

<b>TITLE:</b>	INFERTILITY POLICY AND PROCEDURE
<b>POLICY #:</b>	MM-PNP-003
<b>VERSION #:</b>	02
<b>DEPARTMENT:</b>	MEDICAL MANAGEMENT
<b>ORIGINAL EFFECTIVE DATE:</b>	06/01/2022
<b>CURRENT REVISION DATE:</b>	01/30/2023

## 1. PURPOSE

To ensure consistency and compliance regarding the implementation of the policy, procedure, and training of utilization review staff for infertility.

Curative will follow this Policy and Procedure and will ensure that any delegated entities will also adhere.

## 2. SCOPE

Describe the department and personnel responsible for performing the policy.

## 3. DEFINITIONS

- 3.1. **Cryo-preservation** is the use of very low temperatures to preserve structurally intact living cells and tissue.
- 3.2. **Gamete Intrafallopian Transfer (GIFT)** means a fertilization procedure using multiple eggs collected from ovaries which are injected into the fallopian tubes along with the sperm via a laparoscopic procedure.
- 3.3. **Infertility** for the purposes of this Rider is the inability to get pregnant (conceive) after 1 year of unprotected sex or Therapeutic Donor Insemination if less than 35 years old or 6 months if 35-44 years of age.
- 3.4. **Infertility Treatment** means services, tests, supplies, devices, or drugs which are intended to promote fertility, achieve a condition of pregnancy, or treat an illness causing a fertility condition when such treatment is done in an attempt to bring about pregnancy.
- 3.5. **In Vitro Fertilization (IVF)** is a procedure that involves collecting a woman's eggs from her ovaries and fertilizing them with sperm in a laboratory. The fertilized eggs are then transferred to the uterus through the cervix.
- 3.6. **Surrogacy** is an arrangement where a woman agrees to bear a child for another person who will become the child's parent at birth.
- 3.7. **Therapeutic Donor Insemination** is a form of artificial insemination that uses donor sperm from an anonymous or known donor. The procedure involves placing sperm in the uterus at the time of ovulation.
- 3.8. **Zygote Intrafallopian Transfer (ZIFT)** means a fertilization procedure combining both IVF and GIFT as eggs are stimulated and collected using IVF methods and then mixed with the sperm in the lab. Fertilized eggs are then laparoscopically returned to the fallopian tubes.

## 4. POLICY

A disease (an interruption, cessation, or disorder of body functions, systems, or organs) of the reproductive tract which prevents the conception of a child or the ability to carry a pregnancy to delivery. It is defined by the failure to achieve a successful pregnancy after 12 months or more

of appropriate, timed, unprotected intercourse or therapeutic donor insemination. Earlier evaluation and treatment may be justified based on medical history and physical findings and is warranted after 12 months if less than 35 years old and 6 months if 35-44 years old and infertility is unrelated to voluntary sterilization or to the failed reversal of voluntary sterilization.

(Prior Authorization is required)

## **5. PROCEDURE**

### **Benefits for Infertility Treatment:**

All infertility treatment procedures must be performed in a facility licensed and approved to provide infertility treatment services under the appropriate state authority, if any.

Benefits for expenses incurred for Infertility Treatment services will be provided to the same extent as benefits provided for other pregnancy-related services and procedures under the Plan provided all of the Infertility Treatment Eligibility requirements are met.

### **Benefits may include:**

- Direct attempt to cause pregnancy by any means including, but not limited to:
  - Artificial Insemination
  - Embryo Transfer
  - Gamete Intrafallopian Transfer (GIFT)
  - Hormone therapy or drugs
  - In Vitro fertilization
  - Zygote Intrafallopian Transfer (ZIFT)
- Fertility tests and drugs
- Sperm enhancement procedures
- Tests and exams done to prepare for induced conception

This benefit is available up to a lifetime maximum benefit of \$100,000.

The following tests or procedure are proven and medically necessary for diagnosing or treating Infertility:

- Antisperm antibodies
- Antral follicle count
- Hormone level tests:
  - Antimüllerian hormone (AMH)
  - Estradiol
  - Follicle-stimulating hormone (FSH)
  - Luteinizing hormone (LH)
  - Progesterone
  - Prolactin
  - Testosterone (total and free)
  - Thyroid-stimulating hormone (TSH)

- Hysterosalpingogram (HSG)
- Diagnostic hysteroscopy
- Diagnostic laparoscopy with or without chromotubation
- Leukocyte count in semen
- Pelvic ultrasound (transabdominal or transvaginal)
- Post-ejaculatory urinalysis
- Scrotal, testicular or transrectal ultrasound
- Semen analysis
- Sonohysterogram or saline infusion ultrasound
- Testicular biopsy
- Vasography

**Benefit Exclusions:**

- Any services, supplies or drugs that exceed the maximum benefits allowed
- Cryo-preservation and other forms of preservation of reproductive materials, including but not limited to sperm, eggs, and embryos
- Donor services for sperm, eggs or embryos
- Experimental tests and treatments
- Infertility treatment for procedures that reverse voluntary sterilization
- Preimplantation Genetic Testing
- Surrogacy services and treatments

Due to insufficient evidence of efficacy, the following are unproven and not medically necessary for diagnosing or treating infertility.

