

# Medical Coverage Policy



**Blue Cross  
Blue Shield**  
of Rhode Island

## Infertility Diagnosis and Treatment Mandate

Device/Equipment    Drug    Medical    Surgery    Test    Other

<b>Effective Date:</b>	<b>7/6/2007</b>	<b>Policy Last Updated:</b>	<b>10/22/2012</b>
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**Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

**Prospective review is not required.**

NOTE: Rhode Island mandated benefits generally do not apply to Plan 65, FEHBP, Medicare Advantage, and Rite Care plans.

### **Description:**

The State of Rhode Island mandates coverage for the diagnosis and treatment of infertility.

This is an administrative policy to document Rhode Island General Laws (RIGL) 27-20-20 Coverage for infertility.

### **27-20-20. Coverage for infertility.**

- (a) Any nonprofit medical service contract, plan, or insurance policies delivered, issued for delivery, or renewed in this state, except contracts providing supplemental coverage to Medicare or other governmental programs, which includes pregnancy related benefits shall provide coverage for the medically necessary expenses of diagnosis and treatment of infertility for women between the ages of twenty-five (25) and forty-two (42) years. To the extent that a nonprofit medical service corporation provides reimbursement for a test or procedure used in the diagnosis or treatment of conditions other than infertility, those tests and procedures shall not be excluded from reimbursement when provided attendant to the diagnosis and treatment of infertility for women between the ages of twenty-five (25) and forty-two (42) years. Provided, that subscriber copayment, not to exceed twenty percent (20%), may be required for those programs and/or procedures the sole purpose of which is the treatment of infertility.
- (b) For the purposes of this section, "infertility" means the condition of an otherwise presumably healthy married individual who is unable to conceive or sustain a pregnancy during a period of one year.
- (c) The health insurance contract may limit coverage to a lifetime cap of one hundred thousand dollars (\$100,000).

Note: BCBSRI infertility benefits may be more generous than what is stated in the mandate. Benefits may vary between groups and contracts

The policy information documented beyond the above mandate language statement generally addresses the coverage issues for the **treatment of infertility** only. Diagnosis of infertility is not specifically addressed as it encompasses an innumerable array of tests and procedures.

Definition of infertility:

Infertility is the condition of a presumably healthy individual who is unable to conceive or produce conception during a period of one year for members.

For the purpose of this policy infertility is defined as:

- 1) For women who have miscarried; infertility is the attempted time to conceive or produce conception during a period of one year.
- 2) For women with a male partner; infertility is the inability to conceive after one year of unprotected intercourse with exposure to sperm.
- 3) For women without a male partner; infertility is the inability to conceive after 6 intrauterine insemination (IUI) cycles performed by a qualified specialist using normal quality donor sperm. Note these 6 cycles of IUI with donor sperm are not a covered benefit as a diagnosis of infertility is not established until the cycles are completed.

**Medical Criteria:**

Not applicable, this is a reimbursement policy only.

**Policy:**

Infertility services are covered for BlueCHiP for Medicare.

Infertility services are covered for all BCBSRI products when **all** of the following conditions are met:

- Married, (which includes valid common law marriage), according to the statutes of the state in which the couple was married **and**
- Unable to conceive or sustain a pregnancy during a one (1) year period; **and**
- A presumably healthy individual without a history of past sterilization (or reversal) or an individual whose postmenopausal state is the cause of infertility.

**Coverage:**

BCBSRI infertility benefits may be more generous than what is stated in the mandate.

Benefits may vary between groups and contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for the applicable infertility services, surgery services, pharmacy, specialty pharmacy, diagnostic imaging, lab, and machine tests benefits/coverage.

**Specialty Drug Contract**

Contracts with specialty drug coverage please refer to the member agreement for benefits and preauthorization guidelines.

**BlueCHiP for Medicare**

The state mandate does not apply to the BlueCHiP for Medicare product. Medicare mandated benefits **do** apply. Medicare (CMS) defines infertility as "a condition sufficiently at variance with the usual state of health to make it appropriate for a person who normally is expected to be fertile to seek medical consultation and treatment" and "covers reasonable and necessary services associated with treatment for infertility."<sup>1</sup>

**Self-funded Groups**

Self funded groups may choose to follow the mandate. Please refer to the member agreement for benefits coverage.

**BlueCHiP Members residing in Massachusetts**

Refer to the BCBSRI medical policy: Massachusetts Mandates for BlueCHiP Members Residing in Massachusetts for information on infertility services.

**Donor Related Services**

The donor stipend for infertility services is the member's responsibility. We cover donor gametes if obtained through a program (such as, infertility clinics, fertility centers, hospitals or labs) with global

fee reimbursement. If provision of gametes is from a directed donor, a separate reimbursement is associated with this provision, based on the CPT code filed. Donor medications used solely for in vitro fertilization are covered under the embryo recipient's pharmacy benefit, by way of manual adjustment with receipts from the donor.

### **Non-covered Services**

BCBSRI does NOT cover freezing and storage of blood, gametes, sperm, embryos, or other tissues for future use.

### **Contract Exclusions**

- Reversal of voluntary sterilization (See definition below);
- Infertility treatment for an individual that previously had a voluntary sterilization procedure;
- Women who meet the definition of normal menopause (See definition below);
- Surrogate parenting.

### **Definitions**

#### Previous sterilization:

There is a contract exclusion for infertility services provided to a person who previously had a sterilization procedure. If one spouse has had a sterilization procedure, it is presumed that the other spouse is not considered infertile. This is the basis for a contractual exclusion of infertility services. In such a case, it is presumed that the sterilization procedure is the cause of the inability to conceive or sustain a pregnancy, whether or not there has been a procedure to reverse the sterilization. The sterilization procedure will also be presumed to be the cause of the inability to conceive or sustain a pregnancy in cases where the individual seeking infertility services also has a disorder that is felt to cause such inability to conceive or sustain a pregnancy.

