

Medical Policy



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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: 3/1/25**
(See policy history boxes for previous effective dates)

Title: Infertility Diagnosis

Description/Background

Descriptions

In this policy the terms female and male are used to identify the sex (reproductive capacity) and not the gender identity of the individual.

The term *female* used in this policy refers to individuals with two X chromosomes (or no Y chromosome), also known as female sex. This includes individuals with gender identities other than female.

The term *male* used in this policy refers to individuals with XY chromosomes, also known as male sex. This includes individuals with gender identities other than male.

Infertility

Human reproduction involves a female reproductive cell (ie, egg [oocyte]) and a male reproductive cell (sperm) that unite (fertilization, conception) to form a new, single-cell organism, the zygote. The zygote begins a series of cell divisions, after which it is referred to as an embryo. Approximately 5 to 7 days following fertilization, the embryo grows into a blastocyst – a hollow ball of cells – that implants to the uterus lining.

American Society for Reproductive Medicine (ASRM) Practice Committee (2023)¹ issued a new definition of “infertility” as follows:

“Infertility” is a disease, condition, or status characterized by any of the following:

- The inability to achieve a successful pregnancy based on a patient’s medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination of those factors.
- The need for medical intervention, including, but not limited to, the use of donor gametes or donor embryos in order to achieve a successful pregnancy either as an individual or with a partner.
- In patients having regular, unprotected intercourse and without any known etiology for either partner suggestive of impaired reproductive ability, evaluation should be initiated

at 12 months when the female partner is under 35 years of age and at six months when the female partner is 35 years of age or older.

For the definition and intent of this policy, an individual is considered infertile if unable to conceive or achieve conception after 1 year of egg-sperm contact when the individual attempting conception is under 35 years of age, or after 6 months of egg-sperm contact when the individual attempting conception is 35 years of age or older. Egg-sperm contact can occur by frequent sexual intercourse or through cycles of timed sperm insemination (also referred to as artificial insemination or donor insemination) by intrauterine, intracervical, or intravaginal delivery. This definition applies to all individuals regardless of sexual orientation or the availability of a reproductive partner.

Not Considered Infertility

An individual who had a sterilization procedure for permanent contraception is not considered infertile since their infertility is not a result of a disease.

Menopause that begins at about 40 years of age is not considered infertility as it is not a disease but a normal biological transition associated with aging.

Female Factor Infertility

The evaluation of infertility is usually 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 in 40-50% of infertility in 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 evaluated by either a urologist or a reproductive endocrinologist.²

Unexplained Infertility

Unexplained infertility may be diagnosed in as many as 30% of infertile heterosexual couples. Unexplained infertility occurs when the definition of infertility is met, the basic infertility evaluation has been 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 correctable medical or surgical condition, its treatment may be covered under the individual's general medical or surgical benefits.

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 individual seeking ART 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

Diagnostic testing for the evaluation of infertility is **established**. These services may be considered useful in the diagnosis and possible treatment of a medical condition which may impact fertility.

Inclusionary and Exclusionary Guidelines

Refer to the individual's specific certificate of coverage, and any applicable riders.

Inclusions:

The definition of infertility is considered established in any of the following situations:

- Opposite-sex partners, when the female partner is under 35 years of age, who are unable to achieve conception after 12 months of unprotected intercourse.
- Opposite-sex partners, when the female partner is 35 years of age or older, who are unable to achieve conception after 6 months of unprotected intercourse.
- A female, under 35 years of age, who is unable to achieve conception after at least 6 trials of documented artificial insemination over a consecutive period of 12 months.
- A female, 35 years of age or older, who is unable to achieve conception after at least 3 trials of documented artificial insemination over a consecutive period of 6 months.

Exclusions:

- An individual who had a sterilization procedure
 - Opposite-sex partners in which one of the members had a voluntary sterilization procedure (eg, tubal ligation, vasectomy)
 - An individual 40 years of age or older whose menses have stopped due to menopause
 - Artificial insemination (donor insemination) is not a covered service, unless the certificate of coverage or a rider states it is a benefit
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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	82166	82670	82681
83001	83002	83498	83727	84144	84146
84402	84403	84410	88230	88261	88262

89300	89310	89320	89321	89325	89329
89330	89331	G0027			

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

N/A

Individual policy criteria determine the coverage status of the CPT/HCPSC 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)
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References

1. Practice Committee of the American Society for Reproductive Medicine, American Society for Reproductive Medicine, (2023 by American Society for Reproductive Medicine.) [FNS ASRM Reviewers proof 1..1 assessed 9/23/24](#)
2. American College of Obstetricians and Gynecologists and American Society for Reproductive Medicine. ACOG Committee Opinion Number 762. Prepregnancy Counseling January 2019 (Reaffirmed 2024).

3. American Society for Reproductive Medicine (ASRM). Diagnostic evaluation of the infertile female: A committee opinion, 2021. [Fertility evaluation of infertile women: a committee opinion \(asrm.org\)](https://www.asrm.org/practice-guidance/committee-opinions/2021-fertility-evaluation-of-infertile-women-a-committee-opinion)

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through 9/23/24, 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	<ul style="list-style-type: none"> • Routine maintenance. • Code update
5/1/16	2/16/16	2/24/16	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Routine maintenance • Code Updates - Additions
3/1/18	12/12/17	12/12/17	<ul style="list-style-type: none"> • Routine maintenance
3/1/19	12/11/18		<ul style="list-style-type: none"> • Routine maintenance
3/1/20	12/17/19		<ul style="list-style-type: none"> • 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
3/1/23	12/20/22		Routine maintenance. Is Background section expanded; infertility of opposite sex couples, and female; inclusions and exclusions added.
3/1/24	12/19/23		Routine maintenance (jf) Vendor Managed: NA 2024 CPT code Update: Add 82166 as payable
3/1/25	12/17/24		Routine maintenance (jf) Vendor Managed: NA Updated Infertility definition

			MPS-The safety and effectiveness removed
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Next Review Date: 4th Qtr, 2025

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.