Health Plans

Manual: IU Health Plans
Department: Utilization Management
Policy # MP 100
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Medicare Advantage X Commercial
Infertility – Diagnosis Policy

I. Purpose

Indiana University Health Plans (IU Health Plans) considers clinical indications when making a medical necessity determination for Infertility - Diagnosis.

II. Scope

This policy applies to all Utilization Management staff having decision- making responsibilities where authorization is required for Fully Insured commercial plan.

III. Exceptions

A. Infertility Diagnosis is considered not medically necessary and therefore not covered for **any of the following:**

1. Normal physiological causes of infertility such as menopause
2. Infertility resulting from voluntary sterilization
3. ANY OF THE FOLLOWING diagnostic tests ae considered investigational and are therefore not covered:
   a. Tests to assess/improve sperm movement, or computer-assisted sperm analysis (CASA)
   b. Analysis of adenosine triphosphate (ATP) in ejaculation
   c. Tubaloscopy
   d. Anti-zona pellucida antibodies
   e. Hyaluronan binding assay (HBA)
   f. Sperm washing and swim-up when performed at part of insemination

B. Diagnostic tests for infertility may be ordered by a participating provider. However, most Assisted Reproductive Technologies (ART) drugs and procedures should only be ordered or performed by a credentialed Reproductive Endocrinologist.

C. For members living in the state of Maryland, infertility services are covered in the state of Maryland as an essential health benefit. See the infertility treatment policy for specifics regarding coverage of treatment.

D. If a member lives in an out-of-network area, the credentials of the nearest Reproductive Endocrinologist or OB/Gynecologist must be reviewed by the Credentials Specialist prior to approval for coverage. Refer to plan specific infertility riders.

IV. Definitions

ART- Assisted Reproductive Technologies- ART includes all fertility treatments in which either eggs or embryos are handled. In general, ART procedures involve surgically removing eggs from a woman's ovaries, combining them with sperm in the laboratory, and returning them to the woman's body or donating them to another woman. They do NOT include treatments in which only sperm are handled (i.e., intrauterine—or artificial—insemination) or procedures in which a woman takes medicine only to stimulate egg production without the intention of having eggs retrieved.

Infertility-The CDC defines infertility is defined as not being able to get pregnant (conceive) after one year (or longer) of unprotected sex. Because fertility in women is known to decline steadily with age, some providers evaluate and treat women aged 35 years or older after 6 months of unprotected sex. The American Society for Reproductive Medicine define infertility as the result of a disease (an interruption, cessation, or disorder of body functions, systems, or organs) of the male or female reproductive tract which prevents the conception of a child or the ability to carry a pregnancy to delivery. The duration of unprotected intercourse with failure to conceive should be about 12 months before an infertility evaluation is undertaken, unless medical history, age, or physical findings dictate earlier evaluation and treatment.

V. Policy Statements

IU Health Plans considers **Infertility Diagnosis** medically necessary for **all of the following** indications:

1. One of the following:
    a. Member treated must fit the definition for infertility
    b. The oocytes must be naturally produced by the member or spouse and fertilized with sperm naturally produced by the member or spouse
    c. Females must be premenopausal and reasonably expect fertility as a natural state or if menopausal, should have experienced it at an early age
    d. Depending on the member's unique medical situation, the following diagnostic tests to diagnose fertility in males and females may be considered medically necessary:
        1. History & Physical exam
        2. Sperm function tests
        3. Hysterosalpingogram (HSG)
        4. Hysteroscopy
        5. Hysterosalpingo-contrast sonography (HyCoSy)
        6. **Any of the following** ultrasounds:
            a. Pelvis, transvaginal (TVS)
            b. Pelvis, transabdominal
            c. Pelvis, endorectal
            d. Saline-infusion sonohysterography (SIS)
        7. Prediction of Ovarian Reserve Hormone Evaluation
        8. Evaluation of folliculogenesis
        9. Endometrial biopsy
        10. Diagnostic laparoscopy
        11. Follow-up conference

2. In order to assess medical necessity for infertility services, adequate information must be furnished by the treating physician. Necessary documentation includes, but is not limited to **all of the following:**

a. Member's age, clinical history, physical and functional status
b. Documentation of infertility, testing if done, and treatment history
c. Documentation of any history of substance abuse, including smoking
d. Social Service evaluation
e. Lab results: HIV antibody and others as appropriate.

