



## INFERTILITY

Infertility exists when a couple has been unable to conceive after a defined period of time during which they have attempted to conceive. Generally, this period is defined as at least twelve months of regular sexual intercourse without contraception (and often, longer periods of time are used to define infertility).

There are several causes of infertility. For women, infertility may be the result of blocked fallopian tubes, fibroids, or hormonal difficulties. Infertility in men may be related to physical problems in the delivery of sperm (e.g., blocked seminal tract) or issues with the sperm itself such as low motility, malformation, or low or no sperm count.

For some patients where the cause of infertility cannot be determined, or where treatments to correct the underlying cause of infertility are ineffective, artificial insemination (AI) and assisted reproductive technologies (ART) such as in vitro fertilization (IVF) can be used to achieve pregnancy in select cases.

Many plans limit or exclude coverage for infertility. The key to accurate claim adjudication rests on the ability of Examiners to identify claims that are potentially related to the diagnosis and treatment of infertility so that plan provisions can be appropriately applied.

### Definitions

Terms that the Examiner may encounter when reviewing claims for infertility include:

Adoptive Pregnancy - fertilization of a woman donor and subsequent transfer (within first week of pregnancy) of the resulting embryo to the uterus of another woman who will carry the baby.

Agglutination of Sperm - binding together of sperm in clumps; this condition may inhibit fertility.

Amenorrhea - absence of menstruation; may be a symptom of infertility.

Anastomosis - the joining together of two hollow organs; in fertility surgery, either the fallopian tubes (in the female) or the vas (in the male) are surgically rejoined.

Anovulation - absence of ovulation.

Antibody - blood protein (immunoglobulin) produced by white blood cells in response to the presence of a specific foreign substance (antigen) in the body, with which it fights or otherwise interacts; antibodies to sperm, if present, can impair fertility by causing agglutination of sperm.



**Trilogy Claims Administrative Handbook**  
**Section 13 - Medical Guidelines**  
**Infertility (13.23)**

Artificial Insemination (AI) - fertilization through the introduction of viable sperm into the vagina, cervical canal or uterus by means other than sexual intercourse.

Artificial Insemination by Donor (AID) - procedure in which donated, viable sperm is introduced into the vagina, cervical canal or uterus by artificial means.

Artificial Insemination by Husband (AIH) - procedure where viable sperm, donated by the husband is introduced into the vagina, cervical canal or uterus by artificial means.

Aspermia - absence of ejaculate, is a condition seen with an incompetent bladder neck following bladder neck surgery or with neurogenic dysfunction.

Assisted Reproductive Technologies (ART) - a group of procedures including IVF, GIFT and ZIFT designed to circumvent the underlying cause of infertility.

Azoospermia - absence of sperm in semen, is associated with testicular disorders or complete obstruction of the seminal tract and is a cause of male infertility.

Basal Body Chart (BBT) - daily self-measuring and charting of the body temperature by a special thermometer to determine length of cycles and probable ovulation dates.

Clomiphene Citrate (Clomid, Serophene) - synthetic drug used to stimulate the release of FSH (a follicle stimulating hormone); taken in pill form on a cyclical basis.

Conceptus - mass of cells resulting from earliest stages of cell division of a zygote.

Corpus Luteum - a gland that forms on the surface of the ovary at the site of ovulation and produces progesterone during the second half of the menstrual cycle, in order to prepare the uterus for a possible pregnancy; corpus luteum regresses if pregnancy does not occur.

Cryopreservation - preservation of sperm, embryos, and oocytes by freezing them at extremely low temperatures; claims should be referred to the Medical Consultant.

Donor Gametes - eggs or sperm donated by individuals for medically assisted conception.

Dysmennorrhoea - painful menstruation.

Ectopic Pregnancy - a pregnancy that occurs outside the uterus, usually in a fallopian tube.

