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## SHP Infertility Services

AUTH: SHP Obstetrical 04 v3 (AC)

**MCG Health**  
Ambulatory Care  
25th Edition

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### Coverage

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- See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

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### Application to Products

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- Many Optima groups do not offer coverage for infertility services or only offer coverage at a partial benefit. Check Plan documents to determine individual coverage.
- Optima Family Care considers infertility treatment a non-covered benefit.

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### Authorization Requirements

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- Pre-certification by the Plan is required for infertility services.
- The following procedures do not require pre-authorization unless billed with a diagnosis code listed in the coding section below as a possible infertility diagnosis:
  - Endometrial sampling
  - Hysteroscopy
  - Hysterosalpingogram

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### Description of Item or Service

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Optima Health defines Infertility as individuals who are unable to conceive or produce conception after one year of unprotected intercourse; or if older than age 35 the individual is unable to conceive or produce conception after six months of unprotected intercourse; and/or in either of the above situations the individual is unable to carry the fetus to term (e.g. three or more consecutive spontaneous miscarriages prior to 20 weeks gestational age).

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### Exceptions and Limitations

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- The following are not-covered benefits under the basic infertility rider (check Plan documents for exact individual coverage):
  - Any variation of an in-vitro fertilization, embryo transplant, ZIFT, or GIFT procedure
  - Any services associated with the reversal of an elective sterilization

- Services associated with the storage/freezing of sperm
- Charges for donor sperm
- Semen Analysis for a male that is not on the plan
- Storage of reproductive material
- Semen recovery, storage, and washing
- Treatment related to sexual organ dysfunction or inadequacy
- Experimental or investigational procedures and services
- The following services are considered experimental and investigational and thus not medically necessary. Experimental and Investigational services are not covered under the infertility benefit or rider.
  - Activation Assay [HSAA], Sperm DNA Decondensation [SDD]
  - Angiotensin converting enzyme (ACE) and plasminogen activator inhibitor-1 (PAI-1) gene polymorphisms testing
  - Anti-leukocytic antibodies testing of maternal to paternal leukocytes
  - Anti-phosphatidylserine (phospholipid) antibody
  - Antibodies to phosphatidylserine, phosphatidylethanolamine, or other anti-phospholipid antibodies other than anti-cardiolipin and lupus anticoagulant
  - Barrier graft PTFE (polytetrafluoroethylene) implant for infertility
  - Blocking factor serum testing
  - Computer Aided Semen Analysis (CASA) for the diagnosis of male infertility
  - Computer-assisted sperm motion analysis
  - Cytokine polymorphisms analysis (Th1/Th2 intra-cellular cytokine ratio)
  - Embryotoxic factor testing
  - Embryotoxicity assay (ETA)
  - Endometrial function test (EFT) (cyclin E and p27)
  - Endometrial receptivity testing (e.g., Endometrial Function Test [EFT], integrin testing, Beta-3 integrin test, E-tegrity, endometrial receptivity array [ERA])
  - Fine needle aspiration mapping
  - Follicle-stimulating hormone FSH manipulation of women with elevated FSH levels
  - Genetic association studies of inflammatory cytokine polymorphisms
  - Hemizona assay testing
  - Hyaluronan binding assay testing
  - Hypoosmotic swelling test
  - Immune treatments (e.g., periimplantation glucocorticoids, anti-tumor necrosis factor agents, leukocyte immunization, IV immunoglobulins)
  - Immunological testing (e.g., embryotoxicity assay, circulating natural killer cell measurement, antiphospholipid antibodies, reproductive immunophenotype [RIP])
  - In vitro testing of sperm penetration
  - Inherited thrombophilic disorders testing: factor V Leiden (genetic testing)
  - Inter-alpha trypsin inhibitor-heavy chain 4 (ITI-H4) (as a biomarker for recurrent pregnancy loss)
  - Intra-prostatic antibiotic injection for chronic prostatitis associated with infertility
  - Leukocyte immunization (immunizing the female partner with the male partner's leukocytes)
  - Luteal phase biopsy to determine the status of natural killer (NK)-like cells
  - Manual soft tissue therapy for the treatment of pelvic adhesions (WURN Technique, Clear Passage Therapy)
  - Maternal antiparental antibodies
  - Menopause Karotype
  - Methylenetetrahydrofolate reductase (MTHFR) testing
  - Molecular cytogenetic testing using comparative genomic hybridization (CGH) for chromosomal analysis (e.g., parental blood and products of conception)
  - Molecular genetic testing for highly skewed X-inactivation patterns
  - Natural killer (NK) cells, total count
  - Parental human leukocyte antigen (HLA) status
  - Reactive oxygen species testing (ROS)
  - Reproductive immunophenotype (CD3+, CD4+, CD5+, CD8+, CD16+, CD19+, CD56+)
  - Seminal alpha-glucosidase, zinc, citric acid, and acid phosphatase testing
  - Serum inhibin B measurement (value in assessing ovarian reserve is uncertain)
  - Sperm chromatin assay testing
  - Sperm DNA fragmentation assay testing
  - Sperm DNA integrity testing (e.g., Sperm Chromatin)
  - Sperm nucleus maturation
  - Sperm precursors (i.e., round or elongated spermatid nuclei, immature sperm) in the treatment of infertility
  - Sperm viability test (e.g., hypo-osmotic swelling test), when performed as a diagnostic test
  - Structure Assay [SCSA], TUNEL assay, Comet assay, Human Sperm
  - X-chromosome inactivation study

## Infertility Services

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The below are types of services that are covered for individuals with infertility benefit coverage (This list is not all inclusive and some of the listed services can be used for reasons other than infertility).

