

Premier Health Plan

POLICY AND PROCEDURE MANUAL

Policy Number: MP.017.PH
Last Review Date: 11/08/2018
Effective Date: 01/01/2019

MP.017.PH – Infertility- Diagnosis

This policy applies to the following lines of business:

- ✓ Premier Employee

Premier Health Plan considers **Infertility Diagnosis** medically necessary for the following indications:

1. Member must fit the definition for infertility
2. The oocytes must be naturally produced by the member or spouse and fertilized with sperm naturally produced by the member or spouse
3. Females must be premenopausal and reasonably expect fertility as a natural state or if menopausal, should have experienced it at an early age

Depending on the member's unique medical situation, the following diagnostic tests to diagnose fertility in males and females *may* be considered medically necessary:

- History & Physical exam
- Sperm function tests
- Hysterosalpingogram (HSG)
- Hysteroscopy
- Hysterosalpingo-contrast sonography (HyCoSy)
- Ultrasound
 - Pelvis, transvaginal (TVS)
 - Pelvis, transabdominal
 - Pelvis, endorectal
 - Saline-infusion sonohysterography (SIS)
- Prediction of Ovarian Reserve Hormone Evaluation
- Evaluation of folliculogenesis
- Endometrial biopsy
- Diagnostic laparoscopy
- Follow-up conference

Limitations

- Normal physiological causes of infertility such as menopause
- Infertility resulting from voluntary sterilization
- The following diagnostic tests are considered investigational:
 - Tests to assess/improve sperm movement, or computer-assisted sperm analysis (CASA)

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- Analysis of adenosine triphosphate (ATP) in ejaculation
- Tubaloscapy
- Anti-zona pellucida antibodies
- Hyaluronan binding assay (HBA)
- Sperm washing and swim-up when performed at part of insemination

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 the following:

- Member's age, clinical history, physical and functional status;
- Documentation of infertility, testing if done, and treatment history
- Documentation of any history of substance abuse, including smoking;
- Social Service evaluation
- Lab results: HIV antibody

Diagnostic tests for infertility may be ordered by a participating provider. However, most ART drugs and procedures should only be ordered or performed by credentialed Reproductive Endocrinologists.

Note: If a member lives in an out-of-network area, then 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.

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

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:

*Diagnostic tests accompanied by diagnosis code Z31.89 ICD10, is **not** considered to be medically necessary.*

References

1. American Society of Reproductive Medicine (ASRM): State Infertility Insurance Laws. Accessed April 2017. <http://www.reproductivefacts.org/faqs/frequently->

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[asked-questions-about-infertility/q08-do-insurance-plans-cover-infertility-treatment/](#)

2. American Society for Reproductive Medicine. Diagnostic Testing for Female Infertility. Revised 2012.
https://www.asrm.org/FACTSHEET_Diagnostic_Testing_for_Female_Infertility/
3. Centers for Disease Control and Prevention (CDC). Division of Reproductive Health: Infertility Frequently Asked Questions (FAQs). Last reviewed and updated Mar 30, 2017. <http://www.cdc.gov/reproductivehealth/Infertility/index.htm>
4. Sauer M. Treating Infertility in Women of Advanced Reproductive Age, Contemporary OB/GYN, October 1996: 68-76.
5. Textbook of Gynecology. Copeland L, Jarrel JF, McGregor JA (editors). Philadelphia: W.B.Saunders, Co., 1993
6. The American Fertility Society. Guideline for Practice: Intrauterine Insemination. 1991.
7. The American College of Obstetricians and Gynecologists (ACOG): Frequently Asked Questions (FAQ136) - Evaluating Infertility. Issued June 2012.
<http://www.acog.org/~media/For%20Patients/faq136.pdf?dmc=1&ts=20131002T1007441041>

Disclaimer:

Premier Health Plan medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of Premier Health Plan and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

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