

BLUE CROSS OF NORTHEASTERN PA "BCNEPA" MEDICAL POLICY BULLETIN	MANUAL: MEDICAL POLICY
	REFERENCE NO.: MPO-490-0050
EFFECTIVE DATE October 1, 2014	SUBJECT: Infertility

Blue Cross of Northeastern Pennsylvania ("BCNEPA") Medical Policy

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical policy and claims payment policy are applied. Policies are provided for informational purposes only and are developed to assist in administering plan benefits and do not constitute medical advice. Treating providers are solely responsible for medical advice and treatment. Policies are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and information are constantly changing and BCNEPA may review and revise its medical policies periodically. Also, due to the rapid pace of changing technology and the advent of new medical procedures, BCNEPA may not have a policy to address every procedure. In those cases, BCNEPA may review other sources of information including, but not limited to, current medical literature and other medical resources, such as Technology Evaluation Center Assessments (TEC) published by the Blue Cross Blue Shield Association. BCNEPA may also consult with health care providers possessing particular expertise in the services at issue.

I. DESCRIPTION:

Infertility is the inability to conceive after twelve (12) months of unprotected intercourse or the inability to sustain a successful pregnancy.

II. BENEFIT POLICY STATEMENT:

BCNEPA makes decisions on coverage based on Policy Bulletins, benefit plan documents, and the member's medical history and condition. Benefits may vary based on product line, group or contract, therefore, Member benefits must be verified. In the event of a conflict between the Member's benefit plan document and topics addressed in Medical Policy Bulletins (i.e., specific contract exclusions), the Member's benefit plan document always supersedes the information in the Medical Policy Bulletins. BCNEPA determines medical necessity only if the benefit exists and no contract exclusions are applicable.

Benefits are determined by the terms of the Member's specific benefit plan document [i.e., the Fully Insured policy, the Administrative Services Only (ASO) agreement applicable to the Self-Funded Plan Participant, or the Individual Policy] that is in effect at the time services are rendered.

III. MEDICAL POLICY STATEMENT:

A. BCNEPA shall provide coverage for the following benefits when medically necessary and appropriate. **Please refer to Coding Attachments for Effective Dates.**

1. Infertility testing **inclusive of** laboratory, x-ray studies, ultrasounds and surgical procedures to **confirm** and treat the diagnosis of infertility.

B. BCNEPA shall not provide coverage for the following:

1. In Vitro Fertilization;
2. Gamete Intra Fallopian Tube Transfer (a form of In Vitro Fertilization);
3. Zygote Intra Fallopian Tube Transfer (a form of In Vitro Fertilization);
Including the drugs, diagnostic monitoring, ART (e.g., ultrasounds), etc. and other services and supplies related to the above procedures.
4. **Office visits, drugs, diagnostic monitoring (ultrasounds, etc.) and other services and supplies related to the above procedures, including embryo acquisition, storage and transport; human chorionotropin; urofollitropin; menotropins or derivatives; donor ovum and semen and related costs, including collection, preparation, preservation or storage;**
5. Infertility Injectables under the prescription drug rider and/or the medical benefit when administered to a BCNEPA member in a physician's office or any other setting, when used for the purpose of ovulation;
6. Oral infertility drugs under the medical benefit;
7. Oral infertility drugs when the member does not have the Prescription Drug Rider;
8. Co-culture of embryos; and
9. Cryopreservation or storage of sperm, eggs, or embryos and services or supplies.

IV. DEFINITIONS:

Assisted Reproduction Technologies (ART): Refers to an array of interventions designed to establish a viable pregnancy for those couples who have been diagnosed with infertility, due either to female factors (i.e., pelvic adhesions, ovarian dysfunction, endometriosis, prior tubal ligation), male factors (i.e., abnormalities in sperm production, function, or transport or prior vasectomy), a combination of both male and female factors, or unknown causes.

Artificial Insemination: The artificial method of the implantation of semen containing viable spermatozoa in the female reproductive tract (intra-cervical or intra-uterine).

In Vitro Fertilization: A method of treatment for infertility. This procedure includes: the retrieval of the ovum, followed by in-vitro fertilization, and eventual embryo transplant. A zygote introduced into the uterus.

Gamete Intrafallopian Tube Transfer (GIFT): A sperm and ova (pre-zygote stage) introduced into oviduct via uterus of fallopian tube (laparoscopically).

Zygote Intrafallopian Tube Transfer (ZIFT): A zygote introduced into oviduct.

Sperm Penetration Assay: A laboratory test which offers a biological assessment of human sperm fertilizing ability.

National Drug Code (NDC): Is a number assigned by the Products Manufacturer on packages to identify their products numerically:

Position 1-5 identifies the manufacturer or packager

Position 6-9 identifies the specific product

Position 10-11 identifies the package (size, etc.)

Brand Name: The proprietary drug name assigned by the drug manufacture on package.

Generic Name: The non-proprietary drug name assigned by the United States Adopted Names Council (USAN), the general name of a drug substance, not owned by one specific group as would be true for a trademark or brand name.

CODING:

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The five character codes included in the **Blue Cross of Northeastern Pennsylvania's Medical Policy** are obtained from Current Procedural Terminology (CPT*), copyright 2013 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures.

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CPT is a registered trademark of the American Medical Association

- **The identification of a code in this section does not denote coverage or separate reimbursement.**
 - Covered procedure codes are dependent upon meeting criteria of the policy and appropriate diagnosis code.
 - The following list of codes may not be all-inclusive, and are subject to change at any time.
 - Benefits are determined by the terms of the Member's specific benefit plan document [i.e., the Fully Insured policy, the Administrative Services Only (ASO) agreement applicable to the Self-Funded Plan Participant, or the Individual Policy] that is in effect at the time services are rendered.
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PROCEDURE CODES

58321	58350	89261	89321	89331
58322	58672	89264	89322	S4028
58323	58999	89300	89325	S4035
58340	89257	89310	89329	S4042
58345	89260	89320	89330	

ICD-9 DIAGNOSIS CODES

V26.81	V59.70	V59.71	V59.72	V59.73	V59.74
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**ICD-10 DIAGNOSIS CODES
INFORMATIONAL ONLY**

Z31.83	Z52.810	Z52.811	Z52.812	Z52.813	Z52.819
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SOURCES:

BlueCare HMO Contract 2014.

Blue Cross and Blue Shield Association Medical Policy Reference Manual, "Reproductive Techniques" (4.02.04), Section: OB/GYN/Reproduction, Issue: 4: 2013: 1-11.

APPROVALS:

Approved by Vice President, Clinical Operations & Chief Medical Officer:



Signature: _____
(Nina M. Taggart, MA, MD, MBA)

Date of Approval: September 24, 2014

HISTORY:

Original Medical Policy #PO-438-0082 and #PO-222-0005 were revised, placed into new format and assigned a new name and number (BMPO-428-0050).

Original Development Date: 03/28/97

Revision Dates: 01/14/00, 05/05/00, 12/05/00, 10/04/01

Benefit/Medical Policy #BMPO-428-0050 was revised, placed into new format and assigned a new number (MPO-490-0050) effective January 1, 2004.

Revision Dates: 10/01/05, 06/01/07, 08/01/07, 11/01/09, 06/01/10, 01/01/12, 12/01/13, 01/01/14, 04/01/14, 10/01/14

Policy developed by: Medical Policy Department