

INFERTILITY: TREATMENT OF

Policy:

Other than fertility preservation for iatrogenic infertility which is covered at 100% as a regular health benefit with the same copays as it would have for any other normal medical/surgical health benefit, VCHCP covers 50% of basic diagnostic testing, injections, and treatments for infertility. In addition, this benefit is subject to infertility medication co-payments. These are summarized below.

DEFINITION: For purposes of the Plan, infertility is defined as the following:

- 1) Women age 35 and younger: Failure to conceive after no less than 12 months of unprotected intercourse, or the inability to carry a pregnancy to term (CHSC 1374.55 (b)).
- 2) Women older than 35: Failure to conceive after no less than 6 months of unprotected intercourse, or the inability to carry a pregnancy to term (CHSC 1374.55 (b)).

A. Basic Coverage

1. Covered benefits include reasonable and necessary services associated with the diagnosis of infertility, including, but not necessarily limited to:
 - a. Medical history (both partners)
 - b. Medical exam (both partners), including but not limited to:

FEMALES:

- ii. Complete history and physical including pelvic exam
- iii. Routine laboratory investigation, including tests for hormonal disturbances, e.g. FSH, LH, progesterone and prolactin
- iv. Evaluation of basal temperatures, if indicated
- v. Cultures for infectious agents
- vi. One ultrasound

MALES:

- i. Semen analysis, up to a maximum of 3 tests
- ii. Routine laboratory investigations, including tests for FSH, LH, prolactin, and serum testosterone
- iii. Scrotal ultrasound, when indicated, for suspected varicocele.

2. Covered benefits include reasonable and necessary treatment of infertility, including the following:

- a. Timing of intercourse, according to tests, vital signs or other indications present in the member female.
- b. Stimulation of ovulation by the use of medications. These are prior authorization medications with specialty infertility copays.
- c. Evaluation of ovulation and/or early pregnancy by the use of ultrasound examinations.
- d. Surgical treatment of naturally occurring (not surgically or artificially produced) fallopian tube or uterine abnormality, including fallopian tube obstruction.

B. Not covered (unless specifically included in Plan Rider or other EOC)

1. Artificial insemination, whether from spouse/partner or donor
2. Penile implants
3. Reversal of voluntary sterilization, male or female
4. Any form of in-vitro fertilization
5. Intravenous Immunoglobulin (IVIG) for recurrent spontaneous abortion.
6. Ovulatory stimulants, repeat lab tests or ultrasounds when used to prepare for Assisted Reproductive Technology services.

Procedure:

Infertility conditions are excluded from OB/Gyn Direct Access and require prior authorization. A treatment plan should be submitted to the Medical Director for approval, which may be granted and renewed for 90-day time periods.

A. Attachments: None

B. References: None

C. History:

Reviewers: Richard O. Ashby MD; Date: 1/1/00

Reviewed/Revised: Sheldon Haas M.D., David Chernof M.D., Lita Catapang, RN and QA Committee; Date: 04/01/04

Reviewed/Revised: Albert Reeves, MD; Date: 2/6/12

Committee Reviews: UM: February 09, 2012; QAC: February 28, 2012

Reviewed/No Updates: Albert Reeves, MD; Date: 1/28/13
 Committee Review: UM: February 14, 2013; QAC: February 26, 2013
 Reviewed/No Updates: Catherine Sanders, MD
 Committee Review: UM: February 13, 2014; QAC February 25, 2014
 Reviewed/No Updates: Catherine Sanders, MD
 Committee Review: UM: February 12, 2015; QAC: February 24, 2015
 Reviewed/No Updates: Faustine Dela Cruz, RN & Catherine Sanders, MD
 Committee Review: UM: February 11, 2016; QAC: February 23, 2016
 Reviewed/Updated: Catherine Sanders, MD & Robert Sterling, MD
 Committee Review: UM: February 9, 2017; QAC: February 28, 2017
 Reviewed/Updated: Catherine Sanders, MD & Robert Sterling, MD
 Committee Review: UM: February 8, 2018; QAC: February 27, 2018
 Reviewed/No Updates: Catherine Sanders, MD & Robert Sterling, MD
 Committee Review: UM: February 14, 2019; QAC: February 26, 2019
 Reviewed/No Updates: Catherine Sanders, MD & Robert Sterling, MD
 Committee Review: UM: May 9, 2019; QAC: May 28, 2019
 Reviewed/No Updates: Howard Taekman, MD & Robert Sterling, MD
 Committee Review: UM: February 13, 2020; QAC: February 25, 2020
 Reviewed/Updated: Howard Taekman, MD & Robert Sterling, MD
 Committee Review: UM: November 12, 2020; QAC: November 24, 2020
 Reviewed/No Updates: Howard Taekman, MD & Robert Sterling, MD
 Committee Review: UM: February 11, 2021; QAC: February 23, 2021
 Reviewed/No Updates: Howard Taekman, MD & Robert Sterling, MD
 Committee Review: UM: February 17, 2022; QAC: February 22, 2022

Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
2/9/17	Yes	Catherine Sanders, MD; Robert Sterling, MD	Annual Review; updated to reflect evaluation of ovulation and/or early pregnancy by the use of ultrasound examination- as payable separately from office visit rate.
2/8/18	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/14/19	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
5/9/19	Yes	Robert Sterling, MD	Infertility workup guideline is failure to conceive after only <i>6 months</i> of unprotected intercourse or inability to carry pregnancy to term for women older than 35 years of age. For those



VENTURA COUNTY
HEALTH CARE PLAN

			35 and younger, the failure to conceive after no less than <i>12 months</i> .
2/13/20	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
11/12/20	Yes	Howard Taekman, MD; Robert Sterling, MD	Fertility preservation for iatrogenic infertility which is covered at 100% as a regular health benefit with the same copays as it would have for any other normal medical/surgical health benefit
2/11/21	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
2/17/22	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review