

UPMC Health Plan POLICY AND PROCEDURE MANUAL

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SUBJECT: Infertility – Treatment of
INDEX TITLE: Medical Management
ORIGINAL DATE: February 2006

This policy applies to the following lines of business: (Check those that apply.)

Commercial:					
HMO ()	POS ()	PPO ()	OOA/DOC ()		
Fully Insured ()	Self-funded/ASO ()	HSA ()	All (X)		
	Medicare Select ()				
DPW-MA:					
Health Choices ()	Voluntary ()		All (X)		
CMS-MA:					
HMO (X)	PPO (X)	Specialty Needs Plan (X)	Part D ()	PFFS (X)	All ()
PID-CHIP:					
Free ()	Sub ()		All ()		

I. POLICY

UPMC Health Plan recognizes services provided for the treatment of infertility and certain assisted fertilization procedures as appropriate and consistent with good medical practice when conducted after consideration of medical necessity generally accepted standards of medical practice, and review of literature based evidence and regulatory approval status. Coverage will be considered for the specific indications detailed in this policy.

It is the policy of UPMC Health Plan to authorize payment for services that are medically necessary and covered under the member's benefit plan.

Embryo donation for substitute motherhood or surrogacy, reversal of voluntary sterilization or cryopreservation of eggs or any other related experimental procedures are not recognized as medically necessary procedures by the UPMC Health Plan.

Surrogate Motherhood Exclusions: All services and supplies associated with surrogate motherhood of a member acting as a surrogate mother, including, but not limited to, all services and supplies related to the following:

- Pre pregnancy evaluations
- Conception
- Prenatal care
- Peri natal care
- Post natal care

II. PURPOSE

To define the process for coverage of benefits related to the treatment of infertility.

III. DEFINITIONS

N/A

IV. SCOPE

This policy applies to various UPMC Health Plan departments as indicated by the Benefit and Reimbursement Committee. These include but are not limited to: Medical Management, Benefit Configuration and Claims Departments.

V. PROCEDURE

A. Medical Description

Infertility is the documented inability of a woman to conceive a child within a 12 month period of (a) unprotected coitus (sexual intercourse); or (b) after a least 6 episodes of artificial insemination. It may be caused by female factors (e.g. pelvic adhesions, ovarian dysfunction, endometriosis, and prior tubal ligation), male factors (e.g. abnormalities in sperm production, function or transport, or prior vasectomy), a combination of both male and female factors, or unknown causes.

The focus of this policy is the treatment of infertility. Treatment using assisted reproduction technologies (ART) is conception by artificial means. According to the Center for Disease Control and Prevention (CDC), based on the Fertility Clinic Success Rate and Certification Act of 1992, ART may be defined as all clinical and laboratory treatments in which both human oocytes and sperm, or embryos, are handled with the intent of establishing pregnancy.

These assisted fertilization techniques enhance sperm-egg interaction. In most instances, an ART will incorporate some type of in vitro fertilization (IVF) procedure in which oocytes, harvested from the female, are inseminated in vitro with sperm harvested from the male. During fertilization, intravaginal culture (IVC) may be used.

In IVC, the IVF container with the oocytes and sperm is placed into the vagina and held in place with a diaphragm. This allows fertilization to take place at normal body temperature. Following the fertilization procedure, the zygote is cultured and ultimately transferred back into the female's uterus or fallopian tubes. (The latter procedure is also known as zygote intrafallopian transfer (ZIFT)). In some instances, the oocyte and sperm are collected, but no in vitro fertilization takes place; and the gametes are reintroduced into the fallopian tubes, a procedure known as gamete

intrafallopian transfer (GIFT). The various components of ART and implantation into the uterus can be broadly subdivided into the following procedures:

- Oocyte harvesting performed on the female,
- Sperm Collection performed on the male,
- The in vitro component, i.e., the laboratory procedures which are performed on the collected oocyte and sperm,
- Implantation
- Embryo Donation: The technique of in vitro fertilization and embryo transplantation creates the possibility of embryo donation for surrogate parenting, so that biological donors may not be the parents of the child produced by this process of embryo donation and transplantation. This so-called method of substitution motherhood or surrogate motherhood has numerous legal, ethical and moral implications, and the physician's ability to recognize them and consider them as part of any decision making are paramount to the process.

B. Indications

1. Criteria for Eligibility of Members for Treatment

- Member must have an established diagnosis of infertility
- Females must be premenopausal and reasonably expect fertility as a natural state or if menopausal, should have experienced it at an early age.