Embryo - term used to describe the stages of growth from the second to the ninth week following conception; during this period cell differentiation proceeds rapidly and the brain, eyes, heart, upper and lower limbs, and other organs are formed.

Embryo Donation - transfer from one woman to another of an embryo obtained by artificial insemination and lavage or, more commonly, by IVF.



Embryo Lavage - flushing of the uterus to recover a preimplantation embryo.

Embryo Transfer - transfer of an in vitro fertilized egg from its laboratory dish into the uterus of a woman.

Endometrial Biopsy - biopsy of the inner surface of the uterus; may assist in determining if ovulation is occurring or to confirm diagnosis of endometriosis.

Endometriosis - condition in which the endometrium of the uterus grows abnormally outside the uterus by implanting in the abdominal walls or throughout the pelvis; causes infertility in 30% to 40% of victims; may cause pain, but there may be no symptoms other than infertility; treatment depends on age and symptoms and patient's desire for pregnancy; can be treated with birth control pills to inhibit ovulation or pregnancy; moderately severe cases are treated surgically to remove implants; very severe cases are treated by total abdominal hysterectomy and bilateral salpingo-oophorectomy.

Endometritis - inflammation of the endometrium of the uterus; symptoms include low back and low abdominal pain, dysmenorrhea, menorrhagia, and sterility.

Epididymis - a structure in the male reproductive tract that constitutes the first part of the excretory duct of each testis.

Estrogen - natural or artificial substance that induces estrogen activity by the estrogenic hormones, estradiol and estrone.

Estrogen Therapy - corrects unfavorable conditions of cervical mucous; treatment is started during the second week following menses and is continued until ovulation is expected.

Extracorporeal Embryo - an embryo maintained outside the body.

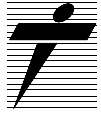
Fallopian Tubes - the uterine tubes; one found on either side of the uterus; these structures have a passageway through which the egg is conveyed from the ovary to the uterus.

Fecund - ability to conceive; characterization used by demographers to identify couples who have no known physical problem that prevents conception.

Fern Test - evaluation of fern-like pattern of dried cervical mucus; as ovulation approaches, more ferning can be observed.

Fertilization - penetration of an ovum by a sperm and subsequent combining of maternal and paternal DNA.

Fetus - the embryo becomes a fetus after approximately nine weeks in the uterus; this stage of development lasts from nine weeks until birth and is marked by the growth and



**Trilogy Claims Administrative Handbook**  
**Section 13 - Medical Guidelines**  
**Infertility (13.23)**

specialization of organ function.

Follicle-Stimulating Hormone (FSH) - a pituitary hormone, also known as gonadotrophin, that along with other hormones stimulates hormone and gamete production by the testes and ovaries.

Gamete - reproductive cell; in a man, the gametes are sperm; in a woman, they are eggs, or ova.

Gamete Intrafallopian Tube Transfer (GIFT) - eggs are surgically or non-surgically removed and injected with the sperm in the fallopian tube.

Gonad - ovary or testis.

Gonadorelin (Factrel) - drug which induces ovulation in women with hypothalamic dysfunction.

Gonadotropin Releasing Hormone (GnRH agonist; Leuprolide or Lupron, etc.) - hormone used in the treatment of infertility that triggers normal hormonal activity so that ovulation can occur; not FDA approved for treatment of infertility but is in common use by the medical community.

Hormone Therapy - infertility in both women and men can be related to a hormonal imbalance. Hormone therapy is used to either redress the imbalances to permit ovulation and sperm development or as an adjunct to ART.

Human Chorionic Gonadotropin (HCG) - hormone used in the treatment of infertility; usually injected in conjunction with FSH; this substance permits the ovarian follicles to rupture and produce the ovum; given by injection 9 to 12 days into the monthly cycle.

Hyperprolactinemia - condition caused by an excess of the hormone prolactin which may inhibit ovulation.

Hysterosalpingogram (HSG) - procedure to produce an x-ray of the fallopian tubes; the action of the dye may clear the tubes of blockages.

