

Infertility Diagnosis and Treatment for FEHB

Description of Procedure or Service

Infertility is a disease characterized by the failure to establish a clinical pregnancy after 12 months of attempting conception via natural methods or artificial insemination for an individual under age 35 or after 6 months for an individual aged 35 or older. First, infertility must be diagnosed. Tests will determine if either partner has reduced fertility. Infertility may be related to female factors (i.e., pelvic adhesions, ovarian dysfunction, endometriosis, prior tubal ligation), male factors (i.e., abnormalities in sperm production, function, or transport or prior vasectomy), a combination of both male and female factors, or unknown causes. Once the infertility has been diagnosed, treatments for infertility may begin.

This policy does not address procedures or treatments related to Gender Affirming services. Please refer to Gender Affirming policy.

When Infertility Diagnosis and Treatment is covered

A) Diagnostic Tests

The first stage of infertility treatment is the accurate diagnosis of the condition. **Please check the member's benefit booklet for benefit information regarding infertility.** Depending on the member of an infertile couples' unique medical situation, diagnostic tests may be considered medically necessary, when performed solely to establish the underlying etiology of infertility:

B) Basic Treatments

Once infertility has been established, the treatments for infertility begin. **Please check the member's benefit booklet for benefit information regarding the treatment of infertility.** Depending on the member of an infertile couples' unique medical situation, the following treatments for infertility may be considered medically necessary.

- Infertility drugs - **Please check the member's benefit booklet for information regarding pharmacy benefit coverage for infertility treatment, which may be separate from medical infertility coverage.**
- Therapeutic Operative Procedures for the Female (Note: Benefits for reversal of sterilization are not covered unless otherwise stated by the member benefit booklet.
 - a) Therapeutic operative laparoscopy (e.g., treatment of endometriosis or periaxial adhesions)
 - b) Open surgical treatment in individuals with moderate or severe endometriosis
 - c) Salpingo-ovariolysis
 - d) Terminal salpingostomy
 - e) Fimbrioplasty
 - f) Uterotubal implantation
 - g) Tubocornual anastomosis
 - h) Balloon tuboplasty
 - i) Ovarian wedge resection
- Therapeutic Operative Procedures for the Male (Note: Benefits for reversal of sterilization are not covered unless otherwise stated by the member's benefit booklet.
 - a) Varicocelectomy
 - b) Transurethral resection of ejaculatory duct
 - c) Orchiopexy
 - d) Surgical correction of epididymal blockage for individuals with obstructive azoospermia:
 - Epididymectomy
 - Epididymovasostomy
 - Excision of epididymal tumors and cysts
 - Epididymostomy

C) Artificial Means of Conception

The Artificial insemination (AI) should be supported by a medical history and/or physical findings that supports diagnoses of infertility. This concludes any means of attempting pregnancy that does not involve coitus. The

services are only covered if the member's benefit identifies artificial insemination (AI), intracervical insemination (ICI) and intrauterine insemination (IUI) as covered services. Please check the member benefit language regarding the benefits of artificial means of conception.

These services include:

- 1) Artificial insemination (AI) for Female Infertility: AI may be considered medically necessary when all of the following criteria are met.
 - a) Complete evaluation of the following must be considered prior to the initiation of Intrauterine Insemination (IUI):
 - Ovulatory disorders
 - Tubal abnormalities
 - Cervical abnormalities
 - Immunologic factors
 - b) Prior to AI, the following routine diagnostic tests must be performed or deemed inappropriate:
 - Basal body temperature records
 - Laparoscopy
 - Documentation of tubal patency and normal configuration of the uterine cavity(e.g., hysterosalpingography)
 - Testing for chlamydia, gonorrhea, syphilis, and Acquired Immune Deficiency Syndrome(AIDS)
 - c) Final diagnosis includes any of the following:
 - Anatomic defects of the vagina
 - Defects of ovaries
 - Cervical mucus abnormalities
- 2) Artificial Insemination for Male Infertility: AI for male factor infertility may be considered medically necessary when all of the following criteria are met:
 - a) Complete evaluation of the following must be performed or deemed inappropriate prior to initiating AI:
 - Comprehensive urological evaluation
 - Two semen analyses which are separated by an interval of at least (3) months
 - b) Final diagnosis includes any of the following:
 - Anatomic defects of the penis
 - Low sperm count (<20 million/ml)
 - Antisperm antibodies
 - Oligoasthenospermia
- 3) Contraindications to Artificial Insemination (AI), Intrauterine Insemination (IUI), Intracervical Insemination (ICI)
 - 1) Contraindications for AI in Females include, but are not limited to the following:
 - a) Infection such as acute cervicitis, salpingo-oophoritis
 - b) Tubal obstruction
 - c) Pregnancy
 - d) Unexplained uterine bleeding
 - e) Presence of sexually transmitted disease
 - 2) Contraindications for AI in Males include, but are not limited to the following:
 - a) Infection such as prostatitis or epididymitis
 - b) Presence of sexually transmitted disease

When contraindicated as above, AI would be considered to be not medically necessary and therefore non-covered

D) List of non-covered infertility services:

- 1) **Assisted Reproductive Technology (ART)**, such as:
 - In vitro fertilization (IVF)
 - Embryo transfer
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- Gamete Intra-fallopian Transfer (GIFT)
 - Zygote Intra-fallopian Transfer (ZIFT)
 - Services as supplies related to ART procedures
 - Cost of donor sperm and
 - Cost of donor egg
- 2) **For the treatment of normal physiologic causes of infertility**, such as menopause, or infertility resulting from voluntary sterilization (vasectomy or tubal ligation/occlusion) unless otherwise stated by the member's benefit plan.

3) **Diagnostic tests**

The following diagnostic tests are considered investigational. Presbyterian Health Plan does not cover investigational procedures.

Investigational procedures include:

- Assessment of sperm movements, including the use of videomicrography, cinematography, time-exposure photography, computer assisted sperm analysis (CASA), etc.
- Analysis of ATP concentration (Adenosine triphosphate) in ejaculate
- Tubalscopy
- Anti-zona pellucida antibodies
- Sperm hyaluronan binding assay (HBA)
- Tests of sperm DNA integrity, including, but not limited to, sperm chromatin assays and sperm DNA fragmentation assays
- Hemizona assay
- Hypo-osmotic swelling test
- Uterine Transplant (donor hysterectomy) is non covered and considered investigational

Policy Guidelines

Please check the member's benefit booklet to understand the infertility benefits available to the member. Infertility benefits are frequently excluded from the individual member benefit plan.

Please refer to the member's benefit booklet for all infertility services. Some plans may provide no benefits. Some plans may provide some coverage but exclude coverage for in vitro fertilization and similar services. Please review the member benefit plan to understand coverage and/or limitations regarding infertility.