

# MedStar Health, Inc.

## POLICY AND PROCEDURE MANUAL

Policy Number: PA.017.MH  
Last Review Date: 05/11/2017  
Effective Date: 07/01/2017

### PA.017.MH – Infertility- Diagnosis

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar CareFirst PPO
- ✓ MedStar MA – DSNP – CSNP (Not Covered)

MedStar Health considers **Infertility Diagnosis** medically necessary for the following indications:

1. Member treated must fit the definition for infertility
2. Females must be premenopausal and reasonably expect fertility as a natural state or if menopausal, should have experienced it at an early age

*Note: MedStar Health allows for the use of donor egg and sperm. However, the procurement of the donor egg and sperm are not covered.*

Depending on the member's unique medical situation, the following diagnostic tests to diagnose fertility in males and females may be considered medically necessary:

- History & Physical exam
- Sperm function tests
- Hysterosalpingogram (HSG)
- Hysteroscopy
- Hysterosalpingo-contrast sonography (HyCoSy)
- Ultrasound
  - Pelvis, transvaginal (TVS)
  - Pelvis, transabdominal
  - Pelvis, endorectal
  - Saline-infusion sonohysterography (SIS)
- Prediction of Ovarian Reserve Hormone Evaluation
- Evaluation of folliculogenesis
- Endometrial biopsy
- Diagnostic laparoscopy
- Follow-up conference

#### Limitations

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

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- The following diagnostic tests are considered investigational:
  - Tests to assess/improve sperm movement, or computer-assisted sperm analysis (CASA)
  - Analysis of adenosine triphosphate (ATP) in ejaculation
  - Tubalscopy
  - Anti-zona pellucida antibodies
  - Hyaluronan binding assay (HBA)
  - Sperm washing and swim-up when performed at part of insemination

In order to assess medical necessity for infertility services, adequate information must be furnished by the treating physician. Necessary documentation includes, but is not limited to the following:

- Member's age, clinical history, physical and functional status;
- Documentation of infertility, testing if done, and treatment history
- Documentation of any history of substance abuse, including smoking;
- Social Service evaluation
- Lab results: HIV antibody

Diagnostic tests for infertility may be ordered by a participating provider. However, most ART drugs and procedures should only be ordered or performed by credentialed Reproductive Endocrinologists.

**Note:** If a member lives in an out-of-network area, then the credentials of the nearest Reproductive Endocrinologist or OB/Gynecologist must be reviewed by the Credentials Specialist prior to approval for coverage. Refer to plan-specific infertility riders.

### 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 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:

Covered ICD-10 Codes

N97.9	Female infertility, unspecified
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N97.8	Female infertility of other origin
N97.2	Female infertility of uterine origin
N97.0	Female infertility associated with anovulation
N97.1	Female infertility of tubal origin
N46.9	Male infertility, unspecified
N46.8	Other male infertility
N46.1	Oligospermia

*Diagnostic tests accompanied by diagnosis code V26.1 ICD9 (Z31.89 ICD10 – Encounter for other procreative management), are **not** considered to be medically necessary.*

### **CPT Codes** *(List should not be considered inclusive)*

74740	Hysterosalpingography, radiological supervision and interpretation
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation
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 (eg, 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)
76830	Ultrasound, transvaginal
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 (eg, for follicles)
76870	Ultrasound, scrotum and contents
76872	Ultrasound, transrectal

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76856	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation
49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (Separate procedure)
58672	Laparoscopy, surgical; with fimbrioplasty
58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (Separate procedure)
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (list separately in addition to code for primary procedure)
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C

### References

1. American Society of Reproductive Medicine (ASRM): State Infertility Insurance Laws. Accessed April 2017. <http://www.reproductivefacts.org/faqs/frequently-asked-questions-about-infertility/q08-do-insurance-plans-cover-infertility-treatment/>
2. American Society for Reproductive Medicine. Diagnostic Testing for Female Infertility. Revised 2012. [https://www.asrm.org/FACTSHEET\\_Diagnostic\\_Testing\\_for\\_Female\\_Infertility/](https://www.asrm.org/FACTSHEET_Diagnostic_Testing_for_Female_Infertility/)
3. Centers for Disease Control and Prevention (CDC). Division of Reproductive Health: Infertility Frequently Asked Questions (FAQs). Last reviewed and updated Mar 30, 2017. <http://www.cdc.gov/reproductivehealth/Infertility/index.htm>
4. Sauer M. Treating Infertility in Women of Advanced Reproductive Age, Contemporary OB/GYN, October 1996: 68-76.
5. Textbook of Gynecology. Copeland L, Jarrel JF, McGregor JA (editors). Philadelphia: W.B.Saunders, Co., 1993
6. The American Fertility Society. Guideline for Practice: Intrauterine Insemination. 1991.
7. The American College of Obstetricians and Gynecologists (ACOG): Frequently Asked Questions (FAQ136) - Evaluating Infertility. Issued June 2012. <http://www.acog.org/~media/For%20Patients/faq136.pdf?dmc=1&ts=20131002T1007441041>

### Disclaimer:

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