

Policy: 202306-CSTM

Initial Effective Date: 01/01/2024

SUBJECT: Infertility Services

Annual Review Date:

Last Revised Date: 01/01/2024

Prior approval is required for some or all procedure codes listed in this Corporate Medical Policy.

Definition: Infertility is defined as not being able to conceive after 1 year of unprotected sex when the individual with female reproductive organs is under 35 years of age, 6 months of unprotected sex for an individual with female reproductive organs aged 35 years and older, or 12 months of attempts of artificial insemination. (6 months for individuals 35 years of age and older) Infertility may also be defined by demonstration of a disease or condition of the reproductive tract such that unprotected sex or artificial insemination would be ineffective. There are many approaches to management of infertility, including traditional fertility treatments such as artificial insemination. Options for use of artificial insemination include intrauterine insemination (IUI), intracervical insemination (ICI), and intravaginal insemination (IVI). Treatment may be permitted based on medical history or diagnostic testing.

Medical Necessity: The Company considers the following infertility services to be **medically necessary** and eligible for reimbursement:

- Diagnosis and treatment of involuntary infertility;
- Therapeutic injection of drugs[†] or hormones[†];
- Artificial insemination, including the following;
 - Intrauterine insemination (IUI);
 - Intracervical insemination (ICI);
 - Intravaginal insemination (IVI);
- Sperm preparation/washing for artificial insemination;

[†]Please consult plan documents for details regarding pharmacy coverage.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member, and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results, and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply, and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

NOTE: After reviewing the relevant documentation, the Company reserves the right to apply this policy to the service, or procedure, supply, product, or accommodation performed or furnished regardless of how the service, or procedure, supply, product, or accommodation was coded by the Provider.

Approval or clearance by the U.S. Food and Drug Administration alone is not a basis for coverage.

Coverage may differ for Medicare Advantage plan members; please see any applicable national and/or local coverage determinations for details. This information may be available at the Centers for Medicare & Medicaid Services (CMS) website.

Sources of Information:

- Chambers GM, Harrison C, Raymer J, Petersen Raymer AK, Britt H, Chapman M, ... Norman RJ. (2019). Infertility management in women and men attending primary care-patient characteristics, management actions and referrals. *Hum Reprod*, 34(11):2173–2183.
- Salem W. (2023). Assisted reproductive technology: Pregnancy and maternal outcomes. Lockwood CJ and Barbieri RL, eds. UpToDate. Waltham, MA: UpToDate Inc. <http://www.uptodate.com>. Accessed on April 14, 2023.

Applicable Code(s):	
CPT:	58321, 58322, 58323, 89259, 89260, 89261, 89343, 89353,
HCPCS:	G0027, J0725, J3355, S0122, S0126, S0128, S0132, S4026, S4028, S4030, S4031, S4035, S4042
ICD10 Procedure Codes:	3E0P7LZ, 8E0VX63

Revised:

01/01/2024 Policy created.

Edits and Denials

Prior Approval: Claims received with the following codes have been edited in the med pol system to pend for prior approval with **remark code M6D or COS (Use COS for service pending cosmetic)**.

CPT:	
HCPCS:	
ICD10 Procedure Codes	
Edit remark code:	
Denial remark code /other notes:	

Medically necessary when clinical condition present: Claims received with the following codes without a valid diagnosis code have been edited in the med pol system to deny as not diagnostically related with **remark code M9A**.

CPT:	
HCPCS:	
ICD10 Procedure Codes	
Denial remark code /other notes:	

No edits in the Medical Policy system but codes are listed in CMP: Claims received will be adjudicated in accordance with the Corporate Medical Policy based upon member benefits.

CPT:	
HCPCS:	
ICD10 Procedure Codes	
Denial remark code /other notes:	

Liability: A participating provider will be required to write off charges denied as not medically necessary/not diagnostically related. A provider may bill a member for charges denied as investigational.

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CPT Code(s):	
58321	Artificial insemination; intra\cervical
58322	Artificial insemination; intra\uterine
58323	Sperm washing for artificial insemination
89259	Cryopreservation; sperm
89260	Sperm isolation; simple prep for insemination or diagnosis
89261	Sperm isolation; complex prep for insemination or diagnosis
89343	Storage, (per year); sperm/semen
89353	Thawing of cryopreserved; sperm/semen, each aliquot

HCPCS Code(s):	
G0027	Semen analysis; presence/motility, excluding Huhner
J0725	Injection, chorionic gonadotropin, per 1,000 USP units
J3355	Injection, urofollitropin, 75 IU
S0122	Injection, menotropins, 75 IU
S0126	Injection, follitropin alfa, 75 IU
S0128	Injection, follitropin beta, 75 IU
S0132	Injection, ganirelix acetate, 250 mcg
S4026	Procurement of donor sperm from sperm bank
S4028	Microsurgical epididymal sperm aspiration (MESA)
S4030	Sperm procurement and cryopreservation; initial visit
S4031	Sperm procurement and cryopreservation; subsequent visit
S4035	Stimulated intrauterine insemination (IUI), case rate
S4042	Ovulation mgmt per cycle

ICD-10-CM Procedure Code(s):	
3E0P7LZ	Introduction of Sperm into Female Reproductive, Via Natural or Artificial Opening
8E0VX63	Sperm Collection

ICD-10-CM Diagnosis Code(s):	
N97.0	Female infertility associated with anovulation
N97.1	Female infertility of tubal origin
N97.2	Female infertility of uterine origin
N97.8	Female infertility of other origin
N98.0	Infection associated with artificial insemination
N98.1	Hyperstimulation of ovaries
N98.2	Complications of attempted introduction of fertilized ovum following in vitro fertilization
N98.3	Complications of attempted introduction of embryo in embryo transfer
N98.8	Other complications associated with artificial fertilization
N98.9	Complication associated with artificial fertilization, unspecified