



MEDICAL COVERAGE GUIDELINES
SECTION: SURGERY

ORIGINAL EFFECTIVE DATE: 10/16/12
LAST REVIEW DATE: 10/29/13
LAST CRITERIA REVISION DATE:
ARCHIVE DATE:

OVARIAN DRILLING, LAPAROSCOPIC

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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Description:

Laparoscopic ovarian drilling (LOD) has been used as an alternative to ovarian wedge resection to treat anovulation or irregular ovulation commonly associated with polycystic ovary syndrome (PCOS). LOD is performed through a small incision below the umbilicus. A tiny camera and special tools are used to make very small holes in the ovaries intended to facilitate ovulation.



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OVARIAN DRILLING, LAPAROSCOPIC (cont.)

Criteria:

TREATMENT OF INFERTILITY IS NOT A COVERED BENEFIT FOR MANY PLANS. REFER TO THE MEMBER'S SPECIFIC BENEFIT PLAN BOOK.

- **If benefit coverage for fertility / infertility services is available**, laparoscopic ovarian drilling for the treatment of polycystic ovary syndrome to improve or achieve fertility or to treat infertility is considered **medically necessary** with documentation that individual has not responded to 3 courses of clomiphene citrate (Clomid) treatment.
- **If benefit coverage for fertility / infertility services is available**, laparoscopic ovarian drilling is considered **experimental or investigational** when the above criteria are not met based upon:
 1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
 2. Insufficient evidence to support improvement of the net health outcome, and
 3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
 4. Insufficient evidence to support improvement outside the investigational setting.
- **If benefit coverage for fertility / infertility services is not available**, laparoscopic ovarian drilling is considered **a benefit plan exclusion** and **not eligible for coverage**.

Resources:

1. American Society for Reproductive Medicine (ASRM). Patient Fact Sheet: Ovarian Drilling for Infertility. 2008.
2. Drug Facts and Comparisons. Clomiphene Citrate. Accessed 10/16/12.