3. Diagnostic tests accompanied by diagnosis code Z31.89- Encounter for other procreative management are **not** considered medically necessary.

CODES

ICD Code	Description
E23.0	Hypopituitarism
E28.2	Polycystic Ovarian Syndrome (PCOS)
N46.01	Organic azoospermia
N46.021	Azoospermia due to drug therapy
N46.022	Azoospermia due to infection
N46.023	Azoospermia due to obstruction of efferent ducts
N46.024	Azoospermia due to radiation
N46.025	Azoospermia due to systemic disease
N46.029	Azoospermia due to other extra-testicular causes
N46.1	Oligospermia
N46.11	Organic oligospermia
N46.121	Oligospermia due to drug therapy
N46.122	Oligospermia due to infection
N46.123	Oligospermia due to obstruction of efferent ducts
N46.124	Oligospermia due to radiation
N46.125	Oligospermia due to systemic disease
N46.129	Oligospermia due to other extra-testicular causes
N46.8	Other male infertility
N46.8	Other male infertility
N46.9	Male infertility, unspecified
N97.0	Female infertility associated with anovulation
N97.1	Female infertility of tubal origin
N97.2	Female infertility of uterine origin
N97.8	Female infertility of other origin
N97.9	Female infertility, unspecified
N98.1	Hyperstimulation of ovaries
Z31.81	Encounter for male factor infertility in female patient

Z31.89	Encounter for other procreative management

58672	Laparoscopy, surgical; with fimbrioplasty
58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy),
74740	Hysterosalpingography, radiological supervision and interpretation
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation
89300	Semen analysis; presence and/or motility of sperm including Huhner test (post coital)
89310	Semen analysis; motility and count (not including Huhner test)
89320	Semen analysis; volume, count, motility and differential
89321	Semen analysis; sperm presence and motility of sperm, if performed
89322	Semen analysis; volume, count, motility, and differential using strict morphologic criteria (eg, Kruger)
89325	Sperm antibodies
89329	Sperm evaluation; hamster penetration test
89330	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test
89331	Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)
76830	Ultrasound, transvaginal
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed
76856	Ultrasound, pelvic (non-obstetric), real time with image documentation; complete
76857	Ultrasound, pelvic (non-obstetric), real time with image documentation; limited or follow-up (eg, for follicles)
76870	Ultrasound, scrotum and contents
76872	Ultrasound, transrectal
76856	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation
49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (Separate procedure)
74740	Hysterosalpingography, radiological supervision and interpretation
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation
89300	Semen analysis; presence and/or motility of sperm including Huhner test (post coital)
89310	Semen analysis; motility and count (not including Huhner test)
89320	Semen analysis; volume, count, motility and differential

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49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (Separate procedure)

VI. Procedures

None

VII. References

1. American Society for Reproductive Medicine (ASRM). Infertility. Copyright 1996-2023. Infertility | ASRM
2. Center for Disease Control and Prevention (CDC). Assisted Reproductive Technology (ART). Reviewed March 14, 2023. Assisted Reproductive Technology (ART) |

Reproductive Health | CDC
3. Center for Disease Control and Prevention (CDC). Infertility FAQ's. Reviewed on April 26, 2023 Infertility | CDC
4. Infertility Workup for the Women's Health Specialist: ACOG Committee Opinion, Number 781. (2019). *Obstetrics and gynecology*, *133*(6), e377–e384. Infertility Workup for the Women's Health Specialist: ACOG C... : Obstetrics & Gynecology (lww.com)

VIII. Forms/Appendices

None

IX. Responsibility

Medical Director