



FEDERAL, GOVERNMENT OF GUAM and COMMERCIAL BENEFIT INTERPRETATION POLICY (BIP)

SUBJECT:		FAMILY PLANNING		
TITLE:		Infertility Services		
MARKET:		Guam, Saipan, Palau		
Approval Date:	Effective Date:	Review Date:	Revision Date:	Policy Number:
01/01/06	01/01/06; New effective date 1/1/2024	01/01/2006-11/7/2006; 9/27/2014-10/20/2014	10/20/2014; 5/3/2023; 1/9/2024	0033

REMINDER: Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the Member Handbook (MH) and Schedule of Benefits (SOB) – always verify coverage and apply benefits accordingly. If there is a discrepancy between this policy and the MH and SOB, the SOB will govern. (The policy language represents how the benefits have always been interpreted, but recently documented as the official guideline for the Federal and Commercial markets).

A. FEDERAL MANDATED REGULATIONS

None

B. MARKET PLAN ENHANCEMENTS

None

C. COVERED BENEFITS

TakeCare will provide infertility coverage under the Federal Employee Health Benefits (“FEHB”) when it is determined to be medically necessary.

To receive a diagnosis of infertility, an individual must be unable to conceive or produce conception after having intercourse without using birth control during a period of 1 year if the individual is under age 35, or during a period of 6 months if the individual is age 35 and older.

For individuals without a partner or exposure to egg-sperm contact, a diagnosis of infertility can be received if the individual is not able to conceive or produce conception through artificial insemination. Infertility may also be established through evidence of medical history and diagnostic testing.

Below is a list of covered services:

1. **Reasonable and necessary services associated with the diagnosis and treatment of infertility.** Depending on the member of an infertile couples’ unique medical situation, the following diagnostic tests may be considered medically necessary, when performed solely to establish the underlying etiology of infertility:
 - a. Diagnostic tests for the Female
 - i. Diagnostic tests for general medical evaluation, including complete blood count (CBC), liver function tests (LFT), rapid plasma reagin test (RPR), Human Immunodeficiency Virus (HIV), cultures for chlamydia and gonorrhea.
 - ii. Diagnostic tests to rule out endocrine causes of infertility (e.g., thyroid-stimulating hormone [TSH], blood sugar, dehydroepiandrosterone [DHEA], dehydroepiandrosterone sulfate (DHEAS), 17 hydroxyprogesterone, total and fractionated testosterone, estradiol measurements) if clinically indicated.
 - iii. LH (luteinizing hormone), prolactin, progesterone, and/or FSH (Follicle stimulation hormone) levels

- iv. Anti-Mullerian hormone (AMH)
 - v. Pelvic ultrasonography
 - vi. Hysterosalpingography (HSG)
 - vii. Saline infusion sonohysterography (SIS or SHG)
 - viii. Laparoscopy
 - ix. Hysteroscopy
 - x. Hormonal antisperm antibodies (should not be performed as a routine screen)
 - xi. Fasting insulin
 - xii. Serum Chlamydia IgG
- b. Diagnostic tests for the Male
- i. Semen analysis (two specimens at least one month apart).
Note: Semen analysis values may vary according to the reference lab used.
 - ii. Endocrine evaluation if clinically indicated. (Minimum initial hormonal evaluation should consist of measurement of serum follicle-stimulating-hormone (FSH), luteinizing hormone (LH), testosterone, and prolactin.)
 - iii. Antisperm antibodies
 - iv. Post-ejaculatory urinalysis
 - v. Urine and semen culture
 - vi. Vasography
 - vii. Scrotal ultrasonography
 - viii. Testicular biopsy
 - ix. Transrectal ultrasonography of the prostate, seminal vesicles, and ejaculatory duct. This test should only be used when there is:
 - A motility of < 30% in the absence of any other explanation with or without a decreased sperm count
 - Low semen volume (< 1.0 ml)
 - Perineal pain associated with ejaculation
 - One of the above plus a physical exam which is suggestive of 1.) a cyst of either the seminal vesicle or prostate, or 2.) with non-palpable vas deferens or epididymides

Note: Only azoospermia (no sperm cells in the ejaculate) is diagnostic of male infertility. Fertility has been documented in males with values as low as 20% of normal spermatozoa or 20% motility. Clinical history should be considered in the diagnosis.

2. Prescriptions such as **Injectable fertility drugs** and **Oral fertility drugs**.
 - a. Injectable IVF-related drugs covered for three cycles annually.
 - b. Oral fertility drugs to include covered IVF-related drugs, up to three cycles annually.
3. Artificial means of conception with no less than three cycles annually: **Intravaginal insemination (IVI), Intracervical insemination (ICI) and Intrauterine insemination (IUI)**.
 - a. Artificial insemination for female infertility may be considered medically necessary when all of the following criteria are met.
 - i. Complete evaluation of the following must be considered prior to the initiation of Intrauterine Insemination (IUI):
 - Ovulatory disorders
 - Tubal abnormalities
 - Cervical abnormalities
 - Immunologic factors
 - ii. Prior to artificial insemination, the following routine diagnostic tests must be performed or deemed inappropriate:
 - Basal body temperature records
 - Laparoscopy
 - Documentation of tubal patency and normal configuration of the uterine cavity

