

# UPMC Health Plan POLICY AND PROCEDURE MANUAL

**POLICY NUMBER: PAY.018**  
**REVISION DATE: 03/10**  
**ANNUAL APPROVAL DATE: 05/10**  
**PAGE NUMBER: 1 of 7**

**SUBJECT:** Infertility – Treatment of  
**INDEX TITLE:** Medical Management  
**ORIGINAL DATE:** February 2006

**This policy applies to the following lines of business: (Check those that apply.)**

<b>COMMERCIAL:</b>					
HMO ( )		POS ( )		PPO ( )	
Fully Insured ( )		Self-funded/ASO ( )		HSA ( )	
Medicare Select ( )		Medicare Supplement ( )		Individual Product ( )	
<b>DPW-MA:</b>					
Health Choices ( )			Voluntary ( )		All ( )
<b>CMS-MA:</b>					
OH ( )		WV ( )		PA ( )	All ( X )
HMO ( X )		PPO ( X )		Specialty Needs Plan ( X )	Part D ( )
PFFS ( X )		All ( )			
<b>PID-CHIP/AdultBasic:</b>					
Free ( ) CHIP only		Sub/CHIP ( ) Sub/AB ( )		Full/CHIP ( ) Full/AB ( )	
All/CHIP ( )		All/AB ( )			
<b>ANCILLARY:</b>					
Dental ( )			Vision ( )		
<b>APPLICABLE TO:</b>					
Community Care ( )			Work Partners ( )		

## I. POLICY

It is the policy of UPMC Health Plan to recognize services provided for the treatment of infertility as appropriate and consistent with good medical practice when conducted after consideration of medical necessity, generally accepted standards of medical practice, and review of literature-based evidence and regulatory approval status. Coverage will be considered for the specific indications detailed in this policy and based on the member's individual benefit plan.

Assisted Reproductive Technologies (ART) is not a covered benefit except as defined in the member's individual benefit plan or rider.

## II. PURPOSE

The purpose of this policy is to define the process for coverage of benefits related to the treatment of infertility.

## III. DEFINITIONS

**Assisted Reproductive Technologies (ART)** is defined as all clinical and laboratory treatments in which both human oocytes and sperm, or embryos, are handled with the intent of establishing pregnancy.

**Infertility** is the documented inability of a woman to conceive a child within a 12 month period (a) of unprotected coitus (sexual intercourse); or (b) after at least six (6) episodes of artificial insemination.

#### IV. SCOPE

This policy applies to various UPMC Health Plan departments as indicated by the Benefit and Reimbursement Committee. These include but are not limited to: Medical Management, Benefit Configuration and Claims departments.

#### V. PROCEDURE

##### A. Medical Description

Infertility is the documented inability of a woman to conceive a child within a 12 month period of (a) unprotected coitus (sexual intercourse); or (b) after a least 6 episodes of artificial insemination. It may be caused by female factors (e.g. pelvic adhesions, ovarian dysfunction, endometriosis, and prior tubal ligation), male factors (e.g. abnormalities in sperm production, function or transport, or prior vasectomy), a combination of both male and female factors, and unknown causes.

The focus of this policy is coverage for the *treatment* of infertility. Treatment, using assisted reproduction technologies (ART), is conception by artificial means. According to the Center for Disease Control and Prevention (CDC), based on the Fertility Clinic Success Rate and Certification Act of 1992, ART may be defined as all clinical and laboratory treatments in which both human oocytes and sperm, or embryos, are handled with the intent of establishing pregnancy.

The various components of ART and implantation into the uterus can be broadly subdivided into the following procedures:

- Oocyte harvesting performed on the female,
- Sperm Collection performed on the male,
- The in vitro component, i.e., the laboratory procedures which are performed on the collected oocyte and sperm,
- Implantation
- Embryo Donation: The technique of in vitro fertilization and embryo transplantation creates the possibility of embryo donation for surrogate parenting, so that biological donors may not be the parents of the child produced by this process of embryo donation and transplantation. This so-called method of substitution motherhood or surrogate motherhood has numerous legal, ethical and moral implications, and the physician's ability to recognize them and consider them as part of any decision making are paramount to the process.

##### B. Indications

1. Criteria for Eligibility of Members for Treatment

- Member must have an established diagnosis of infertility
- Females must be premenopausal and reasonably expect fertility as a natural state or if menopausal, should have experienced it at an early age.

## 2. Treatment of Infertility

### a. Basic Treatment

Once infertility has been established and, depending on the member's unique medical situation, the following treatments may be considered medically necessary:

- (1) Human chorionic gonadotropin
- (2) Low dose glucocorticoids
- (3) Bromocriptine
- (4) Therapeutic operative Laparoscopy
- (5) Endometriosis or periadnexal adhesions (treatment of)
- (6) Ovarian wedge resection
- (7) Reproductive surgery such as salpingo oviolysis, terminal salpingostomy, fimbrioplasty, etc. (These may or may not include laser treatment of endometriosis or periadnexal adhesions).

