafallopian transfer (GIFT), semen and eggs (and services related to their procurement and storage), in vitro fertilization (IVF), and zygote intrafallopian transfer (ZIFT).

IN VITRO FERTILIZATION (IVF)
CALIFORNIA, FLORIDA, KENTUCKY, IDAHO, MICHIGAN, MISSISSIPPI, NEW MEXICO, OHIO, SOUTH CAROLINA, TEXAS, UTAH, WASHINGTON, WISCONSIN:
Molina and Passport do not cover IVF (only covered in IL)

NON-COVERED DRUGS
CALIFORNIA, FLORIDA, IDAHO, ILLINOIS, KENTUCKY, MICHIGAN, MISSISSIPPI, NEW MEXICO, SOUTH CAROLINA, TEXAS, UTAH, WASHINGTON, WISCONSIN:
Molina and Passport do not cover infertility drugs (other than treating and underlying infertility cause itself)

E. DEFINITIONS

See Glossary

F. POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
5/14/2021	• Added IL 2022 EOC Language

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<table>
<tr><td>Procedure Codes (Internal Use Only)</td><td>BI Policy Configuration Infertility (IVF)

For some of the Marketplace States where there is no coding provided within the above Code Sheet, the codes are within the Benefit Interpretation Policies titled <u>Diagnostic and Radiology (Labs), Outpatient Hospital Services and in professional benefits.</u>

Coding Disclaimer: Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.</td></tr>
<tr><td>Prior Authorization</td><td>For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:
a. Covered and No PA Required
b. Not Covered

You cannot use the MHI PA Matrix to make coverage determinations.

PA Lookup Tool</td></tr>
<tr><td>Approval</td><td>
<table>
<tr><td>Departments</td><td>Product</td><td>CIM</td><td>Clinical Management</td></tr>
<tr><td>Date</td><td>11/9/2021</td><td>3/18/2022</td><td>11/9/2021</td></tr>
<tr><td>Revised (for 1/1/2023)</td><td>11/18/2022</td><td></td><td>11/10/2022</td></tr>
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