- Co-culture of embryos
- Computer-assisted sperm analysis (CASA)
- Cryopreservation of immature oocytes (eggs), ovarian tissue, or testicular tissue
- EmbryoGlue
- Hyaluronan binding assay (HBA)
- In vitro maturation (IVM) of oocytes
- Inhibin B
- Postcoital cervical mucus penetration test
- Reactive oxygen species (ROS) test
- Sperm acrosome reaction test
- Sperm capacitation test
- Sperm DNA integrity/fragmentation tests [e.g., sperm chromatin structure assay (SCSA), single-cell gel electrophoresis assay (Comet), deoxynucleotidyl transferase-mediated dUTP nick end labeling assay (TUNEL), sperm chromatin dispersion (SCD) or Sperm

DNA Decondensation™ Test (SDD)]

- Sperm penetration assays
- Uterine/endometrial receptivity testing
- Treatments to improve uterine/endometrial receptivity (e.g., immunotherapy, endometrial scratching, uterine artery vasodilation)

**Coding Information:**

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code®	Description
0568T	Introduction of mixture of saline and air for sonosalpingography to confirm occlusion of fallopian tubes, transcervical approach, including transvaginal ultrasound and pelvic ultrasound
54500	Biopsy of testis, needle (separate procedure)
54505	Biopsy of testis, incisional (separate procedure)
55300	Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral
55530	Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)
55535	Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach
55550	Laparoscopy, surgical, with ligation of spermatic veins for varicocele
55870	Electroejaculation
58140	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and /or removal of surface myomas; abdominal approach
58145	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach
58146	Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach

58321	Artificial insemination; intra-cervical
58322	Artificial insemination; intra-uterine
58323	Sperm washing for artificial insemination
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography
58350	Chromotubation of oviduct, including materials
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater 250 g
58555	Hysteroscopy, diagnostic (separate procedure)
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)
CPT Code®	Description
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)
58672	Laparoscopy, surgical; with fimbrioplasty
58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)
58740	Lysis of adhesions (salpingolysis, ovariolysis)
58752	Tubouterine implantation
58760	Fimbrioplasty
58770	Salpingostomy (salpingoneostomy)
58800	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach

58805	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach
58920	Wedge resection or bisection of ovary, unilateral or bilateral
58970	Follicle puncture for oocyte retrieval, any method
58974	Embryo transfer, intrauterine
58976	Gamete, zygote, or embryo intrafallopian transfer, any method
74440	Vasography, vesiculography, or epididymography, radiological supervision and interpretation
74740	Hysterosalpingography, radiological supervision and interpretation
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation
76830	Ultrasound, transvagina
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (e.g., for follicles)
76870	Ultrasound, scrotum and contents
CPT Code®	Description
76872	Ultrasound, transrectal
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation
80415	Chorionic gonadotropin stimulation panel; estradiol response This panel must include the following: Estradiol, total (82670 x 2 on 3 pooled blood samples)
80426	Gonadotropin releasing hormone stimulation panel This panel must include the following: Follicle stimulating hormone (FSH) (83001 x 4) Luteinizing hormone (LH) (83002 x 4)
82397	Chemiluminescent assay
82670	Estradiol; tota
83001	Gonadotropin; follicle stimulating hormone (FSH)

83002	Gonadotropin; luteinizing hormone (LH)
83498	Hydroxyprogesterone, 17-d
83520	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified
84144	Progesterone
84146	Prolactin
84402	Testosterone; free
84403	Testosterone; total
84443	Thyroid stimulating hormone (TSH)
84830	Ovulation tests, by visual color comparison methods for human luteinizing hormone
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 for transfer (any method)
89257	Sperm identification from aspiration (other than seminal fluid)
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
CPT Code®	Description
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

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 (e.g., 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)

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HCPCS Code	Description
J0725	Injection, chorionic gonadotropin, per 1,000 USP unit
J3355	Injection, urofollitropin, 75 IU
S0122	Injection, menotropins, 75 IU
S0126	Injection, follitropin alfa, 75 IU
S0128	Injection, follitropin beta, 75 IU
S0132	Injection, ganirelix acetate, 250 mcg
S3655	Antisperm antibodies test (immunobead)
S4011	In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development
HCPCS Code	Description
S4028	Microsurgical epididymal sperm aspiration (MESA)
S4030	Sperm procurement and cryopreservation services; initial visit



Diagnosis Code (ICD-10)	Description
E23.0	Hypopituitarism
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 extratesticular causes
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
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

## 6. TRAINING REQUIREMENT

- 6.1.** All Curative Employees are responsible for reading and comprehending this procedure. Employees are also responsible for contacting management or Privacy and Compliance with any questions or concerns regarding the information contained within this procedure.

## **7. ENFORCEMENT**

Violations of this controlled document will cause the imposition of sanctions in accordance with the Curative sanctions controlled document. This may include verbal/written warning, suspension, up to termination of employment or volunteer, intern, contractor status with Curative. Additional civil, criminal and equitable remedies may apply.

## **8. DOCUMENTATION**

Provide details regarding any specific documentation required for this policy or to meet any legal or regulatory requirements related to this policy.

## **9. REFERENCE DOCUMENTS AND MATERIALS**

### **9.1. Regulatory Authority**

9.1.1. N/A

### **9.2. Internal - N/A**

### **9.3. External -**

9.3.1. Absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance: CMS.gov: Accessed May 18, 2022

9.3.2. Texas Mandated Health Benefits; refer to TIC Ch. 1366, Subch. A: Effective Date: September 1, 2019: Accessed May 18, 2022

## **10. COLLABORATING DEPARTMENTS**

10.1. Example Department

## **11. DOCUMENT CONTROL**

APPROVED BY:		
(Printed Name)	(Date)	(Signature)

REVISION HISTORY			
Date	Author	Version	Comments
			Initial Version

## **APPENDICES**

Any applicable attachments, resources or other materials should be included as appendices in this section. Label each appendix as follows:

**Appendix A:**