Infertility Diagnosis, Treatment and Fertility Preservation

This Medical Policy applies to members of the APWU Health Plan High Option:

- Effective 1/1/2024 annual Infertility Benefits are available for artificial insemination (AI), including intravaginal insemination (IVI), intracervical insemination (ICI) and intrauterine insemination (IUI) and coverage for infertility medications, including IVF related drugs.
- Effective 1/1/2024, Infertility drugs may be used for any infertility treatment, i.e. preparation for Artificial Insemination, preparation for IVF or preparation for fertility preservation.
- Effective 1/1/2023 Fertility Preservation Benefit for Iatrogenic Infertility is limited to a lifetime maximum of $12,000/person. This benefit covers fertility preservation procedures (retireval of and freezing of eggs or sperm) needed due to chemotherapy, pelvic radiotherapy, ovary or testicle removal and other gonadotoxic therapies for the treatment of disease and/or gender reassignment.

Benefit Exclusions: Infertility services after voluntary sterilization; Assisted reproductive technology (ART) procedures such as: In vitro fertilization (IVF); embryo transfer and gamete intra-fallopian transfer (GIFT) and zygote intra-fallopian transfer (ZIFT); services and supplies related to ART procedures; cost of donor sperm, and cost of donor egg.

Definition of Infertility:
Infertility is the result of a disease (an interruption, cessation, or disorder of body functions, systems, or organs) of the reproductive tract which prevents the conception of a child or the ability to carry a pregnancy to delivery.

Coverage:
APWU Health Plan has built their claims system to identify primary diagnosis code and link it to covered infertility services in order to determine appropriateness and then allow up to the benefit limitations noted in the Health Plan brochure.

The following tests or procedures are proven and medically necessary for diagnosing or treating Infertility:

Infertility Benefit Professional Services

58321	CPT	ARTIFICIAL INSEMINATION INTRA-CERVICAL
58322	CPT	ARTIFICIAL INSEMINATION INTRA-UTERINE
58323	CPT	SPERM WASHING FOR ARTIFICIAL INSEMINATION
58340	CPT	CATHETER FOR HYSTEROGRAPHY
58345	CPT	REOPEN FALLOPIAN TUBE
58558	CPT	HYSTEROSCOPY BIOPSY
58672	CPT	LAPAROSCOPY FIMBRIOPLASTY
58673	CPT	LAPAROSCOPY SALPINGOSTOMY
68760	CPT	CLOSE TEAR DUCT OPENING
74740	CPT	X-RAY FEMALE GENITAL TRACT
74742	CPT	X-RAY FALLOPIAN TUBE
76830	CPT	TRANSVAGINAL US NON-OB
76831	CPT	ECHO EXAM UTERUS
76856	CPT	US EXAM PELVIC COMPLETE
76857	CPT	US EXAM PELVIC LIMITED
80050	CPT	GENERAL HEALTH PANEL

84402	CPT	ASSAY OF FREE TESTOSTERONE
84403	CPT	ASSAY OF TOTAL TESTOSTERONE
89264	CPT	IDENTIFY SPERM TISSUE
89300	CPT	SEMEN ANALYSIS W/HUHNER
89310	CPT	SEMEN ANALYSIS W/COUNT
89320	CPT	SEMEN ANAL VOL/COUNT/MOT
89321	CPT	SEMEN ANAL SPERM DETECTION
89322	CPT	SEMEN ANAL STRICT CRITERIA
89325	CPT	SPERM ANTIBODY TEST
89330	CPT	EVALUATION CERVICAL MUCUS
89331	CPT	RETROGRADE EJACULATION ANAL
J0725	CPT	INJ CHORIONIC GONADOTROPIN-1000 USP
Q9951	CPT	LOCM 400/> MG/ML IODINE CONC ML

Infertility Facility Benefit

300	REV	LAB
301	REV	CHEMISTRY TESTS
302	REV	IMMUNOLOGY TESTS
305	REV	HEMATOLOGY TESTS
306	REV	BACT & MICRO TESTS
310	REV	PATHOLOGY LAB
320	REV	DX X-RAY
361	REV	OR/MINOR