Implantation - process by which the fertilized oocyte (zygote) becomes attached to the wall of the uterus (endometrium).

Insufflation of the Fallopian Tubes - simple surgical procedure to test for blocked tubes by blowing gas up through the uterus.

In Vitro - literally "in glass"; pertaining to a biological process or reaction taking place in an artificial environment, usually a laboratory.



In Vitro Fertilization - placement of surgically removed ova in a laboratory dish with sperm for the purpose of fertilization; followed by transfer of one or more successfully formed embryo into the uterus of the woman who will carry the baby.

Intracytoplasmic Sperm Injection (ICSI) - this fertilization technique involves injecting a sperm directly into the egg. Typically, it is used in conjunction with IVF in situations where the man has a low sperm count and/or poor motility.

Klinefelter's Syndrome - endocrine condition; one symptom is primary testicular failure preventing production of sperm.

Luteinizing Hormone (LH) - a hormone produced by the pituitary, that along with FSH, stimulates and directs the ovarian follicle to release the ovum.

Menorrhagia - excessive bleeding at the time of a menstrual period; can be caused by endometriosis; may be a symptom of an underlying condition causing infertility.

Menorrhagia - painful menstruation or pelvic pain accompanying menstruation; can be a symptom of endometriosis, a possible cause of infertility.

Metrodin - a preparation of gonadotropin for injection in patients who have failed to respond to clomiphene therapy; used as an alternative to Pergonal or used in a combination with Pergonal.

Oligospermia - lowered sperm density, may be the result of a varicocele condition and is a cause of male infertility.

Oocyte - female egg or ovum, formed in an ovary.

Orchitis - inflammation of the testis; treatment depends on the cause.

Ovulation - discharge of an oocyte from a woman's ovary, generally around the midpoint of the menstrual cycle.

Ovum (Pl. Ova) - female egg or oocyte, formed in an ovary.

Ovum Donor - woman who donates an ovum or ova to another woman.

Pergolide (Permax) - a drug similar to Parlodel; refer claims to the Medical Consultant.

Pergonal - powerful drug that consists of FSH and LH hormones; used when milder drugs fail to stimulate ovulation.

Post-Coital or Huhner's Test - simple lab test to evaluate sperm survival in the cervical mucous.



**Trilogy Claims Administrative Handbook**  
**Section 13 - Medical Guidelines**  
**Infertility (13.23)**

Preimplantation Embryo - mass of dividing cells of the zygote and the blastocyst that develop in the first 6 to 7 days after fertilization.

Preovulation - first 14 days of a woman's menstrual cycle, when estrogen levels are rising before ovulation takes place.

Primary Infertility - infertility in those who have never had children.

Progesterone - hormone normally produced and released by the corpus luteum for the preparation of the lining of the uterus for the implantation of the fertilized egg; progesterone can be artificially administered in suppository form.

Progesterone (luteal phase effect) - drug is supplied in the form of suppositories; used after conception through eleventh week of gestation in cases of threatened or habitual abortion.

Prolactin - hormone secreted by the pituitary that stimulates breast milk production and supports gonadal function.

Pronucleus Stage Transfer (PROST) - method of fertilization; claims should be referred to the Medical Consultant for review.

Retrograde Ejaculation - discharge of semen back into the bladder, rather than out through the penis.

Secondary Infertility - Infertility in those who have previously been fertile.

Seminal Vesicles - two saclike structures in the male which secrete a fluid that forms a part of the semen.

Sperm Count - test of the semen to determine the number of viable sperm present.

Sperm Intrafallopian Transfer (SIFT) - method of fertilization; claim should be referred to the Medical Consultant.

Surrogate Gestational Mother - the genetic mother provides a pre-embryo following in vivo or in vitro fertilization; the embryo is implanted in the surrogate mother.

Testosterone - a hormone produced by adrenal activity in both the males and females.

