**Subject:** **Infertility - Therapeutic***

**Effective Date:** **May 28, 2002**

**Department(s):** **Utilization Management**

---

**Policy:**

Therapeutic management of infertility is a covered benefit 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 management 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.

B. A "cycle" shall mean an ovulatory interval that includes at least one completed egg retrieval.

**ICD-9 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, *E23.0*** | **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** | **Polycystic Ovarian Disease** |
| **259.9, E34.9** | **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, N46.11, N46.121-N46.125, N46.129** | **Oligospermia** |
| **606.8, N46.029** | **Infertility Due to Extratesticular Causes** |
| **606.9, N46.8 , N46.9** | **Male Infertility, Unspecified** |

**Procedure:**

1. Coverage includes, but is not limited to, the following therapeutic services related to infertility:

   a. in the female

1. medications, including ovulatory stimulation and/or induction
2. surgery
   - ♦ hysteroscopy
     58558 – with polypectomy
     58559 – with lysis of adhesions
     58560 – with division or resection of intrauterine septum
     58561 – with removal of leiomyomata
   - ♦ laparoscopy
     49322 – with aspiration of cavity or cyst
     58660 – with lysis of adhesions
     58661 – with removal of adnexal structures (partial or total)
     58662 – with excision of lesions
   - ♦ vaginal surgery
     57130 – excision of vaginal septum
   - ♦ drainage
     58820 – ovarian abscess, vaginal approach
     58822 – ovarian abscess, abdominal approach
     58800 – ovarian cyst, unilateral or bilateral, vaginal approach
     58805 – ovarian cyst, unilateral or bilateral, abdominal approach
     58823 – pelvic abscess, transvaginal, transrectal, percutaneous
   - ♦ ovarian
     58920 – wedge resection or bisection, unilateral or bilateral
3. *in vitro* fertilization (IVF)*
   58970 – follicle puncture for oocyte retrieval
4. embryo transfer*
   58974 – embryo transfer, intrauterine
5. artificial insemination
   58321 – intra-cervical
   58322 – intra-uterine
   58323 – sperm washing
6. gamete intra-fallopian transfer (GIFT)*
   zygote intra-fallopian transfer (ZIFT)*

58976 – GIFT or ZIFT

7. intracytoplasmic sperm injection (ICSI)*
   89252 – assisted oocyte fertilization, microtechnique (any method)
8. four completed egg retrievals* per lifetime of the covered female.
9. anesthesia
   00840 – anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified

b. in the male

1. varicocele repair
   55530 – Excision of varicocele or ligation of spermatic veins for varicocele
   55535 – Excision of varicocele or ligation of spermatic veins for varicocele, abdominal approach
   55550 – Laparoscopy, surgical, with ligation of spermatic veins for varicocele
2. correction of ejaculatory system problems, except for reversal of voluntary sterilization procedures
3. repair of epididymis
   54860 – epididymectomy, unilateral
   54861 – epididymectomy, bilateral
   54900 – epididymovasostomy, unilateral
   54901 – epididymovasostomy, bilateral
4. repair of vas deferens
   55400 – vasovasostomy, vasovasorrhaphy
5. testicular surgery
   54640 – orchiopexy, inguinal approach, with or without hernia repair
   54650 – orchiopexy, abdominal approach, for intra-abdominal testis
6. microsurgical epididymal sperm aspiration (MESA), testicular sperm aspiration (TESA), testicular fine needle aspiration (TEFNA), testicular sperm extraction (TESE), microscopic-TESE, percutaneous

epididymal sperm aspiration (PESA)- no specific CPT/HCPCS codes

2. Coverage for in vitro fertilization (IVF), gamete intra-fallopian transfer (GIFT) and zygote intra-fallopian transfer (ZIFT) shall be limited to a member who

   a. has used all reasonable, less expensive and medically appropriate treatments and is still unable to become pregnant or carry a pregnancy AND
   b. has not reached the limit of four completed egg retrievals

3. GIFT, ZIFT, ICSI, and IVF services provided under this Policy and Procedure shall be performed at facilities that conform to standards established by the American Society for Reproductive Medicine (ASRM) or the American College of Obstetricians and Gynecologists.

