

BENEFIT COVERAGE POLICY

Title: BCP-72 Infertility Services

Effective Date: 01/01/2018



Physicians Health Plan
PHP Insurance Company
PHP Service Company

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

1.0 Policy:

Coverage of diagnostic and treatment services associated with infertility is dependent upon medical and prescription drug benefit plan language.

For all non-network covered services to be paid at the network benefit level except for emergency/urgent services, prior approval is required.

Refer to member's benefit coverage document for specific benefit description, guidelines, coverage, and exclusions.

A. Infertility is defined as ONE of the following:

1. The inability of opposite-sex partners to achieve conception after at least one year of unprotected intercourse.
2. The inability of opposite-sex partners to achieve conception after six months of unprotected intercourse when the female partner trying to conceive is age 35 years or older.
3. The inability of a woman, with or without an opposite-sex partner, to achieve conception after at least six trials of medically supervised artificial insemination over a one-year period.
4. The inability of a woman, with or without an opposite-sex partner, after at least three trials of medically supervised artificial insemination over a six-month period of time when the female partner trying to conceive is age 35 years or older.

B. The following services are covered as medically necessary, when performed to establish the underlying etiology of infertility:

1. Evaluation of the female factor:
 - a. History and physical examination.
 - b. Laboratory tests: thyroid stimulating hormone (TSH), prolactin, follicle stimulating hormone (FSH), luteinizing hormone (LH), estradiol, progesterone.

- c. Ultrasound of the pelvis.
 - d. Hysteroscopy.
 - e. Hysterosalpingography.
 - f. Sonohysterography.
 - g. Diagnostic laparoscopy with or without chromotubation.
2. Evaluation of the male factor:
- a. History and physical examination.
 - b. Semen analysis: two specimens at least one month apart, to evaluate semen volume, concentration, motility, pH, fructose, leukocyte count, microbiology, and morphology.
 - c. Additional laboratory tests: endocrine evaluation (including FSH, total and free testosterone, prolactin, LH, TSH), anti-sperm antibodies, post-ejaculatory urinalysis.
 - d. Transrectal ultrasound (TRUS), scrotal ultrasound.
 - e. Vasography and testicular biopsy in individuals with azoospermia.
 - f. Scrotal exploration.

2.0 Coding:

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L0001269 Union.

COVERED CODES			
Code	Description	Prior Approval	COC Reference
52010	Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service	N	Benefits and Coverage: Outpatient Diagnostic Services; Physician Office Services; Professional Fees for Surgical and Medical Services
55500	Excision of hydrocele of spermatic cord, unilateral (separate procedure)	N	Benefits and Coverage: Outpatient Diagnostic Services; Physician Office Services; Professional Fees for Surgical and Medical Services
55520	Excision of lesion of spermatic cord (separate procedure)	N	Benefits and Coverage: Outpatient Diagnostic Services; Physician Office Services; Professional Fees for Surgical and Medical Services
55530	Excision of varicocele or ligation of spermatic veins for varicocele (separate procedure)	N	Benefits and Coverage: Outpatient Diagnostic

COVERED CODES			
Code	Description	Prior Approval	COC Reference
			Services; Physician Office Services; Professional Fees for Surgical and Medical Services
55535	Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach	N	Benefits and Coverage: Outpatient Diagnostic Services; Physician Office Services; Professional Fees for Surgical and Medical Services
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	N	Benefits and Coverage: Outpatient Diagnostic Services; Physician Office Services; Professional Fees for Surgical and Medical Services
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography	N	Benefits and Coverage: Outpatient Diagnostic Services; Physician Office Services; Professional Fees for Surgical and Medical Services
58350	Chromotubation of oviduct, including materials	N	Benefits and Coverage: Outpatient Diagnostic Services; Physician Office Services; Professional Fees for Surgical and Medical Services
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	N	Benefits and Coverage: Outpatient Diagnostic Services; Physician Office Services; Professional Fees for Surgical and Medical Services
58672	Laparoscopy, surgical; with fimbrioplasty	N	Benefits and Coverage: Outpatient Diagnostic Services; Physician Office Services;

COVERED CODES			
Code	Description	Prior Approval	COC Reference
			Professional Fees for Surgical and Medical Services
58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)	N	Benefits and Coverage: Outpatient Diagnostic Services; Physician Office Services; Professional Fees for Surgical and Medical Services
58750	Tubotubal anastomosis	N	Benefits and Coverage: Outpatient Diagnostic Services; Physician Office Services; Professional Fees for Surgical and Medical Services
58760	Fimbrioplasty	N	Benefits and Coverage: Outpatient Diagnostic Services; Physician Office Services; Professional Fees for Surgical and Medical Services
58770	Salpingostomy (salpingoneostomy)	N	Benefits and Coverage: Outpatient Diagnostic Services; Physician Office Services; Professional Fees for Surgical and Medical Services
74440	Vasography, vesiculography, or epididymography, radiological supervision and interpretation	N	Benefits and Coverage: Outpatient Diagnostic Services; Physician Office Services; Professional Fees for Surgical and Medical Services
74740	Hysterosalpingography, radiological supervision and interpretation	N	Benefits and Coverage: Outpatient Diagnostic Services; Physician Office Services; Professional Fees for Surgical and Medical Services