Tubal Ligation - the prevention of conception by surgical interruption (either through suturing or cauterization of the severed ends) of the fallopian tubes.

Tubal Ovum Transfer/Tubal Embryo Transfer (TET) - ovum are transferred beyond the blocked or damaged portion of the fallopian tube, closer to the uterus.



Tubal Patency Test - is another term for hysterosalpingogram.

Tuboplasty - term for the rejoining or anastomosis of the Fallopian tubes after a previous sterilization.

Ultrasound Examinations - used to produce an image of the pelvic/ovarian area and are used to diagnose ovarian function and egg release; ultrasound tests that follow a monthly cycle may be a signal of infertility treatment/diagnosis.

Uterine Lavage and Transfer - flushing the uterus to recover a preimplantation embryo; retrieved embryo is transferred to a woman whose uterine lining has been readied (through hormonal intervention) for pregnancy.

Varicocele - is the enlargement of the veins of the spermatic cord; can be a cause of infertility in the male.

Vas Deferens - duct that carries sperm from the testicles to the glands where they are stored in preparation for ejaculation; abnormality or previous vasectomy may cause infertility and require surgery.

Vasectomy - surgical cutting of the vas deferens; results in sterility.

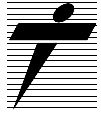
Zona Drilling/Microinjection - the egg is removed and a glass needle or chemical is used to puncture the jelly-like barrier (zona pellucida) surrounding the egg; sperm is then injected and the resulting embryo is surgically placed in the fallopian tube; treatment is experimental.

Zygote - A fertilized oocyte (egg or ova) formed by the fusion of egg and sperm, containing DNA from both.

Zygote Intrafallopian Transfer (ZIFT) - eggs are surgically removed and fertilized in a laboratory dish; resulting embryo is surgically placed into the fallopian tube.

### **Coverage Issues and Guidelines**

The eligibility of benefits for infertility services is determined based on the terms of the specific benefit plan in question. The Examiner should review the benefit plan to determine if there are any exclusions or limitations applicable to infertility services or supplies. The provisions of the benefit plan will always govern the determination of benefits. Any applicable state mandates apply to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates apply to all plans. Two good resources for additional information on mandated state benefits are [www.cahi.org](http://www.cahi.org) and [www.insure.com](http://www.insure.com).



**Trilogy Claims Administrative Handbook**  
**Section 13 - Medical Guidelines**  
**Infertility (13.23)**

Because plans take various approaches towards covering infertility, Examiners must be aware of the sometimes-subtle distinctions between them. Some plans exclude the diagnosis and treatment of infertility altogether; however many plans cover infertility to some degree as follows:

- The evaluation of infertility is covered, but treatment to correct the underlying condition, artificial insemination and ART are not covered;
- The evaluation and treatment of the underlying condition are covered, but specific treatments such as artificial insemination and ART designed to achieve pregnancy are not covered; or
- The evaluation and treatment of infertility are covered, including treatments such as artificial insemination and ART.

Coverage of infertility is driven by employer preferences for self-insured plans and by state law for insured plans.

Plan language varies based on the range of infertility services covered. Many plans cover infertility on the same basis as other illnesses, but exclude artificial insemination and ART. These procedures are excluded as not being medically necessary because rather than treating an illness by attempting to diagnose or treat the underlying cause of infertility, their goal is to produce a pregnancy. Examples of plan language reflecting this approach follow:

- In vitro fertilization procedures (including, but not limited to GIFT) and studies required for in vitro fertilization procedures are not covered.
- Coverage is not provided for charges related to artificial insemination, in vitro fertilization and embryo transfer procedures.

With the continuing development of new infertility treatments, plans may use generic terms, such as embryo transfer procedures, in their exclusions so that the language applies to new procedures as they become available.

