Subject: Infertility - Diagnostic

Updated: October 27, 2009

Department(s): Utilization Management

Policy:
Diagnostic services in the management of infertility are covered benefits under QualCare, if specified by the Plan design.

Coverage of females under this policy is limited to those 45 years of age or younger.

Objective:
To ensure proper and consistent reimbursement and to delineate criteria for coverage of elements of the diagnostic evaluation of a specific type of medical problem.

Definition:
A. For the purposes of this Policy and Procedure, the term “infertility” shall mean one of the following:

1. the inability to impregnate another person;  

   OR

2. the inability of an opposite-sex couple to achieve conception after one year of unprotected intercourse; or, if the female is over the age of 35 years, after six months of unprotected intercourse;  

   OR

3. the inability to carry a pregnancy to live birth;  

   OR

4. The inability of a woman to achieve conception after six trials of medically supervised artificial insemination over a one-year period.
B. A “cycle” shall mean an ovulatory interval that includes at least one completed egg retrieval. (Refer to Policy “Infertility – Therapeutic.”)

ICD-9 Codes Commonly Indicating Infertility include but are not limited to the following:

Female:

016  Inflammatory Disease of the Ovaries, Fallopian Tubes, and Pelvis

218  Uterine Leiomyoma

253.1  Other and Unspecified Anterior Pituitary Hyperfunction
253.2  Panhypopituitarism
253.4  Other Anterior Pituitary Disorders
253.8  Other Disorders of the Pituitary and Other Syndromes

256  Ovarian Dysfunction
256.3  Other Ovarian Failure
256.4  Polycystic Ovarian Disease

259  Other Endocrine Disorders

614.6  Pelvic, Peritoneal Adhesions

628  Infertility, Female
628.0  Infertility, Female, Associated with Anovulation
628.1  Infertility, Female, of Pituitary/Hypothalamic Origin
628.2  Infertility, Female, of Tubal Origin
628.3  Infertility, Female, of Uterine Origin
628.4  Infertility, Female, of Cervical or Vaginal Origin
628.8  Infertility, Female, of Other Specified Origin
628.9  Infertility, Female, of Other Unspecified Origin
Male:

606  Infertility, Male
606.1  Azoospermia
606.2  Oligospermia
606.8  Infertility Due to Extratesticular Causes
606.9  Male Infertility, Unspecified

Procedure:  1. Coverage includes, but is not limited to, the following diagnostic tests related to infertility:

   a. in the female

      1. cultures (cervical, vaginal, uterine)
         87109 – Mycoplasma
         87110 – Chlamydia
         87070 – generalized culture
      2. endometrial biopsy
         58100 – endometrial biopsy (collection)
      3. hormone assay
         83001 – FSH (follicle stimulating hormone)
         83002 – LH (luteinizing hormone)
         84144 – progesterone
         84146 – prolactin
         82670 – estradiol
         thyroid function studies
         84480 – T3
         84436 – T4
         84443 – TSH
      4. other laboratory studies
         88141 – cytology (Pap)
         89330 – post coital test/cervical mucus test
      5. hysterosalpingogram
         74740 – hysterosalpingography, radiological supervision and interpretation
         74742 – transcervical catheterization of fallopian tube, radiological supervision and interpretation
         58345 – transcervical introduction of fallo-
pian tube catheter for diagnosis and/or re-establishing patency (any method, with or w/o hysterosalpingography)

58340 – catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography

6. hysteroscopy
   58555 – diagnostic
   58558 – with biopsy and/or polypectomy
   58559 – with lysis of adhesions
   58560 – with division or resection of intrauterine septum
   58561 – with removal of leiomyomata

7. laparoscopy
   49320 – diagnostic
   49321 – with biopsy
   49322 – with aspiration of cavity or cyst
   58660 – with lysis of adhesions
   58662 – with excision of lesions

8. vaginal surgery
   57130 – excision of vaginal septum

9. pelvic ultrasound
   76830 – ultrasound, transvaginal
   76856 – ultrasound, pelvic, complete
   76857 – ultrasound, pelvic, limited
   76831 – hysterosonography (Saline US)
   58340 – catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography

10. anesthesia
    00840 – anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified

b. in the male

1. cultures (genital)
   87109 – Mycoplasma
87110 – Chlamydia
87070 – generalized culture

2. hormone assay
   83002 – LH (luteinizing hormone)
   83001 – FSH (follicle stimulating hormone)
   84146 – prolactin
   84402 – testosterone

3. ultrasound
   76872 – rectal ultrasound
   76870 – scrotal ultrasound

4. semen analysis
   89310 – semen analysis, motility and count
   89320 – semen analysis, complete, with volume, count, motility, and differential
   89321 – semen analysis, presence and/or motility of sperm
   89330 – sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test

5. sperm antibodies (semen only)
   89325 – sperm antibodies

6. testicular biopsy
   54500 – needle biopsy of testis
   54505 – incisional biopsy of testis

7. vasography
   74440 – vasography, vesiculography, or epididymography, radiological supervision and interpretation

2. The following infertility services are not covered:
   a. preimplantation genetic diagnosis;
   b. home ovulation, pregnancy or sperm testing supplies;
   c. provision of infertility services to members without documented impairment of fertility;
   d. provision of infertility services to non-members.
3. Dollar limits may be specified by the individual Plan.

References


State of New Jersey, 209th Legislature, S-1076/A-1862, signed by Acting Governor Donald T. DiFrancesco, August 31, 2001

State of New Jersey Department of Banking and Insurance, Bulletin No. 02-09, Compliance with Mandated Infertility Benefit (P.L. 2001, c. 236), May 9, 2002

*Consistent with Summary Plan Description ( SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.*