### b. Assisted Reproductive Technology (ART)

These services are frequently excluded from coverage, specifically so, when any ART or related treatments are classified as experimental, investigative or innovative by the American Society of Reproductive Medicine and the American College of Obstetrics and Gynecology. Services are only covered if the member's benefit plan identifies them as covered services. These services include:

- (1) Artificial Insemination (AI) for female infertility
- (2) Artificial Insemination for male infertility
- (3) In Vitro Fertilization (IVF)

Benefits of IVF are available only as specified in the member contract or benefit rider. These may include:

- Monitoring and/or stimulation of ovulation
- Oocyte retrieval
- Lab studies
- Embryo assessment and transfer
- Luteal phase support

All services received as part of an IVF procedure are considered under the same benefit as the IVF procedure, i.e. drugs, labs, pathology and surgical procedures.

## C. Limitations

- Normal physiological causes of infertility such as menopause

- Infertility resulting from voluntary sterilization

**The following treatments are not covered:**

- Reversal of sterilization
- Administration of Tamoxifen, Cyclofenil, Pulsatile Administration of Human Menopausal Gonadotropins (hMG)

ART is **contraindicated** in the following situations:

- Severe Endometriosis (Stage IV)
- Pregnancy
- Unexplained Uterine Bleeding
- Presence of Venereal Disease or AIDS
- Tubal Obstructions
- Infections such as Acute Cervicitis, Salpingo-oophoritis, Prostatitis, Epididymitis

**Limitations include modifications of the IVF Procedure such as:**

- Gamete Intrafallopian Transfer (GIFT)
- Zygote Intrafallopian Transfer (ZIFT)
- Pronuclear Stage Transfer (PROST)
- Tubal Embryo Stage Transfer (TEST)
  - 1) Sperm or Oocyte Donation and all Aspects of Storage
  - 2) Cryopreservation, Thawing and Storage of Embryos
  - 3) Coculture of Embryos

**Note:** Embryo donation for substitute motherhood or surrogacy, reversal of voluntary sterilization or cryopreservation of eggs or any other related experimental procedures are not recognized as medically necessary procedures by the UPMC Health Plan.

**Surrogate Motherhood Exclusions:** All services and supplies associated with surrogate motherhood of a member acting as a surrogate mother, including, but not limited to, all services and supplies related to the following:

- Pre-pregnancy evaluations
- Conception
- Prenatal care
- Perinatal care
- Postnatal care

**D. Variations**

N/A

**F. Quality Audit**

Quality Audit may monitor policy compliance or billing accuracy at the request of the UPMC Health Plan's Technology Assessment Committee or the Benefits Reimbursement Committee.

**G. Records Retention**

Records Retention for UPMC Health Plan documents, regardless of medium are provided within the UPMC Health System Policy and as indicated in the UPMC Insurance Services Division Policy and Procedure.

**H. References**

1. American Society of Reproductive Medicine(ASRM): State Infertility Laws- Infertility Resources – WWW.asrm.org
2. World Medical Association- Statement on In Vitro Fertilization and Embryo Transplantation- adopted by the 39<sup>th</sup> World Medical Assembly Madrid, Spain- Oct. 1987.
3. CDC Reproductive Techology/CDC Reproductive Health  
[www.cdc.gov/reproductivehealth/ART](http://www.cdc.gov/reproductivehealth/ART)
4. ASRM. A practice committee report: Definition of Infertility. July 1993
5. Blue Cross Blue Shield Association Medical Policy Reference Manual
6. Sauer, M. Treating infertility in women of advanced reproductive age. Contemporary OB/GYN. Oct. 1996;68-76
7. Textbook of Gynecology, L. Copeland, W.B. Saunders Co., 1993
8. The American Fertility Society-Guideline for Practice –Intrauterine Insemination
9. Proceedings of the XVI World Congress on Fertility and Sterility. Fertility and Reproductive Medicine, San Francisco, October 1998: Elsevier Science, 1998
10. Yaron, Y, Amit, A, Brenner, SM, Peyser, MR, David, MP, Lessing, JB: In-vitro fertilization and oocyte donation in women 45 years of age and older. Fertility Steril. 1995; 63:1, 73-76.
11. Van Voorhis, B et al: Effect of the Total Motilile Sperm Count on the Efficacy and Cost Effectiveness of Intrauterine Insemination and In Vitro Fertility. Fertility Steril. 2001; 75 (4); 684-689.
12. Use of Assisted Reproductive Technology—United States, 1996 and 1998 Source: MMWR 2002; 51(05):97–101.BCBSA Medical Policy Reference Manual, 10/8/02; 4.0

**Disclaimer:**

UPMC Health Plan medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of UPMC Health Plan and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

UPMC Health Plan reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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