

INFERTILITY: TREATMENT OF

Policy:

Other than fertility preservation for iatrogenic infertility which is covered at 100% as a regular health benefit with the same copays as it would have for any other normal medical/surgical health benefit, VCHCP covers 50% of basic diagnostic testing, injections, office visits, and treatments for infertility. In addition, this benefit is subject to infertility medication co-payments. These are summarized below.

Definition:

For purposes of the Plan, infertility is defined as the following:

- 1) Women aged 35 and younger: Failure to conceive after no less than 12 months of unprotected intercourse, or the inability to carry a pregnancy to term (CHSC 1374.55 (b).
- 2) Women older than 35: Failure to conceive after no less than 6 months of unprotected intercourse, or the inability to carry a pregnancy to term (CHSC 1374.55 (b).

A. Basic Coverage

1. Covered benefits include reasonable and necessary services associated with the diagnosis of infertility, including, but not necessarily limited to:
 - a. medical history (both partners)
 - b. medical exam (both partners), including but not limited to:

FEMALES:

- ii. Complete history and physical including pelvic exam
- iii. Routine laboratory investigation, including tests for hormonal disturbances, e.g., FSH, LH, progesterone, and prolactin
- iv. Evaluation of basal temperatures, if indicated
- v. Cultures for infectious agents
- vi. One ultrasound

MALES:

- i. Semen analysis, up to a maximum of 3 tests

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Effective: 1/1/2000

Revised: 4/2004, 2/2012, 5/2019

Reviewed/No Updates: 1/28/13, 2/13/14, 2/12/15, 2/11/16,
2/9/17, 2/8/18, 2/14/19, 2/13/20, 11/12/20, 2/11/21,
2/17/22, 8/11/22, 2/2/23, 2/8/24, 2/20/25

- ii. Routine laboratory investigations, including tests for FSH, LH, prolactin, and serum testosterone
 - iii. Scrotal ultrasound, when indicated, for suspected varicocele.
2. Covered benefits include reasonable and necessary treatment of infertility, including the following:
 - a. Timing of intercourse, according to tests, vital signs or other indications present in the member female.
 - b. Stimulation of ovulation using medications. These are prior authorization medications with specialty infertility copays.
 - c. Evaluation of ovulation and/or early pregnancy using ultrasound examinations.
 - d. Surgical treatment of naturally occurring (not surgically or artificially produced) fallopian tube or uterine abnormality, including fallopian tube obstruction.

B. Not covered (unless specifically included in Plan Rider or other EOC)

1. Artificial insemination, whether from spouse/partner or donor
2. Penile implants
3. Reversal of voluntary sterilization, male or female
4. Any form of in-vitro fertilization
5. Intravenous Immunoglobulin (IVIG) for recurrent spontaneous abortion.
6. Ovulatory stimulants, repeat lab tests or ultrasounds when used to prepare for Assisted Reproductive Technology services.

Procedure:

Infertility conditions are excluded from OB/Gyn Direct Access and require prior authorization. A treatment plan should be submitted to the Medical Director for approval, which may be granted and renewed for 90-day time periods.

Attachments: None

References: None

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History:

Reviewers: Richard O. Ashby MD; Date: 1/1/00

Reviewed/Revised: Sheldon Haas M.D., David Chernof M.D., Lita Catapang, RN and QA
Committee; Date: 04/01/04

Reviewed/Revised: Albert Reeves, MD; Date: 2/6/12

Committee Reviews: UM: February 09, 2012; QAC: February 28, 2012

Reviewed/No Updates: Albert Reeves, MD; Date: 1/28/13

Committee Review: UM: February 14, 2013; QAC: February 26, 2013

Reviewed/No Updates: Catherine Sanders, MD

Committee Review: UM: February 13, 2014; QAC February 25, 2014

Reviewed/No Updates: Catherine Sanders, MD

Committee Review: UM: February 12, 2015; QAC: February 24, 2015

Reviewed/No Updates: Faustine Dela Cruz, RN & Catherine Sanders, MD

Committee Review: UM: February 11, 2016; QAC: February 23, 2016

Reviewed/Updated: Catherine Sanders, MD & Robert Sterling, MD

Committee Review: UM: February 9, 2017; QAC: February 28, 2017

Reviewed/Updated: Catherine Sanders, MD & Robert Sterling, MD

Committee Review: UM: February 8, 2018; QAC: February 27, 2018

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Committee Review: UM: February 14, 2019; QAC: February 26, 2019

Reviewed/No Updates: Catherine Sanders, MD & Robert Sterling, MD

Committee Review: UM: May 9, 2019; QAC: May 28, 2019

Reviewed/No Updates: Howard Taekman, MD & Robert Sterling, MD

Committee Review: UM: February 13, 2020; QAC: February 25, 2020

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2/17/22, 8/11/22, 2/2/23, 2/8/24, 2/20/25

Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
2/9/17	Yes	Catherine Sanders, MD Robert Sterling, MD	Annual Review; updated to reflect evaluation of ovulation and/or early pregnancy using ultrasound examination- as payable separately from office visit rate.
2/8/18	No	Catherine Sanders, MD Robert Sterling, MD	Annual Review
2/14/19	No	Catherine Sanders, MD Robert Sterling, MD	Annual Review
5/9/19	Yes	Robert Sterling, MD	Infertility workup guideline is failure to conceive after only <i>6 months</i> of unprotected intercourse or inability to carry pregnancy to term for women older than 35 years of age. For those 35 and younger, the failure to conceive after no less than <i>12 months</i> .
2/13/20	No	Howard Taekman, MD Robert Sterling, MD	Annual Review
11/12/20	Yes	Howard Taekman, MD Robert Sterling, MD	Fertility preservation for iatrogenic infertility which is covered at 100% as a regular health benefit with the same copays as it would have for any other normal medical/surgical health benefit
2/11/21	No	Howard Taekman, MD Robert Sterling, MD	Annual Review
2/17/22	No	Howard Taekman, MD Robert Sterling, MD	Annual Review
8/11/22	Yes	Howard Taekman, MD Robert Sterling, MD	Added office visits to infertility 50%-member copayment
2/2/23	No	Howard Taekman, MD Robert Sterling, MD	Annual Review
2/8/24	No	Howard Taekman, MD Robert Sterling, MD	Annual Review
2/20/25	No	Howard Taekman, MD Robert Sterling, MD	Annual Review