2. Treatment of Infertility

Basic Treatment

Once infertility has been established and, depending on the member's unique medical situation, the following treatments may be considered medically necessary:

- Estrogen antagonists
- Human chorionic gonadotropin
- Low dose glucocorticoids
- Bromocriptine
- Therapeutic operative Laparoscopy (e.g. for treatment of endometriosis or periadnexal adhesions)
- Ovarian wedge resection
- Reproductive surgery such as salpingo oviolysis, terminal salpingostomy, fibrioplasty. etc. (These may or may not include laser treatment of endometriosis or periadnexal adhesions)

Assisted Reproductive Technology (ART)

These services are frequently excluded from coverage, specifically so, when any ART or related treatments are classified as experimental, investigative or innovative by the

American Society of Reproductive Medicine and the American College of Obstetrics and Gynecology.

Services are only covered if the member's benefit plan identifies them as covered services. These services include:

- Artificial Insemination(AI) for female infertility
- Artificial Insemination for male infertility
- In Vitro Fertilization (IVF)

Benefits of IVF are available only as specified in the member contract. These may include:

- Monitoring and or Stimulation of ovulation
- Oocyte retrieval
- Lab studies
- Embryo Assessment and Transfer
- Luteal Phase Support

All services received as part of an IVF procedure are considered under the same benefit as the IVF procedure, i.e. drugs, labs, pathology and surgical procedures.

C. Limitations

1. Normal physiological causes of infertility such as menopause
2. Infertility resulting from voluntary sterilization

The following treatments are **not covered**:

1. Reversal of sterilization
2. Administration of Tamoxifen, Cyclofenil, Pulsatile Administration of Human Menopausal Gonadotropins (hMG)

ART is **contraindicated** in the following situations:

1. Severe Endometriosis (Stage IV)
2. Pregnancy
3. Unexplained Uterine Bleeding
4. Presence of Venereal Disease or AIDS
5. Tubal Obstructions
6. Infections such as Acute Cervicitis, Salpingo-oophoritis, Prostatitis, Epididymitis.
7. Modifications of the IVF Procedure such as:
 - Gamete Intrafallopian Transfer (GIFT)
 - Zygote Intrafallopian Transfer (ZIFT)
 - Pronuclear Stage Transfer (PROST)
 - Tubal Embryo Stage Transfer (TEST)
8. Sperm or Oocyte Donation and all Aspects of Storage
9. Cryopreservation, Thawing and Storage of Embryos
10. Coculture of Embryos

D. Variations

N/A

E. References

1. American Society of Reproductive Medicine(ASRM): State Infertility Laws- Infertility Resources – WWW.asrm.org
2. World Medical Association- Statement on In Vitro Fertilization and Embryo Transplantation- adopted by the 39th World Medical Assembly Madrid, Spain- Oct. 1987.
3. www.cdc.gov/reproductivehealth/ART
4. ASRM. A practice committee report: definition of infertility. July 1993
5. Blue Cross Blue Shield Association Medical Policy Reference Manual
6. Sauer, M. Treating infertility in women of advanced reproductive age. Contemporary OB/GYN. Oct. 1996;68-76
7. Textbook of Gynecology, L. Copeland, W.B. Saunders Co., 1993
8. The American Fertility Society-Guideline for Practice –Intrauterine Insemination
9. Proceedings of the XVI World Congress on Fertility and Sterility. Fertility and Reproductive Medicine, San Francisco, October 1998: Elsevier Science, 1998
10. Yaron, Y, Amit, A, Brenner, SM, Peyser, MR, David, MP, Lessing, JB: In-vitro fertilization and oocyte donation in women 45 years of age and older. Fertility Steril. 1995; 63:1, 73-76.
11. Van Voorhis, B et al: Effect of the total motile sperm count on the efficacy and cost effectiveness of intrauterine insemination and in vitro fertility. Fertility Steril. 2001; 75 (4); 684-689.
12. Use of Assisted Reproductive Technology—United States, 1996 and 1998
Since 1983, when the first infant was conceived from in vitro fertilization (IVF) in the United States, the use of IVF and related procedures (assisted reproductive technology) has increased substantially. Source: *MMWR* 2002; 51(05):97–101.
BCBSA Medical Policy Reference Manual, 10/8/02; 4.02.04

Disclaimer:

UPMC Health Plan medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of UPMC Health Plan and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

UPMC Health Plan reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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