COVERED CODES			
Code	Description	Prior Approval	COC Reference
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation	N	Benefits and Coverage: Outpatient Diagnostic Services; Physician Office Services – Illness/Injury; Professional Fees for Surgical and Medical Services
76830	Ultrasound, transvaginal	N	Benefits and Coverage: Outpatient Diagnostic Services; Physician Office Services – Illness/Injury; Professional Fees for Surgical and Medical Services
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	N	Benefits and Coverage: Outpatient Diagnostic Services; Physician Office Services – Illness/Injury; Professional Fees for Surgical and Medical Services
76856	Ultrasound, pelvic (non-obstetric), real time with image documentation; complete	N	Benefits and Coverage: Outpatient Diagnostic Services; Physician Office Services – Illness/Injury; Professional Fees for Surgical and Medical Services
76857	Ultrasound, pelvic (non-obstetric), real time with image documentation; limited or follow-up (e.g., for follicles)	N	Benefits and Coverage: Outpatient Diagnostic Services; Physician Office Services – Illness/Injury; Professional Fees for Surgical and Medical Services
89300	Semen analysis; present and/or motility of sperm including Huhner test (post coital)	N	Benefits and Coverage: Outpatient Diagnostic Services; Physician Office Services – Illness/Injury; Professional Fees for Surgical and Medical Services
89260	Sperm isolation; simple prep (e.g., sperm wash and swim-up) for insemination or diagnosis with semen analysis	N	Benefits and Coverage: Outpatient Diagnostic Services;

COVERED CODES			
Code	Description	Prior Approval	COC Reference
			Physician Office Services – Illness/Injury; Professional Fees for Surgical and Medical Services
89261	Sperm isolation; complex prep (e.g., Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis	N	Benefits and Coverage: Outpatient Diagnostic Services; Physician Office Services – Illness/Injury; Professional Fees for Surgical and Medical Services
89264	Sperm identification from testis tissue, fresh or cryopreserved	N	Benefits and Coverage: Outpatient Diagnostic Services; Physician Office Services – Illness/Injury; Professional Fees for Surgical and Medical Services
89325	Sperm antibodies	N	Benefits and Coverage: Outpatient Diagnostic Services; Physician Office Services – Illness/Injury; Professional Fees for Surgical and Medical Services
89329	Sperm evaluation; hamster penetration test	N	Benefits and Coverage: Outpatient Diagnostic Services; Physician Office Services – Illness/Injury; Professional Fees for Surgical and Medical Services
89330	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test	N	Benefits and Coverage: Outpatient Diagnostic Services; Physician Office Services – Illness/Injury; Professional Fees for Surgical and Medical Services
J0725	Injection, chorionic gonadotropin, per 1,000 USP units	N	Benefits and Coverage: Outpatient Diagnostic Services; Physician Office Services – Illness/Injury; Professional Fees for

COVERED CODES			
Code	Description	Prior Approval	COC Reference
			Surgical and Medical Services
Q0115	Post-coital direct, qualitative examinations of vaginal or cervical mucous	N	Benefits and Coverage: Outpatient Diagnostic Services; Physician Office Services – Illness/Injury; Professional Fees for Surgical and Medical Services

NON-COVERED CODES		
Code	Description	COC Reference
58970	Follicle puncture for oocyte retrieval, any method	What's Not Covered: Reproduction
55870	Electroejaculation	What's Not Covered: Reproduction
58321	Artificial insemination; intra-cervical	What's Not Covered: Reproduction
58322	Artificial insemination; intra-uterine	What's Not Covered: Reproduction
58323	Sperm washing for artificial insemination	What's Not Covered: Reproduction
58974	Embryo transfer, intrauterine	What's Not Covered: Reproduction
58752	Tubouterine implantation	What's Not Covered: Reproduction
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	What's Not Covered: Reproduction
58976	Gamete, zygote, or embryo intrafallopian transfer, any method	What's Not Covered: Reproduction
89250	Culture of oocyte(s)/embryo(s), less than 4 days	What's Not Covered: Reproduction
89291	Biopsy, oocyte polar body or embryo blastomere, micro-technique (for pre-implantation genetic diagnosis); greater than 5 embryos	What's Not Covered: Reproduction
89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos	What's Not Covered: Reproduction
89253	Assisted embryo hatching, micro-techniques (any method)	What's Not Covered: Reproduction
89254	Oocyte identification from follicular fluid	What's Not Covered: Reproduction
89255	Preparation of embryo for transfer (any method)	What's Not Covered: Reproduction
89257	Sperm identification from aspiration (other than seminal fluid)	What's Not Covered: Reproduction
89258	Cryopreservation; embryo(s)	What's Not Covered: Reproduction
89259	Cryopreservation; sperm	What's Not Covered:

NON-COVERED CODES		
Code	Description	COC Reference
		Reproduction
89268	Insemination of oocytes	What's Not Covered: Reproduction
89272	Extended culture of oocyte(s)/embryo(s), 4-7 days	What's Not Covered: Reproduction
89280	Assisted oocyte fertilization, micro-technique; less than or equal to 10 oocytes	What's Not Covered: Reproduction
89281	Assisted oocyte fertilization, micro-technique; greater than 10 oocytes	What's Not Covered: Reproduction
89290	Biopsy, oocyte polar body or embryo blastomere, micro-technique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos	What's Not Covered: Reproduction
89335	Cryopreservation, reproductive tissue, testicular	What's Not Covered: Reproduction
89337	Cryopreservation, mature oocyte(s)	What's Not Covered: Reproduction
89342	Storage (per year); embryo(s)	What's Not Covered: Reproduction
89343	Storage (per year); sperm/semens	What's Not Covered: Reproduction
89344	Storage (per year); reproductive tissue, testicular/ovarian	What's Not Covered: Reproduction
89346	Storage (per year); oocyte(s)	What's Not Covered: Reproduction
89352	Thawing of cryopreserved; embryo(s)	What's Not Covered: Reproduction
89353	Thawing of cryopreserved; sperm/semens, each aliquot	What's Not Covered: Reproduction
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	What's Not Covered: Reproduction
89356	Thawing of cryopreserved; oocytes, each aliquot	What's Not Covered: Reproduction
S4023	Donor egg cycle, incomplete, case rate	What's Not Covered: Reproduction
S4025	Donor services for in vitro fertilization (sperm or embryo), case rate	What's Not Covered: Reproduction
S4026	Procurement of donor sperm from sperm bank	What's Not Covered: Reproduction
S4030	Sperm procurement and cryopreservation services; initial visit	What's Not Covered: Reproduction
S4031	Sperm procurement and cryopreservation services; subsequent visit	What's Not Covered: Reproduction

ICD-10 DIAGNOSIS CODES (list is not all-inclusive)	
Code	Description
N4601	Organic azoospermia
N46021	Azoospermia due to drug therapy
N46022	Azoospermia due to infection
N46023	Azoospermia due to obstruction of efferent ducts

ICD-10 DIAGNOSIS CODES (list is not all-inclusive)	
Code	Description
N46024	Azoospermia due to radiation
N46025	Azoospermia due to systemic disease
N46029	Azoospermia due to other extra-testicular causes
N4611	Organic oligospermia
N46121	Oligospermia due to drug therapy
N46122	Oligospermia due to drug therapy
N46123	Oligospermia due to infection
N46124	Oligospermia due to obstruction of efferent ducts
N46125	Oligospermia due to radiation
N46129	Oligospermia due to systemic disease
N468	Other male infertility
N469	Male infertility, unspecified
N970	Female infertility associated with anovulation
N971	Female infertility of tubal origin
N972	Female infertility of uterine origin
N978	Female infertility of other origin
N979	Female infertility, unspecified
Z3181	Encounter for male factor infertility in female patient
Z3183	Encounter for assisted reproductive fertility procedure cycle
Z3184	Encounter for fertility preservation procedure

3.0 Unique Configuration/Prior Approval/Coverage Details:

ASO group L0001631 plans exclude all treatment and services with diagnosis of infertility.

POS group L0001102 covers artificial insemination as shown below (all other plans exclude it).

COVERED CODES			
Code	Description	Prior Approval	COC Reference
58321	Artificial insemination; intra-cervical	N	Benefits and Coverage; Infertility Services
58322	Artificial insemination; intra-uterine	N	Benefits and Coverage; Infertility Services
58323	Sperm washing for artificial insemination	N	Benefits and Coverage; Infertility Services

4.0 Terms & Definitions:

Adnexal mass – a tumor or mass that is located on any of the organs next to the uterus

Artificial insemination (AI), intrauterine insemination (IUI), or intracervical insemination (ICI) – introduction of semen into the vagina, uterus or oviduct through a transcervical catheter.

Endometriosis – a gynecologic condition in which symptoms include chronic pelvic and/or abdominal pain and infertility

Hysterosalpingogram – a procedure usually done in the radiology department where contrast (dye) is injected into the uterine cavity through the vagina and cervix to determine if the fallopian tubes are patent.

Hysteroscopy – a surgical procedure used to diagnose or treat problems of the uterus.

5.0 References, Citations & Resources:

None

6.0 Associated Documents [For internal use only]:

Business Process Flow (BPF) – None.

Standard Operating Procedure (SOP) – None.

Desk Level Procedure (DLP) – None.

Sample Letter – None.

Form – None.

Other – None.

7.0 Revision History

Original Effective Date: 01/01/2018

Revision Dates:

Last Approval Date: 04/05/2018

Next Revision Date: 04/05/2019

Revision Date	Reason for Revision
November 2017	BCP created for claims process beginning 1/1/18