4. To be reimbursed, services indicated by the asterisk (*), covered under this Policy and Procedure, must be received from Board Certified or Board Eligible Reproductive Endocrinologists who are members of the Society of Assisted Reproductive Technology (SART).

5. For infertility laboratory work, only services performed at embryology laboratories which are SART and ASRM/CAP certified (or if a New York laboratory, which are NY State certified IVF laboratories) will be reimbursed.

6. Medical expenses of egg and sperm donors in connection with the management of infertility are covered to the extent that benefits remain and are available under the recipient's Plan.

7. The following infertility services are not covered:
   a. reversal of voluntary sterilization procedures:
      - ♦ reversal of vasectomy or tubal ligation

- ♦ infertility services provided to members who have had sterilization procedures;

7. The following infertility services are not covered (continued):
    b. cryopreservation of eggs;
    c. psychiatric sex therapy;
    d. surrogacy;
    e. home ovulation, pregnancy or sperm testing supplies;
    f. mock transfers;
    g. more than four lifetime egg retrievals
    h. more than one attempt of cryopreserved embryo transfer per egg retrieval;
    i. maintenance/storage of frozen embryos, eggs or semen;
    j. more than five attempts at artificial insemination;
    k. provision of infertility services to members without documented impairment of fertility;
    l. provision of infertility services to non-members.

8. Dollar limits may be specified by the individual Plan.

9. Drug treatment in connection with this Policy and Procedure is covered under the Plan's pharmacy benefit, if one is part of the Plan, and may be subject to separate dollar limits.

References

Kirby EW, Wiener LE, Rajanahally S, Crowell K, Coward RM. Undergoing varicocele repair before assisted reproduction improves pregnancy rate and live birth rate in azoospermic and oligospermic men with a varicocele: a systematic review and meta-analysis. Fertil Steril. 2016 ;106(6):1338-1343(Nov)

Bernie AM, Mata DA, Ramasamy R, Schlegel PN. Comparison of microdissection testicular sperm extraction, conventional testicular sperm extraction, and testicular sperm aspiration for nonobstructive azoospermia: a systematic review and meta-analysis. Fertil Steril. 2015 ;104(5):1099-103(Nov)

American Society for Reproductive Medicine (ASRM). A Practice Committee Opinion. Testing and interpreting measures of ovarian reserve.© 2015 American Society for Reproductive Medicine. *Fertil Steril.* 2015:103(3):e9-17(Mar*)*

American Society for Reproductive Medicine (ASRM). A Practice Committee Opinion. Report on varicocele and infertility © 2014 American Society for Reproductive Medicine. *Fertil Steril.* 2014:102(6):1566-60(Dec))

American Society for Reproductive Medicine (ASRM). A Practice Committee Opinion. Role of assisted hatching in in vitro fertilization.© 2014 American Society for Reproductive Medicine. *Fertil Steril.* 2014:102(2):348-51(Aug)

American College of Obstetricians and Gynecologists Committee on Gynecologic Practice; Practice Committee of the American Society for Reproductive Medicine. Committee opinion no. 589: female age-related fertility decline. *Obstet Gynecol.* 2014;123(3):719-21(Mar)

American Society for Reproductive Medicine (ASRM). A Practice Committee Opinion. Definitions of infertility and recurrent pregnancy loss. © 2013 American Society for Reproductive Medicine. *Fertil Steril.* 2013:99(1):63(Jan)

American Society for Reproductive Medicine (ASRM). A Practice Committee Opinion. Use of clomiphene citrate in infertile women. © 2013 American Society for Reproductive Medicine. *Fertil Steril.* 2013:100(2):341-8(Aug)

Bosteels J, Kasius J, Weyers S, Broekmans FJ, Mol BW, D'Hooghe TM. Treating suspected uterine cavity abnormalities by hysteroscopy to improve reproductive outcome in women with unexplained infertility or prior to IUI, IVF, or ICSI. *Gynecol Surg.* 2013;10(3):165-167(Aug)

American Society for Reproductive Medicine (ASRM). A Practice Committee Opinion. Intracytoplasmic sperm injection(ICSI) for non-male factor infertility. © 2012 American Society for Reproductive Medicine. *Fertil Steril.* 2012:98(6):1395-9(Dec)

