



THE NATIONAL CATHOLIC
BIOETHICS CENTER

Catholic Health Insurance
Ethics Review (CHIER)

MISSION

The Mission of The National Catholic Bioethics Center is to promote and safeguard the dignity of the human person, thereby sharing in the ministry of Jesus Christ and his Church. This is accomplished through consultation, education, publishing, and research in the health and life sciences.



For more information about
Catholic health insurance ethics reviews, contact
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WHAT DOES
YOUR
Health Plan
PAY FOR?

Bishops and administrators of Catholic health plans are sometimes surprised to learn that their self-funded diocesan health plan covers procedures that violate Catholic moral teaching.

Effectively excluding immoral practices such as abortion, contraception, gender transitioning, reproductive technologies, and sterilization can be complicated. It requires familiarity with health insurance benefit plan language, coding, and claims administration, and ethical expertise in distinguishing categorically prohibited acts from morally sound interventions with similar outcomes.

Who makes these calls? How thoroughly were the ethical principles incorporated into your Catholic insurance plan? How can your diocese make sure it is not facilitating immoral interventions, which also have a financial cost?

CAN YOU GET
✓ *ethical oversight?*
✓ *savings?*

Yes. The NCBC has brought its expertise to self-funded diocesan health insurance plans, third-party administrators, and insurance brokers in arrangements that have brought substantial savings to the diocese—while ensuring morally sound benefit plans and ongoing Catholic ethics review of processed claims.

Flexibility is a unique aspect of NCBC's Catholic health insurance ethics review: it can be applied to any kind of health benefits plan. NCBC membership is not required, but additional discounts apply for NCBC diocesan members.

When NCBC supplies the Catholic integrity review, the diocese is free to explore more options with insurance brokers without being tied to a specifically Catholic trust or similar group. More options can mean more opportunities to achieve savings.

HOW DOES THE PROCESS WORK?

There are two basic stages: benefit plan review and ongoing claims review.

Stage 1: Benefit Plan Review

- review of existing plan design
- identification of objectionable interventions for exclusion
- coverage suggestions for morally sound options typically left out
- language recommendations for plan documents

Stage 2: Claims Review

- claims processing guidance for plan administrators using ICD-10, CPT, and HCPCS II codes
- quarterly analysis of claims to ensure ethics compliance
- real-time answers to specific claim-related questions from insurance carriers, third-party administrators, brokers, and other relevant parties
- reports with review data
- periodic updates to guidance

WHAT DOES CHIER DELIVER?

Moral Clarity and Integrity

NCBC provides moral lines of demarcation consistent with the magisterium, with explanations and teaching resources as needed.

Confidence

NCBC's detailed feedback in plan design, claims processing, or both gives assurance that payments for immoral activities are unlikely to "slip through the cracks."

NCBC reviews ICD-10 diagnosis and procedure codes, CPT procedure codes, and HCPCS II drug and device codes to identify potential immoral procedures.

Periodic reports track flagged claims by moral issue, identify adjustments showing NCBC impact, and summarize data in simple tables and charts.

WHAT BENEFITS AND CLAIMS REQUIRE ETHICAL EXPERTISE?

See table 1 for examples.

- **Abortion** and appropriate distinctions from early induction, miscarriage, maternal treatments resulting in fetal death, molar pregnancies, and others.
- **Contraception** and the distinction from therapeutic use of hormones
- **Gender transitioning**, including puberty-blocking drugs, cross-sex hormones, and surgical mutilation, as distinguished from hormonal therapies or reconstructive surgeries.
- **Reproductive technologies**, like IVF, as distinct from legitimate infertility testing and fertility awareness-based methods of achieving pregnancy
- **Sterilizations**, like vasectomies and tubal ligations, vs. therapeutic uterine ablations or salpingectomies (for tubal pregnancies).



WHY THE NATIONAL CATHOLIC BIOETHICS CENTER?

The National Catholic Bioethics Center has been engaging complex ethical questions at the crossroads of science, medicine, and the Catholic moral tradition since 1972.

Trusted for its expertise and fidelity to the magisterium of the Catholic Church, the NCBC has decades of experience helping Catholic organizations navigate challenges to moral integrity in the delivery of care.

In 2011 the final rules of the US Health and Human Services Preventive Services Mandate ("Contraceptive Mandate") sparked NCBC's deeper entry into insurance benefits analysis. Increasing numbers of bishops, dioceses, and Catholic health facilities have been seeking direction.

In response to a growing need, NCBC expanded its benefits analysis work to include diagnostic and procedure codes in claims processing.

Table 1. Sample claim review entries. Hundreds of these may be processed in a year for a large diocese.

Diagnosis Code	Description of Diagnosis Code	Treatment Code	Description of Treatment Code	TPA claim status	NCBC Review	Area of Moral Concern	NCBC notes
Z3009	Encounter for other general counseling and advice on contraception	99213	Office visit, established patient	approved	incorrect; should be denied	contraception	Visit for contraceptive purpose: immoral
O021	Missed abortion	59820	Care of miscarriage	approved	correct	abortion	Child deceased; legitimate intervention
Z302	Encounter for sterilization	55250	Removal of sperm duct(s)	denied	correct	sterilization	Direct sterilization of male: immoral
O2620	Pregnancy care for recurrent pregnancy loss	58322	Artificial insemination	approved	incorrect; should be denied	reproductive technology	Artificial insemination is immoral despite good aim
N920	Excessive and frequent menstruation with regular cycle	58300	Insert intrauterine device	denied	incorrect; should be approved	contraception	Hormonal IUD for legitimate medical purpose; not for contraception
O30033	Twin pregnancy, monochorionic/diamniotic, third trimester	58611	Ligate oviduct(s) add-on	denied	correct	sterilization	Tubal ligation (direct sterilization) following pregnancy is immoral