- Testing for chlamydia, gonorrhea, syphilis, and AIDS
- iii. Final diagnosis includes any of the following:
 - Anatomic defects of the vagina
 - Defects of ovaries
 - Cervical mucus abnormalities
- b. Artificial insemination for male infertility may be considered medically necessary when all of the following criteria are met.
 - i. Complete evaluation of the following must be performed or deemed inappropriate prior to initiating AI.
 - Comprehensive urological evaluation
 - Two semen analyses which are separated by an interval of at least 3 months
 - ii. Final diagnosis includes any of the following:
 - Anatomic defects of the penis
 - Low sperm count (<20 million/ml)
 - Antisperm antibodies
 - Oligoasthenospermia
 - Retrograde ejaculation
 - Seminal fluid liquefaction defect
 - Teratospermia
 - Aspermia
- 4. **Iatrogenic fertility preservation procedures** (retrieval of and freezing of eggs or sperm) are covered for infertility caused by chemotherapy, pelvic radiotherapy, ovary or testicle removal and other gonadotoxic therapies for the treatment of disease as well as infertility associated with medical and surgical gender transition treatment. Covered services include the following when provided by or under the care or supervision of a physician limited to \$10,000 per member per benefit year:
 - a. Collection of sperm
 - b. Ovarian simulation, retrieval of eggs and fertilization
 - c. Sperm or egg cryo-preservation storage for up to one year

D. NOT COVERED

1. For the treatment of normal physiologic causes of infertility, such as menopause, or infertility resulting from voluntary sterilization (vasectomy or tubal ligation/occlusion) unless otherwise stated by the member's benefit plan.
2. The following diagnostic tests are considered investigational.
 - a. Assessment of sperm movements, including the use of videomicrography, cinematography, time-exposure photography, computer assisted sperm analysis (CASA), etc.
 - b. Analysis of ATP concentration (Adenosine triphosphate) in ejaculate
 - c. Tubaloscapy
 - d. Anti-zona pellucida antibodies
 - e. Sperm hyaluronan binding assay (HBA)
 - f. Tests of sperm DNA integrity, including, but not limited to, sperm chromatin assays and sperm DNA fragmentation assays
 - g. Hemizona assay
 - h. Hypo-osmotic swelling test
3. Contraindications for AI in Females include, but are not limited to the following:
 - a. Infection such as acute cervicitis, salpingo-oophoritis
 - b. Tubal obstruction
 - c. Pregnancy
 - d. Unexplained uterine bleeding
 - e. Presence of sexually transmitted disease

4. Contraindications for AI in Males include, but are not limited to the following:
 - a. Infection such as prostatitis or epididymitis
 - b. Presence of sexually transmitted disease
5. When contraindicated as above, AI would be considered to be not medically necessary and therefore non-covered.
6. Uterine transplant is considered investigational as a treatment of infertility.
7. Assisted reproductive technology (ART) procedures, such as:
 - a. In vitro fertilization (IVF)
 - b. Embryo transfer, gamete intra-fallopian transfer (GIFT)
 - c. Zygote intra-fallopian transfer (ZIFT)
8. Services and supplies related to excluded ART procedures
9. Cost of donor sperm
10. Cost of donor egg
11. Embryo transfer
12. Long-term storage costs (greater than one
13. year)
14. Egg harvesting or embryo implantation
15. procedures beyond two attempts
16. Elective fertility preservation, such as egg
17. freezing due to natural aging

E. DEFINITIONS

Artificial Insemination: A medical procedure by which sperm are deposited within the upper vagina and cervix or directly placed via catheter into the uterine cavity. Prior to artificial insemination, the sperm may be "washed" in order to eliminate the presence of antigens, which may be contributors to infertility in certain cases or may cause hypersensitivity reactions.

Cycle (Menstrual cycle): The periodically recurrent series of changes occurring in the uterus and associated sex organs (ovaries, cervix and vagina) associated with menstruation and the intermenstrual period. The human cycle averages 28 days in length, measured from the beginning of menstruation. The menstrual cycle may vary in length, even in the same person from month to month.

Gamete Intrafallopian Transfer (GIFT): An infertility treatment that involves obtaining eggs (through medical and surgical procedures) and sperm, loading the eggs and sperm into a catheter, then emptying the contents of the catheter into the fallopian tube. The intent of this procedure is to have fertilization occur in the fallopian tubes as it would in a fertile woman.

Infertility: To receive a diagnosis of infertility, an individual must be unable to conceive or produce conception after having intercourse without using birth control during a period of 1 year if the individual is under age 35, or during a period of 6 months if the individual is age 35 and older. For individuals without a partner or exposure to egg-sperm contact, a diagnosis of infertility can be received if the individual is not able to conceive or produce conception through artificial insemination. Infertility may also be established through evidence of medical history and diagnostic testing.

In-vitro Fertilization (IVF): A highly sophisticated infertility treatment that involves obtaining mature eggs (oocytes) by surgical or nonsurgical procedures and combining the eggs with sperm in a laboratory setting. If fertilization and cell division occur, the resulting embryo(s) are transferred to the uterine cavity where implantation and pregnancy may occur.

Zygote Intrafallopian Transfer (ZIFT): An infertility treatment that involves obtaining mature eggs (oocytes) by surgical or nonsurgical procedures and combining the eggs and sperm in a laboratory setting. The fertilized oocytes, or zygotes, are transferred to the fallopian tube before cell division occurs. The intent of this procedure is to have the zygote travel to the uterus via the fallopian tube as it would in a fertile woman.