While fairly rare except among large employers, some self-insured plans cover ART (IVF, GIFT, and/or ZIFT). The benefit may have certain restrictions and/or requirements such as:

- Pre-certification;
- Dollar maximums, typically per lifetime;
- Limited number of procedures, e.g., IVFs or egg retrievals per lifetime;



- Availability only after unprotected intercourse has not resulted in pregnancy after certain amount of time generally one, two or five years; and/or
- The use of a "Center of Excellence" facility or one that conforms to the standards established by the American Society of Reproductive Medicine or American College of Obstetricians and Gynecologists.

Because of various limitations and requirements placed on the coverage of artificial insemination and in vitro fertilization, it is difficult to point to any typical plan language.

### Surrogacy

For infertile couples, the use of a surrogate mother has become more popular in recent years. In this scenario, the infertile couple locate a willing and able female to carry their child either through the use of artificial insemination or an IVF procedure. Expenses that are common with the use of a surrogate include the implantation/insemination fee, psychological testing, medical testing, fertility drugs, prenatal care, delivery, post-natal care and potentially, the cost of an egg donor. In addition, many surrogate mothers are reimbursed for their services.

Health insurance plans approach coverage for surrogate pregnancies in several ways. Many have clear language in the policy specifically allowing or excluding some or all surrogacy related expenses. Most plans, however, have uncertain or ambiguous definitions and terms that can be difficult to interpret.

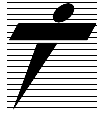
Plan administrators should be aware that some plans will cover (many times unknowingly) the cost of prenatal care and delivery for its members regardless of whether or not that member is acting as a surrogate mother. Plans that choose to cover the prenatal care and delivery of the surrogate mother under the coverage of its infertile member should verify that the surrogate mother does not have coverage for the surrogacy expenses prior to issuing reimbursement.

When faced with questions or claims regarding surrogacy expenses, the Examiner should carefully review the plan document and refer the claim to a Supervisor if the plan's intent is unclear.

### Experimental/Investigational Services

The following services are typically not covered because they are considered experimental, investigational or unproven:

- Antiprothrombin antibodies, embryotoxicity assay, IV immunoglobulins;



**Trilogy Claims Administrative Handbook**  
**Section 13 - Medical Guidelines**  
**Infertility (13.23)**

- Co-culture of embryos;
- Computer-assisted sperm motion analysis;
- Cryopreservation, storage and thawing of oocytes, ovaries or testicular tissue;
- Direct intraperitoneal insemination, intrafollicular insemination, fallopian tube sperm transfusion;
- Endometrial receptivity testing;
- Fine needle aspiration mapping;
- FSH manipulation of women with elevated FSH levels;
- Hemizona test;
- Hyaluronan binding assay;
- Leukocyte immunization;
- Serum inhibin B for detecting ovarian reserve;
- Sperm chromatin assay;
- Sperm DNA fragmentation assay;
- Sperm DNA integrity testing;
- Sperm viability test (e.g., hypo-osmotic swelling test) when performed as a diagnostic test; and
- The use of sperm precursors in the treatment of infertility.

**Cross Reference:**

**Section 8.9, Experimental and Investigational**

If a denial of benefits relates to an ERISA plan, the notice of denial should comply with all ERISA requirements including the specific reason or reasons for the adverse determination and a description of any additional information necessary for reconsideration of the claim.

**Cross Reference:**

**Section 4.3, Employee Retirement Income Security Act (ERISA)**

**Legislative Issues**

The purpose of this section is to highlight certain regulatory and/or legal issues involving infertility. We are not attempting to cover these issues in a comprehensive and/or thorough manner. Moreover, for specific legal recommendations regarding these issues or a particular case, seek advice of legal counsel.

