Medically assisted procreation

Web Infoletter | November 2021

The National Laboratory for Medically Assisted Procreation (PMA), which is an integral part of the PMA Service of the Centre Hospitalier du Luxembourg, and the Infertility Treatment Centre of the HRS Maternity Hospital (Dr. Bohler) are the two main points of contact in the field of reproductive medicine in Luxembourg.
The treatment is carried out by doctors specialised in reproductive medicine in close collaboration with the insured person's regular gynaecologist.

Conditions of coverage

The health insurance covers the costs of medically assisted reproduction (MAP) by

- ovarian stimulation
- artificial insemination
- in vitro fertilisation (IVF)
- intracytoplasmic sperm injection (ICSI).

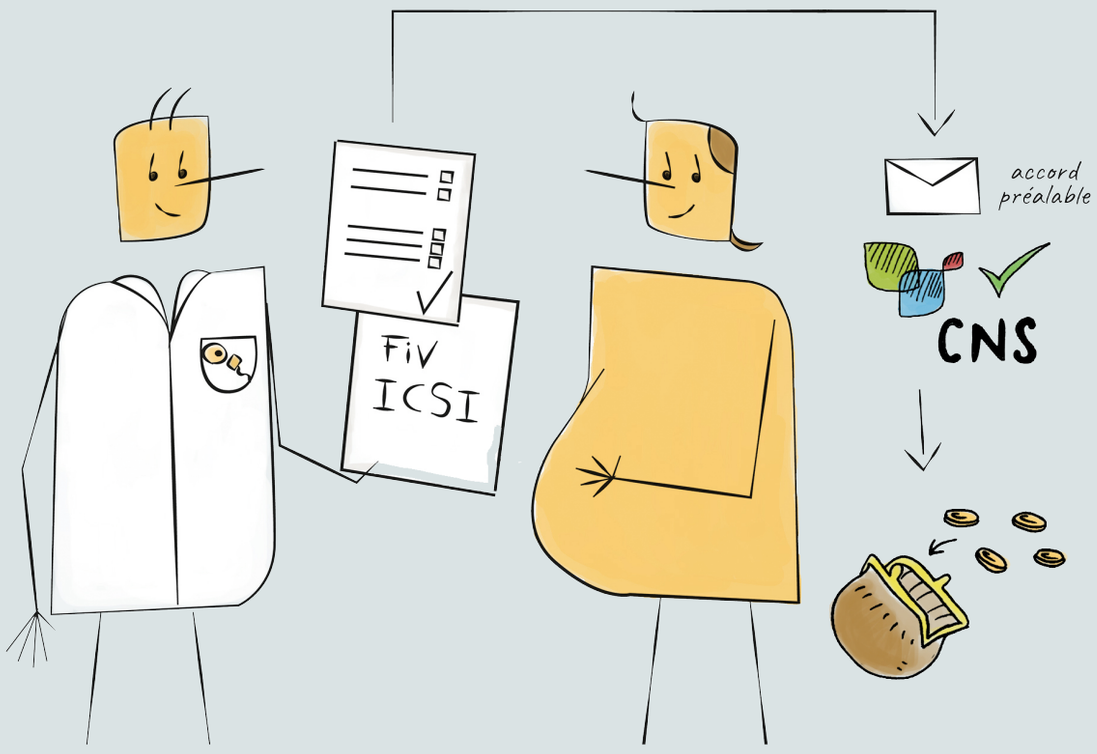
However, coverage by the health insurance is subject to certain conditions.

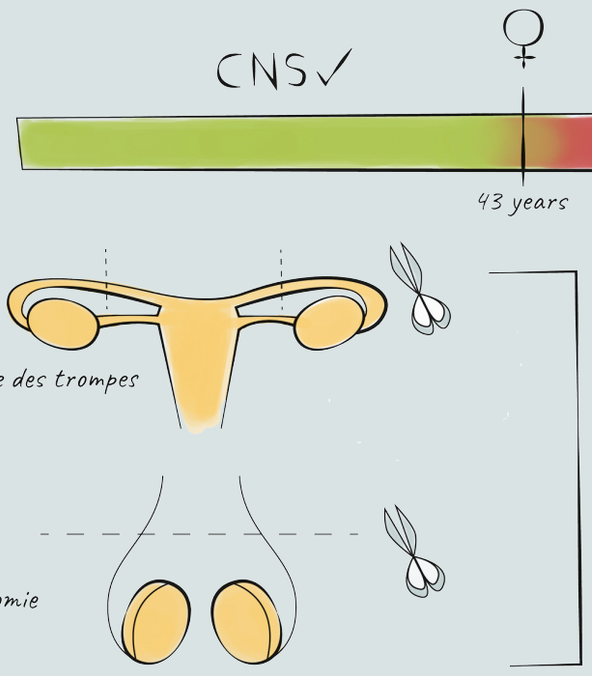
Criteria to be met

The costs of medically assisted reproduction are covered by the health insurance system under the conditions and according to the procedures set out below:

- Coverage of PMA measures ends on the woman's 43rd birthday
- PMA is not covered after tubal ligation or vasectomy

Please note: other conditions that are specifically required by the hospitals concerned are possible. Please contact these hospitals in advance for further information.





Prior authorisation

The financial coverage of IVF and ICSI by the CNS is only ensured following prior authorisation by the National Health Fund.

The application for authorisation must be made by the gynaecologist of the MPS service before the start of the treatment, using the special form provided for in Annex J of the CNS statutes.

Certificate of coverage

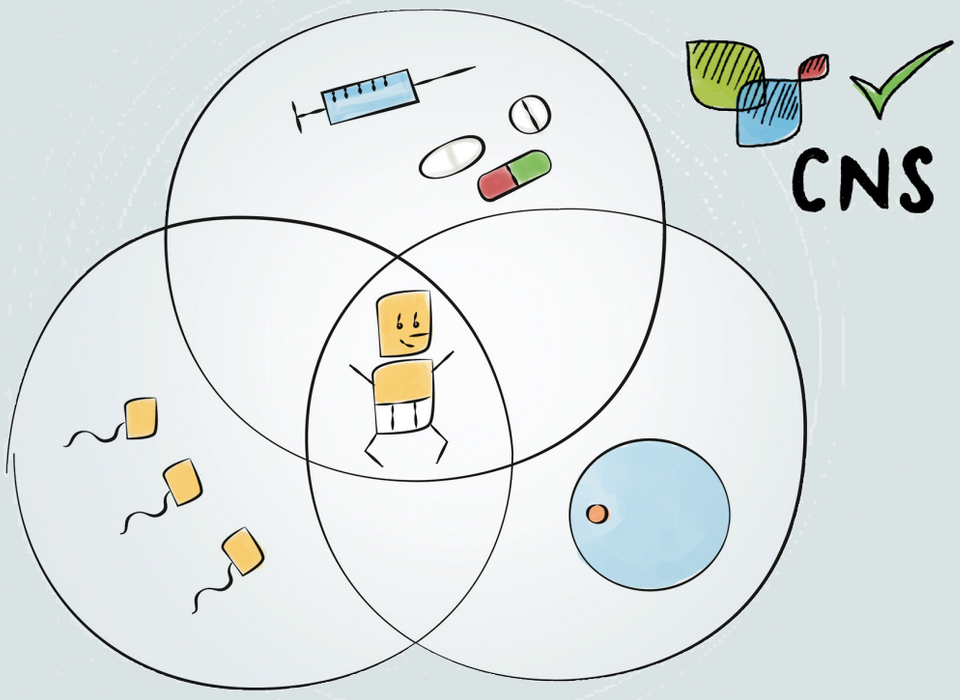
Subject to the fulfilment of the conditions, the National Health Fund issues a cost reimbursement voucher. The permits are issued for a maximum period of six months from the date of issue.

Coverage of costs

The cost of hospital treatment and hospital accommodation in a standard room as part of a PMA, with the exception of medical fees, are directly covered by the CNS, without the insured having to pay in advance (third-party payment system).

The insured person, with the exception of children under the age of 18, contributes to their maintenance in an inpatient hospital or day hospital by paying a daily contribution, at their expense.

The attending doctors charge for the acts and services specified in the doctors' nomenclature and provide the insured person with an invoice for the acts and services provided during the stay.



The rate of reimbursement of laboratory costs is set at 100%. Medical acts and services in the context of a PMA are covered in accordance with the provisions of the CNS statutes, with a personal contribution from the insured person.

The hospital informs the patient in an appropriate manner of the financial conditions of his stay, including the amounts to be paid by the patient.

Please note: any supplements for personal reasons (1st class room in hospital) are not covered by the health insurance.

More information:
www.cns.lu > Insured person > Private life > Reimbursed services > Medically assisted procreation

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