- Female Infertility Services:
  - Anti-sperm antibodies (e.g., immunobead or mixed antiglobulin method)
  - Chlamydia trachomatis screening
  - Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) of sella turcica is considered medically necessary if prolactin is elevated
  - Endometrial biopsy
  - Endometrial polyps
  - Fasting and 2 hours post 75 gram glucose challenge levels
  - Hysteroscopy
  - Hysterosalpingogram
  - Insemination procedures (intrauterine insemination (IUI) and artificial insemination (AI), including sperm washing)
  - Laboratory tests to determine hormone levels
  - Laparoscopy with or without Chromotubation of oviduct
  - Ovarian Drilling (no limit for repeat procedure)
  - Ovulation induction
  - Post coital test
  - Products of conception testing when individual has suffered 2 or more spontaneous abortions
  - Rubella serology
  - Septate uterus
  - Sub-mucous fibroids
  - Tuboplasty when infertility was established by positive laparoscopy or hysterosalpingogram
  - Uterine synechiae
- Male Infertility Services:
  - Anti-sperm antibodies (e.g., immunobead or mixed antiglobulin method)
  - Cystic fibrosis mutation testing in men with congenital absence of vas deferens
  - Cytogenetic analysis (karyotype and FISH) with severe deficits of semen quality or azoospermia
  - Estrogen (e.g., estradiol, estrone) testing
  - Gonadotropins (FSH, LH) testing
  - Growth hormone (GH) testing
  - Hormone level laboratory tests
  - MESA (Microsurgical Epididymal Sperm Aspiration)
  - Micro-TESE (Microsurgical Testicular Sperm Extraction)
  - PESA (Percutaneous Epididymal Sperm Aspiration)
  - Post-coital test
  - Prolactin for men with reduced sperm counts, galactorrhea, or pituitary tumors
  - Prostatic secretion culture
  - Scrotal exploration
  - Scrotal (testicular) ultrasound
  - Semen analysis (volume, pH, liquefaction time, sperm concentration, total sperm number, motility or forward progression, motile sperm per ejaculate, vitality, round cell differentiation, white cells versus germinal, morphology, viscosity, agglutination). Because of the marked inherent variability of semen analyses, at least two samples should be collected
  - Semen culture
  - Seminal fructose analysis
  - Seminal tract washout
  - Semen leukocyte analysis (e.g., Endtz test, immunohistochemical staining)
  - Sex hormone binding globulin (SHGB) for men with signs and symptoms of hypogonadism and low normal testosterone levels
  - Spermatic vein ligation
  - Spermatocele excision
  - TESA (Testicular Sperm Aspiration)
  - Transurethral resection of ejaculatory ducts (TURED) for obstruction of ejaculatory ducts
  - Transrectal ultrasound
  - Y chromosome microdeletion analysis with severe deficits of semen quality or azoospermia

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## Document History

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- Revised Dates:
  - 2022: September
  - 2019: October
  - 2015: March, April
  - 2014: January, March, May
  - 2013: February, March, July
  - 2012: February, May
  - 2010: February
  - 2009: February
  - 2008: March
- Reviewed Dates:
  - 2020: March
  - 2019: February
  - 2018: April, December
  - 2016: April
  - 2011: February
- Effective Date: October 2007

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## Coding Information

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- Diagnosis codes always considered infertility:
  - N46.8 - Other male infertility
  - N46.9 - Male infertility, unspecified
  - 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
  - N97.9 - Female infertility, unspecified
  - Z31.41 - Encounter for fertility testing
  - Z31.89 - Encounter for other procreative management
- Diagnosis codes that are possibly infertility:
  - E89.40 - Asymptomatic postprocedural ovarian failure
  - E89.41 - Symptomatic postprocedural ovarian failure
  - N46.01 - Organic azoospermia
  - N46.021 - Azoospermia due to drug therapy
  - N46.022 - Azoospermia due to infection
  - N46.023 - Azoospermia due to obstruction of efferent ducts
  - N46.024 - Azoospermia due to radiation
  - N46.025 - Azoospermia due to systemic disease
  - N46.029 - Azoospermia due to other extratesticular causes
  - N46.11 - Organic oligospermia
  - N46.121 - Oligospermia due to drug therapy
  - N46.122 - Oligospermia due to infection
  - N46.123 - Oligospermia due to obstruction of efferent ducts
  - N46.124 - Oligospermia due to radiation
  - N46.125 - Oligospermia due to systemic disease
  - N46.129 - Oligospermia due to other extratesticular causes
- CPT/HCPCS codes considered not medically necessary per this Policy:
  - 58578 - Unlisted laparoscopy procedure, uterus

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## References

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### References used include but are not limited to the following:

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## Codes

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**CPT® : 58578**

**ICD-10 Diagnosis: E89.40, E89.41, N46.01, N46.021, N46.022, N46.023, N46.024, N46.025, N46.029, N46.11, N46.121, N46.122, N46.123, N46.124, N46.125, N46.129, N46.8, N46.9, N97.0, N97.1, N97.2, N97.8, N97.9, Z31.41, Z31.89**

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