

# Premier Health Plan

## POLICY AND PROCEDURE MANUAL

Policy Number: MP.018.PH  
Last Review Date: 11/08/2018  
Effective Date: 01/01/2019

### MP.018.PH - Infertility- Treatment

This policy applies to the following lines of business:

- ✓ Premier Employee

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

1. Criteria for Eligibility of Members for Treatment
  - Member 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.
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 periaidnexal 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:
    - (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:



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- 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 procedure, i.e. drugs, labs, pathology and surgical procedures.

### Limitations

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

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 Embryos
  - 3) Coculture of Embryos

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

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**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 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:

The codes for infertility services are only covered under the provision of a member's specific benefit plan/rider.

### References

1. American Society of Reproductive Medicine (ASRM): State Infertility Insurance Laws. ©1996-2015, ASRM. Accessed: 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 2017. Available at: <http://www.reproductivefacts.org/topics/topics-index/infertility/>
3. American College of Obstetricians and Gynecologists. FAQ137 Treating Infertility. March 2015. <http://www.acog.org/Patients/FAQs/Treating-Infertility>

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4. Centers for Disease Control and Prevention (CDC). A-Z Index: Assisted Reproductive Technologies. Page last reviewed: April 21, 2017. 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:**

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.

Premier Health Plan reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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