



Subject: Infertility - Diagnostic*

Effective Date: May 28, 2002

Department(s): Utilization Management

Policy: Diagnostic services in the management of infertility are covered benefits under QualCare, Inc., if specified by the Plan design.

Coverage of females under this policy is limited to those 45 years of age or younger.

Objective: To ensure proper and consistent reimbursement and to delineate criteria for coverage of elements of the diagnostic evaluation of a specific type of medical problem.

Definitions:

A. For the purposes of this Policy and Procedure, the term “infertility” shall mean one of the following:

1. the inability to impregnate another person;

OR

2. the inability of an opposite-sex couple to achieve conception after one year of unprotected intercourse; or, if the female is over the age of 35 years, after six months of unprotected intercourse;

OR

3. the inability to carry a pregnancy to live birth;

OR

4. The inability of a woman to achieve conception after six trials of medically supervised artificial insemination over a one-year period, or after at least three trials of medically supervised artificial

insemination over a six-month period of time when the woman is age 35 or older.

Earlier evaluation may be indicated based on medical history and physical findings

B. A “cycle” shall mean an ovulatory interval that includes at least one completed egg retrieval. (Refer to Policy “Infertility – Therapeutic.”)

ICD-9/ ICD-10 Codes Commonly Indicating Infertility include but are not limited to the following:

Female:

614.1, N70.11-N70.13	Chronic salpingitis and oophoritis
617.0-617.9; N80-N80.9	Endometriosis
614.6, N73.6	Pelvic peritoneal adhesions, female
614.9, N73.5, N73.9	Unspecified inflammatory disease of female pelvic organs and tissues
218.0-218.2, 218.9, D25.0- D25.2, D25.9	Uterine Leiomyoma
253.1, E22.1, E22.8, E22.9	Other and Unspecified Anterior Pituitary Hyperfunction
253.2, E 23.0	Panhypopituitarism
253.4, E23.6	Other Anterior Pituitary Disorders
253.8, E24.1	Other Disorders of the Pituitary and Other Syndromes
256.0-256.2, E28.0, E28.1, E28.8, E89.40, E89.41	Ovarian Dysfunction
256.31, 256.39, E28.310, E28.319, E28.39	Other Ovarian Failure

**256.4, E28.2
259.9, E34.9**

**Polycystic Ovarian Disease
Other Endocrine Disorders**

628.0, N97.0

**Infertility, Female, Associated with
Anovulation**

628.1, E23.0

**Infertility, Female, of
Pituitary/Hypothalamic Origin**

628.2, N97.1

Infertility, Female, of Tubal Origin

628.3, N97.2

Infertility, Female, of Uterine Origin

628.4, N97.8

**Infertility, Female, of Cervical or Vaginal
Origin**

628.8

**Infertility, Female, of Other Specified
Origin**

628.9, N97.9

**Infertility, Female, of Other Unspecified
Origin**

Male:

606

Infertility, Male

606.0, N46.021-N46.025

N46.029

Azoospermia

606.1, N46.1, N46.121-N46.125

N46.129

Oligospermia

606 N46.029

Infertility Due to Extratesticular Causes

606 N46.8, N46.9

Male Infertility, Unspecified

Procedure:

1. Coverage includes, but is not limited to, the following diagnostic tests related to infertility:

a. in the female

1. cultures (cervical, vaginal, uterine)
87109 – Mycoplasma
87110 – Chlamydia
87070 – generalized culture
2. endometrial biopsy
58100 – endometrial biopsy (collection)
3. hormone assay
83001 – FSH (follicle stimulating hormone)
83002 – LH (luteinizing hormone)
84144 – progesterone
84146 – prolactin

- 82670 – estradiol
- thyroid function studies
- 84480 – T3
- 84436 – T4
- 84443 – TSH
- 4. other laboratory studies
 - 88141 – cytology (Pap)
 - 89330 – post coital test/cervical mucus test
- 5. hysterosalpingogram
 - 74740 – hysterosalpingography, radiological supervision and interpretation
 - 74742 – transcervical catheterization of fallopian tube, radiological supervision and interpretation
 - 58345 – transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method, with or w/o hysterosalpingography)
 - 58340 – catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography
- 6. hysteroscopy
 - 58555 – diagnostic
 - 58558 – with biopsy and/or polypectomy
 - 58559 – with lysis of adhesions
 - 58560 – with division or resection of intrauterine septum
 - 58561 – with removal of leiomyomata
- 7. laparoscopy
 - 49320 – diagnostic
 - 49321 – with biopsy
 - 49322 – with aspiration of cavity or cyst
 - 58660 – with lysis of adhesions
 - 58662 – with excision of lesions
- 8. vaginal surgery
 - 57130 – excision of vaginal septum
- 9. pelvic ultrasound
 - 76830 – ultrasound, transvaginal
 - 76856 – ultrasound, pelvic, complete
 - 76857 – ultrasound, pelvic, limited

76831 – hysterosonography (Saline US)
58340 – catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography

10. anesthesia

00840 – anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified

b. in the male

1. cultures (genital)

87109 – Mycoplasma

87110 – Chlamydia

87070 – generalized culture

2. hormone assay

83002 – LH (luteinizing hormone)

83001 – FSH (follicle stimulating hormone)

84146 – prolactin

84402 /84403/84410– testosterone

3. ultrasound

76872 – rectal ultrasound

76870 – scrotal ultrasound

4. semen analysis

89310 – semen analysis, motility and count

89320 – semen analysis, complete, with volume, count, motility, and differential

89321 – semen analysis, presence and/or motility of sperm

82757- *fructose in semen*

89330 – sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test

89331- sperm evaluation for retrograde ejaculation, urine

5. sperm antibodies (semen only)

89325 – sperm antibodies

6. testicular biopsy

54500 – needle biopsy of testis

54505 – incisional biopsy of testis
51110- scrotal exploration

7. vasography
74440 – vasography, vesiculography, or epididymography, radiological supervision and interpretation
8. genetic testing
88261/88262 karyotyping, when non-obstructive azoospermia or severe oligospermia(<5million/ml count) is present
88273-Y-chromosome microdeletion testing when non-obstructive azoospermia or severe oligospermia(<5million/ml count) is present

2. The following infertility services are not covered:
 - a. home ovulation, pregnancy or sperm testing supplies;
 - b. provision of infertility services to members without documented impairment of fertility;
 - c. provision of infertility services to non-members.
3. Dollar limits may be specified by the individual Plan.

Pre-implantation genetic diagnosis is addressed in the pre-implantation genetic diagnosis medical policy.

References

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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.