MedStar Health, Inc.
POLICY AND PROCEDURE MANUAL

PA.208.MH – Infertility- Treatment

This policy applies to the following lines of business:
- ✓ MedStar Employee (Select)

MedStar Health considers **Infertility Treatment** (*see cycle definition below*) medically necessary for the following indications:

1. Criteria for Eligibility of Members for Treatment
   - Member treated must have an established diagnosis of infertility
   - Females must be premenopausal and reasonably expect fertility as a natural state or if menopausal, should have experienced it at an early age.

     Note: MedStar Health allows for the use of donor egg and sperm. However, the procurement of the donor egg and sperm are not covered.

2. Treatment of Infertility
   - Basic Treatment

     Once infertility has been established and, depending on the member's unique medical situation, the following treatments may be considered medically necessary:
     (1) Human chorionic gonadotropin
     (2) Low dose glucocorticoids (dexamethasone or prednisone)
     (3) Dopamine agonists (ie Bromocriptine)
     (4) Therapeutic operative Laparoscopy
     (5) Endometriosis or periadnexal adhesions (treatment of)
     (6) Ovarian wedge resection
     (7) Salpingo oviolysis
     (8) Terminal salpingostomy
     (9) Fimbrioplasty

   - Assisted Reproductive Technology (ART)
     These services are frequently excluded from coverage, specifically so, when any ART or related treatments are classified as experimental, investigative or innovative by the American Society of Reproductive Medicine and the American College of Obstetrics and Gynecology.
   - Services are only covered if the member's benefit plan identifies them as covered services. These services include:

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(1) Artificial Insemination (AI) for female infertility
(2) Artificial Insemination for male infertility
(3) in Vitro Fertilization (IVF)

Benefits of IVF are available only as specified in the member contract or benefit rider. These may include:
- Monitoring and/or stimulation of ovulation
- Oocyte retrieval
- Lab studies
- Embryo assessment and transfer
- Luteal phase support

All services received as part of an IVF procedure are considered under the same benefit as the IVF, i.e. drugs, labs, pathology and surgical procedures, and are payable at the infertility benefit level.

Definition of Cycle/Attempt
A "cycle" and an "attempt" are the same thing. A cycle is one attempt at conception and covers a range of services. A cycle, or an attempt, is the process from beginning to end. Here is a synopsis of an IVF cycle:
- Office visit/evaluation
- Lab work/sonograms
- Follow up office visit
- Egg retrieval-can occur on several visits
- Egg fertilized with sperm (in office or lab)
- Follow up office visit
- Fertilized egg transfer-end of cycle
  - This is the end of the cycle and where the authorization should be decremented. The other visits can occur multiple times and should not impact the authorization.

Limitations
- Normal physiological causes of infertility such as menopause
- Infertility resulting from voluntary sterilization

Benefits for **Artificial Insemination (AI)** and **In Vitro Fertilization (IVF)** are combined and *limited to four attempts per year and six attempts per lifetime, per individual*. Coverage for infertility benefits includes injectable drugs and allows for the use of donor egg and sperm. The procurement of the donor egg and sperm are not covered.

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The following treatments are not covered:
- Reversal of sterilization
- Administration of Tamoxifen, Cyclofenil, Pulsatile Administration of Human Menopausal Gonadotropins (hMG)

ART is contraindicated in the following situations:
- Severe Endometriosis (Stage IV)
- Pregnancy
- Unexplained Uterine Bleeding
- Presence of Venereal Disease or AIDS
- Tubal Obstructions
- Infections such as Acute Cervicitis, Salpingo-oophoritis, Prostatitis, Epididymitis

Limitations include modifications of the IVF Procedure such as:
- Gamete Intrafallopian Transfer (GIFT)
- Zygote Intrafallopian Transfer (ZIFT)
- Pronuclear Stage Transfer (PROST)
- Tubal Embryo Stage Transfer (TEST)
    1) Sperm or Oocyte donation and all aspects of storage
    2) Cryopreservation, thawing and storage of oocytes, embryos, sperm and reproductive tissue
    3) Coculture of embryos

Note: Embryo donation for substitute motherhood or surrogacy, reversal of voluntary sterilization or any other related experimental procedures are not recognized as medically necessary procedures by MedStar Health.

Surrogate Motherhood Exclusions: All services and supplies associated with surrogate motherhood of a member acting as a surrogate mother, including, but not limited to, all services and supplies related to the following:
- Pre-pregnancy evaluations
- Conception
- Prenatal care
- Perinatal care
- Postnatal care

Background
The American Society for Reproductive Medicine defines infertility as the result of a disease (an interruption, cessation, or disorder of body functions, systems or organs) of

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the male or female reproductive tract which prevents the conception of a child or the ability to carry a pregnancy to delivery.