Cantineau AE, Jansseb MJ, Cohlen BJ. Synchronized approach for intrauterine insemination in subfertile couples. Cochrane Database Syst Rev. 2010;(4):CD006942(Apr)

Polyzos NP, Tzioras S, Mauri D, Tatsioni A. Double versus single intrauterine insemination for unexplained infertility: A meta-analysis of randomized trials. Fertil Steril. 2010;94(4):1261-1266(Sep)

Duffy JM, Ahmad G, Mohiyiddeen L, et al. Growth hormone for in vitro fertilization. Cochrane Database Syst Rev. 2010;(1):CD000099(Jan)

ESHRE Capri Workshop Group. Intrauterine insemination. *Hum Reprod Update* 2009;15(3):265-277 (May-Jun)

Hrometz SL, Gates VA. Review of available intertility treatments. *Drugs Today* 2009;45(4):275-291 (Apr)

Duffy JM, Johnson N, Ahmad G, *et al.* Postoperative procedures for improving fertility following pelvic reproductive surgery. *Cochrane Database Syst Rev* 2009;Apr 15;(2):CD001897.

Vercellini P, Somigliana E, Viganò P, *et al*. Surgery for endometriosis-associated infertility: A pragmatic approach. *Hum Reprod* 2009;24(2):254-269 (Feb)

Barbieri RL. Female Infertility. Ch 21 in Strauss JF III, Barbieri RL. *Yen & Jaffe's Reproductive Endocrinology: Physiology, Pathophysiology, and Clinical Management*, 6th ed. Philadelphia. Saunders Elsevier. 2009

Sokol RZ. Endocrinology of male infertility: Evaluation and treatment. *Semin Reprod Med* 2009;27(2):149-158 (Mar)

Somigliana E, Vercellini P, Benaglia L, *et al*. The role of myomectomy in fertility enhancement. *Curr Opin Obstet Gynecol* 2008;20(4):379-385 (Aug)

Sigman M, Jarow JP. Male Infertility. Ch 19 in Wein AJ (ed-in-chief), Kavoussi LR, Novick AC, Partin AW, Peters CA, eds. *Campbell-Walsh Urology* 9th ed. Philadelphia. Saunders Elsevier. 2007

Kuohung W, Barbieri RL. Overview of treatment of female infertility. *UpToDate* v 15.3 August 22, 2007. available at www.utdol.com/utd.content/topic.do?topicKey=gen_gyne/25217&view= print accessed 12/03/07.

Wang C, Swerdloff RS. Treatment of male infertility. *UpToDate* v 15.3 April 25, 2007. available at www.utdol.com/utd.content/topic.do?topicKey=r_endo?m/10488&view=text accessed 12/03/07.

Lobo RA. Infertility: Etiology, Diagnostic Evaluation, Management, Prognosis. Ch 41 in Katz VL, Lentz GM, Lobo RA, *et al.* Comprehensive *Gynecology* 5th ed. Philadelphia. Mosby Elsevier. 2007.

State of New Jersey, 209th Legislature, S-1076/A-1862, signed by Acting Governor Donald T. DiFrancesco, August 31, 2001

State of New Jersey Department of Banking and Insurance, Bulletin No. 02-09, Compliance with Mandated Infertility Benefit (P.L. 2001, c. 236), May 9, 2002

Drafted By: B. Fisher, MD 04/25/02
Approved By/Date: QM Committee 05/28/02
Revised By/Date: B. Fisher, MD 07/6/04
Approved By/Date: QM Committee 07/20/04
Revised By/ Date: B. Fisher, MD 12/22/07
Approved By/Date: QM Committee 01/22/08
Revised By/Date: BFisher, MD 10/01/09
Approved By/Date: QM Committee 10/27/09

Reviewed w/o Revision By/Date: MMcNeil, MD 11/21/11
Approved By/Date: QM Committee 12/13/11
Revised By/Date: M.McNeil, MD 08/27/15
Approved By/Date: QM Committee 9/29/15
Revised By/Date: MMcNeil, MD 08/03/17
Approved By/Date: QM Committee 8/22/17

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