Diagnosis Code Set

ICD10	N35.9	URETHRAL STRICTURE UNSPECIFIED
ICD10	N46.01	ORGANIC AZOOSPERMIA
ICD10	N46.021	AZOOSPERMIA DUE TO DRUG THERAPY
ICD10	N46.022	AZOOSPERMIA DUE TO INFECTION
ICD10	N46.023	AZOOSPERMIA D/T OBST EFFERENT DUCTS
ICD10	N46.024	AZOOSPERMIA DUE TO RADIATION
ICD10	N46.025	AZOOSPERMIA DUE TO SYSTEMIC DISEASE
ICD10	N46.029	OLIGOSPERM D/T EXTRATESTICULAR CAUSES
ICD10	N46.11	ORGANIC OLIGOSPERMIA
ICD10	N46.121	OLIGOSPERMIA DUE TO DRUG THERAPY
ICD10	N46.122	OLIGOSPERMIA DUE TO INFECTION
ICD10	N46.123	OLIGOSPERMIA D/T OBST EFFERNT DUCTS
ICD10	N46.124	OLIGOSPERMIA DUE TO RADIATION
ICD10	N46.125	OLIGOSPERMIA D/T SYSTEMIC DISEASE
ICD10	N46.129	OLIGOSPRM D/T OTH EXTRATESTICULAR CAUSES
ICD10	N46.8	OTHER MALE INFERTILITY
ICD10	N46.9	MALE INFERTILITY UNSPECIFIED
ICD10	N97.0	FE INFERTILITY ASSOC W/ANOVULATION
ICD10	N97.1	FEMALE INFERTILITY OF TUBAL ORIGIN
ICD10	N97.2	FEMALE INFERTILITY UTERINE ORIGIN
ICD10	N97.8	FEMALE INFERTILITY OF OTHER ORIGIN

ICD10	N97.9	FEMALE INFERTILITY UNSPECIFIED

Iatrogenic Infertility

Definition of Iatrogenic Infertility:

An impairment of fertility by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes.

Iatrogenic Infertility Benefit:

Applies to a member who has planned cancer treatments such as chemotherapy, pelvic radiotherapy, ovary or testicle removal and other gonadotoxic therapies for the treatment of disease and/or undergoing gender transition.

Coverage:

The Health Plan has built their claims system to identify primary diagnosis code and link it to covered fertility preservation services in order to determine appropriateness and then allow up to the benefit limitations noted in the Health Plan brochure.

Coverage includes the collection of sperm, cryopreservation of sperm, ovulation induction and retrieval of eggs, oocyte cryopreservation, ovarian tissue cryopreservation, assisted oocyte fertilization, and embryo cryopreservation. Long-term storage costs (i.e., anything longer than twelve months) are the responsibility of the member.

Fertility Preservation Professional Services:

58970	CPT	Follicle puncture for oocyte retrieval, any method
89250	CPT	Culture Oocyte less than 4 days
89251	CPT	Culture Oocyte less than 4 days w/co-culture
89253	CPT	Assisted Embryo hatching, microtechniques (any method)
89254	CPT	Oocyte Identification from follicular fluid
89258	CPT	Cryopreservation embryo
89259	CPT	Cryopreservation sperm
89260	CPT	Sperm isolation; simple prep
89261	CPT	Semen analysis with sperm isolation
89264	CPT	Sperm analysis from testis tissue
89268	CPT	Insemination of oocytes
89272	CPT	Extended culture of oocytes/embryo(s) 4-7 days
89280	CPT	Assisted oocyte fertilization, less than or equal to 10 oocytes
89281	CPT	Assisted oocyte fertilization, greater than 10 oocytes
89320	CPT	Semen analysis volume, count, motility and differential
89337	CPT	Cryopreservation, mature oocyte(s)
89342	CPT	Storage, embryo(s) per year
89343	CPT	Storage, sperm/semen per year
89346	CPT	Storage, oocyte(s) per year
J0725	CPT	Injection chorionic gonadotropin per 1,000 USP Units
J3355	HCPC	Injection, urofollitropin, 75 IU
S0122	HCPC	Injection, menotropins, 75 IU
S0126	HCPC	Injection, follitropin alfa, 75 IU
S0128	HCPC	Injection, follitropin beta, 75 IU
S0132	HCPC	Injection, ganirelix acetate, 250 mcg
S4011	HCPC	Identification and incubation of mature oocytes, fertilization with sperm, incubation of embryos and visualization for determination of development

S4022	HCPC	Assisted oocyte fertilization, case rate
S4030	HCPC	Sperm procurement and cryopreservation service, initial visit
S4031	HCPC	Sperm procurement and cryopreservation service, subsequent visit

Fertility Preservation Facility Benefit

300	REV	LAB
309	REV	OTHER LABORATORY
361	REV	OR/MINOR

Diagnosis Code Set

ICD10	Z31.84	ENCOUNTER FERTILITY PRESERVATION

Benefit Limitations and Exclusions:

- Any infertility services or supplies beyond the benefit maximums (dollars or procedure limits)

The following services are excluded (even when the Plan provides benefits for infertility):

- Donor services for donor sperm, ovum or oocytes (eggs), or embryos.