Medical Policy

Blue Cross Blue Shield Blue Care Network of Michigan

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Joint Medical Policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and is therefore subject to change.

***Current Policy Effective Date: 3/1/22**
(See policy history boxes for previous effective dates)

Title: Infertility Diagnosis

Description/Background

The scope of this policy is to define infertility in the context of a heterosexual couple.

Infertility is the result of a disease (an interruption, cessation, or disorder of body functions, systems, or organs) of the male or female reproductive tract which prevents conception.[1] Infertility is defined as failure to achieve pregnancy after 12 months of unprotected intercourse in women younger than 35 years of age, or after 6 months in women older than 35 years of age.[2]

Female Factor Infertility
The evaluation of infertility is performed by an obstetrician-gynecologist. Essential components include a comprehensive medical, reproductive, and family history; physical examination; and additional tests as indicated. Tests focus on ovarian reserve, ovulatory function, and structural abnormalities.[2,3]

Male Factor Infertility
Male factor is a cause of infertility in 40-50% of heterosexual couples. The minimal evaluation of the male partner includes a reproductive history and semen analysis; this can be initiated by a woman's health specialist. If there is any abnormality found in the history or the semen analysis, the male partner should be referred to either a urologist or a reproductive endocrinologist.[2]

Unexplained Infertility
Unexplained infertility may be diagnosed in as many as 30% of infertile couples. Unexplained infertility occurs when the definition of infertility is met, the basic infertility evaluation is performed, and test results are normal.[2]

When the definition of infertility is met, general medical and surgical benefits include evaluation and testing to determine the underlying cause of infertility. If infertility is found to be the result of a medical or surgical condition that can be corrected, the treatment of infertility may be covered under the general medical or surgical benefits of the patient.

If treatment of the discovered cause does not lead to pregnancy or if there is no cause found for infertility, assisted reproductive techniques (ARTs) may be an option for those who want to pursue pregnancy.

Assisted reproductive techniques are not general medical or surgical benefits; the patient must have additional benefits for these services in the certificate of coverage or through an additional rider. (See “Assisted Reproductive Techniques” policy.)

Regulatory Status:

N/A

Medical Policy Statement

The safety and effectiveness of diagnostic testing for the evaluation of infertility have been established. These services may be considered useful in the diagnosis of a medical condition which may impact fertility.

Inclusionary and Exclusionary Guidelines (Clinically based guidelines that may support individual consideration and pre-authorization decisions)

Refer to member’s specific certificate of coverage.

CPT/HCPCS Level II Codes *(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure)*

Established codes:

54500	54800	55300	58100	58340	58345
58350	58555	58558	58559	58561	58660
58661	58662	58740	58900		
74740	74742				
80414	80415	81224	82670	82681	
83001	83002	83498	83727		
84144	84146	84402	84403	84410	
88230	88261	88262			

89300	89310	89320	89321	89325	89329
89330	89331				
G0027	J0725				

Other codes (investigational, not medically necessary, etc.):

N/A

Individual policy criteria determine the coverage status of the CPT/HCPCS code(s) on this policy. Codes listed in this policy may have different coverage positions (such as established or experimental/investigational) in other medical policies.

Rationale

Once the definition of infertility is met, infertility is considered a medical condition. As with any medical condition, infertility should be investigated to discover the etiology. Evaluation includes services that are covered under medical or surgical benefits: referral to a specialist; a comprehensive medical, reproductive, and family history; physical examination; and, tests that are appropriate and indicated.

Government Regulations

National:

There is no NCD on the topic of infertility.

Local:

There is no LCD on the topic of infertility.

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

Related Policies

- Assisted Reproductive Techniques
- Sperm Penetration Assay (Retired)
- Sperm Evaluation-Hyaluronan Binding Assay (Retired)

References

1. American Society for Reproductive Medicine. Infertility. https://www.asrm.org/topics/topics-index/infertility/ Accessed 11/19/21.

2. American College of Obstetricians and Gynecologists and American Society for Reproductive Medicine. ACOG Committee Opinion Number 781. Infertility workup for the women's health specialist. Vol 133, No 6. June 2019.
3. American Society for Reproductive Medicine (ASRM). Diagnostic evaluation of the infertile female: A committee opinion, 2015. https://www.asrm.org/globalassets/asrm/asrm-content/news-and-publications/practice-guidelines/for-non-members/diagnostic_evaluation_of_the_infertile_female.pdf Accessed 11/19/21.

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through 11/19/21, the date the research was completed.

Joint BCBSM/BCN Medical Policy History

Policy Effective Date	BCBSM Signature Date	BCN Signature Date	Comments
1/1/08	11/26/07	1/26/08	Joint policy established
3/1/09	12/9/08	12/21/08	Routine maintenance
3/1/12	12/13/11	12/21/11	Routine maintenance
7/1/13	4/16/13	4/22/13	• Routine maintenance. • Code update
5/1/16	2/16/16	2/24/16	• Routine maintenance • Code Updates – multiple deletions/additions • Updated Description/Background • Updated Medical Policy Statement – no position change • Updated References
3/1/17	12/13/16	12/13/16	• Routine maintenance • Code Updates - Additions
3/1/18	12/12/17	12/12/17	• Routine maintenance
3/1/19	12/11/18		• Routine maintenance
3/1/20	12/17/19		• Routine maintenance
3/1/21	12/15/20		Routine maintenance
5/1/21	2/16/21		Code update, added 82681
3/1/22	12/14/21		Routine maintenance Background, rationale, MPS revised 6/8/22: Correction to coding. 58355 replaced with 58555

Next Review Date: 4th Qtr, 2022

Pre-Consolidation Medical Policy History

Original Policy Date	Comments
BCN: 4/10/97	Revised: 10/23/06
BCBSM: N/A	Revised: N/A

BLUE CARE NETWORK BENEFIT COVERAGE
POLICY: INFERTILITY DIAGNOSIS

I. Coverage Determination:

Commercial HMO (includes Self-Funded groups unless otherwise specified)	Refer to the member's certificate for coverage guidelines.
BCNA (Medicare Advantage)	Refer to the member's Evidence of Coverage.
BCN65 (Medicare Complementary)	Coinsurance covered if primary Medicare covers the service.

II. Administrative Guidelines:

- The member's contract must be active at the time the service is rendered.
- Coverage is based on each member's certificate and is not guaranteed. Please consult the individual member's certificate for details. Additional information regarding coverage or benefits may also be obtained through customer or provider inquiry services at BCN.
- The service must be authorized by the member's PCP except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Services must be performed by a BCN-contracted provider, if available, except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Payment is based on BCN payment rules, individual certificate and certificate riders.
- Appropriate copayments will apply. Refer to certificate and applicable riders for detailed information.
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.