#### Normal menopause:

BCBSRI considers normal menopause to be exclusionary. We consider amenorrhea and an elevated follicle stimulating hormone (FSH) after age 42 to be equivalent to normal menopause. Menopause occurring prior to age 42 is not considered normal menopause, as defined in this policy.

### **Exception:**

- Only in cases where there is medical certainty that a prior sterilization procedure is in no manner related to the present inability to conceive or sustain pregnancy will it be determined that the contractual exclusion is not applicable.
- ***Clinician review required:***  
Requests for infertility services for a married individual who has undergone a previous sterilization procedure or whose partner has undergone a previous sterilization procedure will undergo review by a clinician.
- A determination that the contractual exclusion does apply, (i.e., that inability may be related to a previous sterilization procedure) is an **administrative denial** even though it is based upon clinician review. Such denials are not medical necessity determinations.

### **Coding and Reimbursement:**

- **The following CPT Codes are covered under the member's infertility benefits:**

**55870**

**58321**

**58322**

**58323**

**58350**

**58970**

**58974**

**58976**

76948  
89250  
89251  
89253  
89254  
89257  
89260  
89261  
89264  
89280  
89281

NOTE: BCBSRI participating facilities primarily use "S" codes when reporting infertility/in vitro fertilization services.

- **The following HCPCS infertility/in vitro fertilization services codes are covered for commercial products.**

**S3655** Antisperm antibodies test (immunobead)  
**S4011** In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development  
**S4013** Complete cycle, gamete intrafallopian transfer (GIFT), case rate  
**S4014** Complete cycle, zygote intrafallopian transfer (ZIFT), case rate  
**S4015** Complete in vitro fertilization cycle, not otherwise specified, case rate  
**S4016** Frozen in vitro fertilization cycle, case rate  
**S4020** In vitro fertilization procedure cancelled before aspiration, case rate  
**S4021** In vitro fertilization procedure cancelled after aspiration, case rate  
**S4022** Assisted oocyte fertilization, case rate  
**S4025** Donor services for in vitro fertilization (sperm or embryo), case rate  
**S4026** Procurement of donor sperm from sperm bank  
**S4028** Microsurgical epididymal sperm aspiration (MESA)  
**S4030** Sperm procurement and cryopreservation services; initial visit  
**S4031** Sperm procurement and cryopreservation services; subsequent visit  
**S4035** Stimulated intrauterine insemination (IUI), case rate

- **The following infertility codes for tests and procedures are not covered for BlueCHIP for Medicare; and not separately reimbursed for all other BCBSRI products:**

**89255**  
**89268**  
**89272**  
**99070**  
**99071**  
**99078**  
**S4017** Incomplete cycle, treatment cancelled prior to stimulation, case rate  
**S4018** Frozen embryo transfer procedure cancelled before transfer, case rate  
**S4023** Donor egg cycle, incomplete, case rate  
**S4042** Management of ovulation induction (interpretation of diagnostic tests and studies, non-face-to-face medical management of the patient), per cycle

- **Providers filing for sperm evaluation, hyaluronan binding assay should file the following CPT Category I unlisted code:**

**89398**

- **The following codes for tests and procedures are contract exclusions and are non-covered for all BCBSRI products:**

0058T  
0059T  
55400  
88240  
88241  
89258  
89259  
89290  
89291  
89335  
89342  
89343  
89344  
89346  
89352  
89353  
89354  
89356  
S4027 Storage of previously frozen embryos  
S4037 Cryopreserved embryo transfer, case rate  
S4040 Monitoring and storage of cryopreserved embryos, per 30

- **The following infertility services may also be used for the diagnostic evaluation of infertility and are covered. Therefore these services are not considered part of the infertility benefit but are covered under the member's surgery or diagnostic testing benefit.**

55200  
58750  
88349  
89300  
89310  
89320  
89321  
89322  
89325  
89329  
89330  
89331

NOTE: Since there is no applicable CPT code for TESE (testicular sperm extraction) or TESA (testicular sperm aspiration), claims will be submitted with an unlisted code and the claim will follow the standard unlisted procedure format. The claim will suspend for verification with clinical documentation that one of the procedures was performed, and an established allowable will be applied for adjudication.

**Related Topics:**

Massachusetts Mandates for BlueCHIP Members Residing in Massachusetts

**Published:**

*Professionals' Bulletin*, November 1989  
*News\* News\* News*, August 30, 1991  
*Policy Update*, August 1997  
*Policy Update*, April 1998  
*Policy Update*, April 2001  
*Policy Update*, August 2005  
*Policy Update*, August 2006  
*Policy Update*, April 2007  
*Policy Update*, October 2007

*Provider Update, April 2008*  
*Provider Update, August 2008*  
*Provider Update, May 2009*  
*Provider Update, August 2010*  
*Provider Update, March 2011*  
*Provider Update, April 2012*

#### **References:**

Rhode Island General Law (RIGL) 27-20-20: Coverage for Infertility.  
<http://www.rilin.state.ri.us/Statutes/TITLE27/27-20/27-20-20.HTM>

<sup>1</sup> Physician Expense for Surgery, Childbirth, and Treatment for Infertility. Section 20-1. Rev. 1, 10-01-03) B3-2005.I. Treatment for Infertility. <http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf>

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Chavarro, J. et al. (2007) Health for Life: Fertility and Diet. Fat, Carbs and the Science of Conception. Newsweek, December 10, 2007, 54-62.

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