**State Laws**

Some states have passed legislation requiring coverage of the diagnosis and treatment of infertility. These requirements are referred to as benefit mandates. Note that state laws only



apply to insured plans. A good resource that provides information on mandated state benefits as well as links to the Department of Insurance by state is [www.insure.com](http://www.insure.com). These laws require insured plans to cover certain infertility treatments, such as artificial insemination and IVF. However, this coverage is often subject to the existence of certain conditions or circumstances. The Examiner needs to pay careful attention to the following:

- The effective date of the legislation;
- The types of treatment covered under the legislation; and
- The state-specific requirements the claimant must meet, examples include:
  - Minimum time of unprotected intercourse;
  - Five years of marriage prior to initiation of treatment;
  - Exhaustion of other means of treatments without conception; and/or
  - Use of only spousal egg and sperm.

#### Federal Laws - The American With Disabilities Act (ADA)

The 8th Circuit Court of Appeals found that plans that exclude infertility treatment are not in violation of the ADA. However, this position is likely to be tested again. In addition, coverage decisions regarding infertility are likely to face legal challenges on other fronts.

#### Medical Review Issues

Pre-certifications and claims should be referred for medical review under these circumstances:

- **To determine whether a treatment(s) is infertility-related.** This issue arises frequently because many plans exclude some or all infertility treatments. Medical review can help identify infertility-related services in seemingly ambiguous situations.
- **To determine whether a treatment(s) is medically necessary or appropriate.** For example, if drug therapy does not result in pregnancy within 12 months it is usually discontinued. However, there are legitimate indications for its prolonged use. Medical reviews of claims can often differentiate acceptable from inappropriate treatment for patients on prolonged courses of infertility drugs.

#### Preparation for Medical Review

When the Examiner or Supervisor refers a claim for medical review, the reviewer should be provided with the following medical records from the claimant's primary physician and any



**Trilogy Claims Administrative Handbook**  
**Section 13 - Medical Guidelines**  
**Infertility (13.23)**

specialists:

- Patient's registration form;
- Treatment notes; and
- All test results, including pathology reports and ultrasound/x-ray findings.

If a hospitalization is involved, these additional items should be requested:

- Admission history, physical, and discharge summary;
- Doctor's and nurses' notes; and
- Operative report.

The reviewer should also be provided with the relevant infertility benefits plan language.

Screening Claims for Medical Review

I. Plans that Exclude Coverage for All Infertility Services

When a plan excludes coverage for all infertility services, claims that are billed in conjunction with any of the following diagnoses should be referred for medical review. These may represent non-covered services:

Diagnosis . . .	ICD-9 Code . . .
Ovarian failure or dysfunction	256, 256.3, 256.8
Testicular dysfunction or hypofunction	257, 257.2, 257.8, 257.9
Male infertility	606, 606.9
Azoospermia	606.0
Oligospermia	606.1
Infertility due to extratesticular causes	606.8
Female infertility	628

In addition, the Examiner must look for combinations of procedures and diagnoses that, when appearing together, suggest a possible infertility claim. Look for claims that include



any procedure listed in **Table A**, and any diagnosis listed in **Table B**. These claims should be referred for medical review.

**Table A**

Procedure . . .	CPT Code . . .
Laparoscopy	49321
Catheterization and introduction of saline or contrast material for hysterosonography or hysterosalpingography	58340
Transcervical introduction of fallopian tube catheter for diagnosis	58345
Hysterosalpingography	74740
Hysteroscopy	58555, 58558-58563, 58565, 58579
Hysterosonography	76831
Ultrasound	76830, 76856, 76857
Needle biopsy of the testis	54500
Incisional biopsy of the testis	54505

**Table B**

Diagnosis . . .	ICD-9 Code . . .
Uterine fibroids (without prior history of pain or excessive bleeding)	218, 218.0, 218.1, 218.2, 218.9
Endometriosis (without prior history of pain, menstrual difficulties or excessive bleeding)	617, 617.0, 617.1, 617.2, 617.3, 617.4, 617.5, 617.6, 617.8, 617.9
Unspecified disorders of the uterus	621, 621.9
Pelvic pain	625, 625.8, 625.9
Other disorders of male genital organs	608
Unspecified disorder of male genital organs	608.9



**Trilogy Claims Administrative Handbook**  
**Section 13 - Medical Guidelines**  
**Infertility (13.23)**

II. Plans that Exclude Coverage for the Evaluation of Infertility

When a plan excludes coverage for the evaluation of infertility, claims containing these services should be referred for medical review. These procedures are typically associated with the evaluation of infertility - and may represent non-covered services.

