

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Infertility Diagnosis and Treatment Mandate

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	7/6/2007	Policy Last Updated:	02/07/2012
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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.

Infertility defined:

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 a woman who has miscarried, the time she attempted to conceive shall be included in the time windows above.

For women with male partner(s), infertility is the inability to conceive **after one year of unprotected intercourse with exposure to sperm.**

For women without male partners, infertility is the inability to conceive **after six 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, (including 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 (no other known medical condition causing 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

For 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. 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."¹

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:

The following infertility treatment codes are **covered for BlueCHiP for Medicare.**

58321 58322 58323 58970 58976

The following infertility treatment codes are **covered for all BCBSRI Commercial products EXCEPT BlueCHiP for Medicare).**

55870 58321 58322 58323 58350 58970 58976 58974 76948 89250 89251 89253 89254 89257 89260 89261 89264 89280 89281 89356

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 all BCBSRI commercial products **EXCEPT BlueCHiP for Medicare.**

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 services are also used for diagnostic evaluation of infertility. Therefore these services are not considered part of the infertility benefit and are covered under the member's surgery or diagnostic testing benefit. The services are covered for all BCBSRI products except for **BlueCHiP for Medicare.**

55200 88349 89300 89310 89320 89321 89322 89325 89329 89330 89331

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

88240 88241 89255 89258 89268 89272 89352 89353 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

S4037 Cryopreserved embryo transfer, 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/or non-covered for all BCBSRI products:**

55400 58750 89258_89259 89290 89291 89335 89342 89343 89344 89346 89354

S4027 Storage of previously frozen embryos

S4040 Monitoring and storage of cryopreserved embryos, per 30

0058T

0059T

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. Retrieved on 12/07/07, 03/11/2010 from

<http://www.rilin.state.ri.us/Statutes/TITLE27/27-20/27-20-20.HTM>

¹ Physician Expense for Surgery, Childbirth, and Treatment for Infertility. Section 20-1. Rev. 1, 10-01-03) B3-2005.I. Treatment for Infertility. Retrieved on 12/07/07, 03/11/2010 from the CMS Web site: <http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf>

Blackwell, R. et al. American Journal of Obstetrics & Gynecology. 182 (4): 891-895, April 2000. Retrieved on 12/10/07 from:
<http://pt.wkhealth.com/pt/re/ajog/abstract.00000447-200004000-00019.htm;jsessionid=HdpKLvGqp3bG2b8JgnpYG2M2fXR1zC0kLdf4VtXzLrmWThZdVnhm!-1288052477!181195628!8091!-1>

Hatch, EE et al. Am J Epidemiol, 2006 Oct 1;164 (7): 682-8. Epub 2006 Aug 3. Age at natural menopause in women exposed to diethylstilbestrol in utero. Retrieved on 12/18/07 from:
http://www.ncbi.nlm.nih.gov/sites/entrez?Db=pubmed&Cmd=ShowDetailView&TermToSearch=16887893&ordinalpos=35&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum

Friese, C. et al. Soc Sci Med. 2006 Sep;63 (6): 1550-60. Epub 2006 May 19. Retrieved on 12/18/07 from:
http://www.ncbi.nlm.nih.gov/sites/entrez?Db=pubmed&Cmd=ShowDetailView&TermToSearch=16713666&ordinalpos=39&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum

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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