



Infertility Services

Last Revision/Review Date: November 14, 2018

P&P # C.6.12

A. Documentation Required:

To facilitate the authorization process referral requests must include the following:

1. How diagnosis of infertility was made
2. Statement if previous treatment of infertility has been performed
3. Necessity of requested testing for the workup of infertility
4. Previous workup of infertility if performed

B. Criteria for Medical Necessity:

Evaluation for infertility is considered medically necessary if **ALL** the following criteria are met:

1. Criteria for infertility are met as stated in the definitions; **AND**
2. The individual **or** their spouse/partner has not begun treatment for infertility with the following exception:
Women who have used ovulation induction medication for treatment of amenorrhea or oligomenorrhea who have not previously undergone anatomic imaging studies listed below under 2b-2f.

The following workup of **women** is considered medically necessary for evaluation of infertility as appropriate:

1. History and physical exam
2. Studies/procedures when clinically indicated:
 - a. CBC, Prolactin, FSH, LH, estradiol, DHEA, DHEA-S, testosterone level, gonorrhea and chlamydia screening
 - b. Hysterosalpingogram (HSG) or sonohysterosalpingogram
 - c. Pelvic ultrasound
 - d. Sonohysterogram
 - e. Diagnostic hysteroscopy if needed to further evaluate an abnormal finding on imaging studies
 - f. Laparoscopy and contrast dye if tubal and other pelvic pathology is suspected based on symptoms or abnormal HSG or sonogram
 - g. MRI of head or pituitary if prolactin is elevated

The following workup of **men** is considered medically necessary for evaluation of infertility as appropriate:

1. History and physical exam including urological exam
2. Studies/procedures when clinically indicated:
 - a. Semen analysis
 - b. Serum testosterone, FSH, LH and prolactin
 - c. Post-ejaculatory urinalysis
 - d. Transrectal ultrasonography of the prostate, seminal vesicles, and ejaculatory duct may be indicated for evaluation of ejaculatory duct obstruction in men with azoospermia or oligospermia, palpable vasa, and low ejaculate volumes.
 - e. Cultures of urine, sperm and prostatic secretions

- f. Scrotal ultrasound may be indicated to evaluate a suspected testicular mass;
- g. MRI of head or pituitary if prolactin is elevated

C. Tests and Treatments Considered Experimental, Investigational or not Medically Necessary:
(Not all inclusive)

1. Diagnostic services and procedures related to the reversal of voluntary sterilization procedures (e.g. tuboplasty and vasoplasty).
2. Endometrial biopsy for evaluation of luteal phase defect
3. The following procedures when performed solely for the treatment of infertility:
 - a. Hysteroscopic adhesiolysis for women with amenorrhea related to uterine adhesions
 - b. Removal of myomas, uterine septa, cysts, ovarian tumors and polyps
 - c. Open or laparoscopic cystectomy for women with ovarian endometriomas
 - d. Ovarian wedge resection
 - e. Varicocelectomy for men
4. Purchase of donor sperm and or storage of sperm
5. Purchase of donor eggs and any associated charges
6. Cryopreservation or storage of cryopreserved embryos
7. Frozen embryo transfers
8. Home ovulation prediction kits
9. Artificial insemination
10. In Vitro Fertilization with Embryo Transfer (IVF-ET)
11. Gamete Intrafallopian Transfer (GIFT)
12. Intracytoplasmic Sperm Injection (ICSI)
13. Microscopic Testicular Sperm Extraction (TESE)
14. Tubal Embryo Transfer (TET)
15. Epididymal sperm aspiration and cryopreservation

REFERENCES:

American Society for Reproductive Medicine: Diagnostic evaluation of the infertile male: a committee opinion. *Fertility and Sterility*. 2015; 103: e18-25

American Society for Reproductive Medicine: Diagnostic evaluation of the infertile female: a committee opinion. *Fertility and Sterility*. 2015; 103: e44-50.

American Society for Reproductive Medicine: Evaluation and treatment of recurrent pregnancy loss: a committee opinion. *Fertility and Sterility*. 2012;98(5):1103-1111.

American Society for Reproductive Medicine: Definitions of infertility and recurrent pregnancy loss: a committee opinion. *Fertility and Sterility*. 2013;99(1):63.