Procedure . . .	CPT Code . . .
Cystourethroscopy with ejaculatory duct catheterization (male)	52010
Gonadotropin tests	80426, 83001, 83002, 84702, 84703, 84704
Pregnanediol	84135
Ovulation tests	84830
Sperm test	89257, 89259, 89260, 89261, 89300, 89310, 89320, 89321, 89325, 89329, 89330

III. Plans that Exclude Coverage for the Treatment of Infertility

When a plan excludes coverage for the treatment of infertility, claims with these procedures should be referred for medical review. They may indicate treatment of underlying causes of infertility and may represent non-covered services:

Procedure. . .	CPT Code . . .
Laparoscopic GU procedures	49321, 58660, 58662, 58670, 58672, 58673
Transcervical introduction of fallopian tube catheter for treatment	58345
Oviduct/fallopian tube repair	58740, 58750*, 58752, 58760, 58770, 58900, 58920
Vasovasostomy, vasovasorrhaphy	55400*

\*Sterilization reversal procedures - the Examiner should check for specific plan language addressing coverage for these procedures.



IV. Plans that Exclude Coverage for Certain Drug Therapies in Connection with the Treatment of Infertility

In general, all claims for infertility drugs should be referred for medical review if the plan has either general (or ambiguous) exclusions for such treatment. Even when a plan covers drug therapy in connection with infertility treatment, drug claims submitted by patients who have been receiving drug therapy for more than 12 months should be referred for medical review. The majority of infertility patients who respond to drug therapy will become pregnant within one year.

The following table includes FDA-approved fertility drugs:

Generic Name . . .	Trade Name * . . .
Clomiphene citrate	Clomiphen citrate, Clomid®, Serophene®, Milophene®
Chorionic gonadotropin**	Chorionic gonadotropin, APL®, Pregnyl®, Profasi®, Chorex®, Choron®, Ovidrel®, Novarel®
Ganirelix acetate	Antagon®
Leuprolide**	Lupron®
Goserelin	Zoladex®
Gonadorelin	Lutrepulse®, Factrel®
Menotropins	Pergonal®, Repronex®, Humegon®
Progesterone	Crinone®, Prometrium®
Urofollitropin	Metrodin®, Fertinex®
Follitropin Alfa	Gonal-F®
Follitropin Beta	Follistim®

\* Other trade names may exist for some of these drugs.

\*\* Chorionic gonadotropin and leuprolide are considered fertility drugs when used in combination with menotropins or urofollitropin.



**Trilogy Claims Administrative Handbook**  
**Section 13 - Medical Guidelines**  
**Infertility (13.23)**

V. Artificial Insemination - Reviewing the Medical Necessity and Appropriateness of Services

Medical review is obviously recommended when the number of attempts to artificially inseminate a patient exceeds plan limits (assuming it is a covered benefit). However, when limits of this type are not specified in the plan document, claims beyond the 6th attempt using fresh sperm, or the 12th attempt using frozen sperm should be referred for medical review.

The following codes are used to bill for artificial insemination:

Procedure . . .	CPT Code . . .
Intra-cervical artificial insemination	58321
Intra-uterine artificial insemination	58322
Sperm washing for artificial insemination	58323

VI. Assisted Reproductive Technologies (ART) - Medical Necessity of Services

ART refers to an array of interventions designed to establish a viable pregnancy for those couples who have been diagnosed with infertility. These procedures include in vitro fertilization (IVF), gamete and zygote intrafallopian transfer (GIFT and ZIFT). These services are costly and many plans that offer coverage for these services require pre-authorization and/or proof that other infertility treatments have been attempted without success. Sometimes, plans also require that treatment be rendered at an approved center of excellence (COE). Plan limitations on the number of attempts are common.

