



MEDICAL POLICY

Date Reviewed: 11/05/99, 02/22/02, 06/17/03, 10/22/04, 02/24/06, 05/18/07, 05/15/08, 04/24/09, 04/15/11

Subject: Infertility Testing and Treatment
(This guideline applies only if there is a contract benefit for infertility testing and/or treatment.)

Description: Infertility is the physical inability to conceive after at least twelve months of unprotected sexual intercourse. Testing is performed to diagnose the cause of the infertility, and treatment is provided in an effort to successfully conceive.

Indications of Coverage:

Review contract for exclusions and benefits for the diagnosis and treatment of infertility (including whether complications related to a non-covered service are a benefit).

Limitations of Coverage:

Review contract and endorsements for exclusions and prior authorization or benefit requirements.

Tests may be repeated once in the diagnostic workup for infertility testing. Additional testing after the initial and repeat tests is considered not medically necessary.

After an infertility diagnosis has been established and treatment started, any infertility testing or treatment service, including evaluation and management services (office visits), radiology procedures, lab testing, etc. is considered part of the treatment and is subject to the infertility treatment benefits/exclusions of the policy. (For example, if the policy has no benefits for infertility treatment, there would also be no benefit for a lab test after the infertility diagnosis has been established and treatment started.) However, once the patient becomes pregnant, medications used for the maintenance of the pregnancy would not be subject to the infertility treatment benefits/exclusions of the policy.

Documentation required:

Office notes

Procedure report

Rationale: Coverage for infertility services is based on the individual's health policy or plan. The diagnosis and treatment of infertility involves a methodical approach that depends on the cause of infertility. In many cases, several factors may contribute to the cause, and may involve both individuals. In some cases, the cause of the inability to conceive may never be known. Numerous treatments are available to treat hormonal or anatomic abnormalities causing infertility.

These guidelines are designed for reference purposes only, do not guarantee coverage, and should not be construed as medical advice. See full Medical Policy Disclaimer.

Approved by the Medical Director

These are not all inclusive lists.

The following tests/procedures may be performed for both diagnostic testing and treatment:

- Hysterosalpingogram
- Hysterosalpingogram radiological supervision
- Diagnostic laparoscopy
- Endometrial biopsy
- Pelvic ultrasound
- Estradiol test
- Follicle stimulating hormone (FSH) test
- Luteinizing hormone (LH) test
- Progesterone test
- Thyroid stimulating hormone (TSH) test
- Ovulation test
- Mycoplasma culture test
- Mycobacteria culture test
- Semen analysis

The following tests/procedures are performed for infertility treatment:

- Artificial insemination
- Sperm washing for artificial insemination
- Oocyte retrieval
- Embryo intrauterine transfer
- Embryo intrafallopian transfer
- Culture of oocyte(s)/embryo(s)
- Assisted embryo hatching
- Oocyte identification
- Preparation of embryo
- Sperm identification
- Embryo cryopreservation
- Sperm cryopreservation
- Sperm isolation
- Sperm identification
- Insemination of oocytes
- Extended culture of oocyte(s)/embryo(s)
- Assisted oocyte fertilization
- Oocyte biopsy
- Cryopreservation
- Storage
- Thawing

The following medications are used for infertility treatment:

- Clomid
- Clomiphene
- Milophene
- Serophene
- Serono
- Follistim
- Gonal-F
- Puregon
- Fertinex
- Fertinorm

Profasi HPR
Pregnyl
APLR (hCG)
Pergonal
Humegon
Metrodin
Lupron
Synarel
Zoladex
Parlodel
Factrel
Lutrepulse
Progesterone
Crinone
Prometrium
Bromocriptine
Ovidrel
Choriogonadotropin Alfa
Cetrorelix
Cetrotide
Cetrolix Acetate