The Centers for Disease Control and Prevention (CDC) defines assisted reproductive technology (ART) as all fertility treatments in which both eggs and sperm are handled (as outlined in the 1992 Fertility Clinic Success Rate and Certification Act). 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.

The CDC reports about 6% of married women 15-44 years of age in the United States are unable to get pregnant after one year of unprotected sex. Fertility is known to decline with age, smoking, excessive alcohol use, extreme weight gain or loss, and excessive stress.

Codes:

CPT Code	Description
58321	Artificial insemination; intra-cervical
58322	Artificial insemination; intra-uterine
58323	Sperm washing for artificial insemination
58970	Follicule puncture for oocyte retrieval, any method
58974	Embryo transfer, intrauterine
58976	Gamete, zygote, or embryo intrafallopian transfer, any method
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation
83001	Gonadotropin; follicle stimulating hormone (FSH)
83002	Gonadotropin; luteinizing hormone (LH)
89250	Culture of oocyte(s)/embryo(s), less than 4 days
89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos
89253	Assisted embryo hatching, microtechniques (any method)
89254	Oocyte identification from follicular fluid
89255	Preparation of embryo transfer (any method)
89257	Sperm Identification
89260	Sperm isolation; simple prep (e.g., sperm wash and swim-up) for insemination or diagnosis with semen analysis

89261	Sperm isolation; complex prep (e.g., Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis
89264	Sperm identification from testis tissue, fresh or cryopreserved
89268	Insemination of oocytes
89272	Extended culture of oocyte(s)/embryo(s), 4-7 days
89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes
89281	Assisted oocyte fertilization, microtechnique, greater than 10 oocytes
89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos
89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos
89310	Semen analysis; motility and count (not including Huhner test)
89320	Semen analysis; volume, count, and differential

ICD Codes listed below reported with any procedure code listed above OR with any other covered procedure code not listed above will be processed according to the infertility benefit:

ICD10 Code	Description
E23.0	Hypopituitarism
E28.2	Polycystic Ovarian Syndrome
N46.01	Organic Azoospermia
N46.021	Azospermia 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 extratesticular 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 extratesticular causes
N46.8	Other male infertility
N46.9	Male infertility, unspecified
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
V59.70	Egg donor, unspecified
V59.71	Egg donor under 35, anonymous
V59.72	Egg donor under 35, designated
V59.73	Egg donor 35 & over, anonymous
V59.74	Egg donor 35 & over, designated recip
Z31.81	Encounter for male factor infertility in female patient
Z31.83	Encounter for assisted reproductive fertility procedure cycle
Z31.84	Encounter for fertility preservation procedure
Z31.89	Encounter for other procreative management
Z52.810	Egg (Oocyte) donor, under age 35, anonymous recipient
Z52.811	Egg (Oocyte) donor, under age 35, designated recipient
Z52.812	Egg (Oocyte) donor, age 35 and over, anonymous recipient
Z52.813	Egg (Oocyte) donor, age35 and over, designated recipient
Z52.819	Egg (Oocyte) donor unspecified

References
1. April 2017. Available at: http://www.reproductivefacts.org/faqs/frequently-asked-questions-about-infertility/q08-do-insurance-plans-cover-infertility-treatment/.
2. American Society of Reproductive Medicine (ASRM). Infertility – definition. ©1996-2015, ASRM. Accessed: April 2019. Available at: http://www.reproductivefacts.org/topics/topics-index/infertility/
3. American College of Obstetricians and Gynecologists. FAQ 137 Treating Infertility. March 2015. http://www.acog.org/Patients/FAQs/Treating-Infertility
4. Centers for Disease Control and Prevention (CDC). A-Z Index: Assisted Reproductive Technologies. Page last reviewed: January 21, 2020. Available at: http://www.cdc.gov/ART/index.htm

5. CDC. Use of assisted reproductive technology—United States, 1996 and 1998 Source: MMWR 2002 Feb; 51(5):97–101.
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5105a2.htm
6. Van Voorhis B, Barnett M, Sparks A, et al: Effect of the total motile sperm count on the efficacy and cost-effectiveness of intrauterine insemination and in vitro fertility. Fertil Steril. 2001 Apr; 75 (4): 661-668.
http://www.ncbi.nlm.nih.gov/pubmed/11287015

Disclaimer:
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