Pre-certifications and claims should be referred for medical review under the following circumstances:

- When other treatments were not attempted prior to ART (e.g., artificial insemination);
- When the number of attempts exceeds the plan limits;
- When treatment goes beyond third attempt for plans not specifying limits to the number of ART attempts; and
- When ART is performed by a provider who does not belong to the Society of Assisted Reproductive Technologists (SART), a sub-society of the American



Society of Reproductive Medicine (ASRM).

The following codes are used to bill for ART procedures:

Procedure . . .	CPT Code . . .
Follicle puncture for oocyte retrieval	58970
Embryo transfer, intrauterine	58974
Gamete, zygote, or embryo intrafallopian transfer	58976
Culture and fertilization of oocyte(s)	89250, 89251
Assisted embryo hatching	89253
Oocyte identification	89254
Preparation of embryo for transfer	89255
Sperm identification from aspiration	89257
Cryopreservation of embryo	89258
Cryopreservation of sperm	89259
Sperm isolation; simple prep	89260
Sperm isolation; complex prep	89261
Sperm identification from testis tissue	89264
Assisted oocyte fertilization	89280, 89281
Preparation of cryopreserved embryos for transfer	89352



**Trilogy Claims Administrative Handbook**  
**Section 13 - Medical Guidelines**  
**Infertility (13.23)**

**Billing and Coding Issues**

**Unbundling**

The table below can be used to identify potential CPT code unbundling issues. The left-hand column shows codes for procedures specific to infertility treatments; the right-hand column shows procedures that are considered incidental to the codes in the left column or are inappropriate to perform at the same time. When a submitted claim includes a code in the left column, codes in the right column should be reviewed to ensure that they are appropriate for payment:

When this code is billed . . .	Review these codes before payment. . .
52010	51700, 52005
54505	54500
55400	55000
58555, 58558, 58559	56820, 56821, 57400, 57420, 57421, 57455, 57456, 57461
58560, 58562	56820, 56821, 57400, 57420, 57421, 57455, 57456, 57461, 58559
58561, 58563	0071T, 0072T, 56820, 56821, 57400, 57420, 57421, 57455, 57456, 57461, 58559
58565	50715, 56820, 56821, 57100, 57420, 57421, 57455, 57456, 57461, 58600, 58605, 58670
58662	58661, 58670, 58740
58670, 58672, 58750, 58752, 58760	58740
58673	58662, 58670, 58671, 58740
58740, 58900	49320
58770	58661, 58662, 58670, 58671, 58700, 58720, 58740
58920	49320, 58740
89260	89300, 89310, 89320, G0027
89261	89260, 89300, 89310, 89320, G0027
89280	80500, 80502
89281	80500, 80502, 89280



When this code is billed . . .	Review these codes before payment. . .
89352	80500, 80502, 88240, 88241

### **Additional Information**

American Society for Reproductive Medicine

[www.asrm.org](http://www.asrm.org)

The American College of Obstetricians and Gynecologists

[www.acog.org/](http://www.acog.org/)

The National Guideline Clearinghouse (NGC) is a public resource for evidence based clinical practice guidelines for diseases, conditions, treatments and interventions. The NGC maintains a Web site with a comprehensive database that can be accessed at:

[www.guideline.gov](http://www.guideline.gov)

The Agency for Healthcare Research and Quality (AHRQ) is the research arm of the U.S. Department of Health and Human Services (HHS) and is the nation's lead Federal agency for research on health care quality, costs, outcomes, and patient safety. AHRQ maintains a Web site that can be searched for evidence based practice outcomes and effectiveness, clinical practice guidelines and technology assessments. The site can be accessed at:

[www.ahrq.gov](http://www.ahrq.gov)