DESCRIPTION

Infertility is the condition of an individual who has been unable to conceive or produce conception during a period of one year up to the age of 35 and 6 months if over the age of 35. Infertility can arise in both men and women. A woman is considered infertile if she is unable to conceive or produce conception after the stated period of frequent, unprotected heterosexual intercourse with a fertile male. A woman without a male partner may be considered infertile if she is unable to conceive after at least twelve cycles of donor insemination if under 35 and 6 cycles if over 35. A woman must be pre-menopausal or experiencing menopause at a premature age, before the age of 43, and reasonably expect fertility as a natural state.

POLICY

The following information about eligibility applies to all services. A member must meet all of the following eligibility requirements to be covered:

- The member must meet eligibility per The Ohio State University Faculty and Staff Health Plans Specific Plan Details Document; and
- The member meets the above definition of infertility; and
- The following documentation requirements are provided:
  - Progress notes documenting a history of infertility as defined; and
  - Sperm counts, ultrasounds and other supportive documentation when applicable to the case.

Donor sperm is covered when the criteria for infertility are met and there is documentation of male factor infertility that is not related to a voluntary sterilization procedure.

Donor egg/donor embryos are covered when the criteria for infertility are met and there is documentation of one of the following medical illnesses that cause unnatural loss of oocyte quality:

- Absent ovaries
- Premature diminished ovarian reserve

Refer to policy MMPP 30.0 for coverage of preimplantation genetic diagnosis (PGD).
COVERAGE

The OSU Health Plan covers the following services according to the infertility benefit when the above criteria are met:

- Medically necessary services incurred in diagnosis and treatment of infertility services for both men and women
- Office visits and consultations
- Laboratory services (except genetic testing, which requires a separate authorization)
- Radiological procedures
- In vitro fertilization
- Embryo transfer (fresh or frozen)
- Intracytoplasmic sperm injection (ICSI)
- Assisted hatching techniques
- Short-Term (90 days or less) cryopreservation of embryos and sperm
- Surgical treatment for women and men (except to reverse voluntary sterilization)
- Artificial insemination
- Ovulation stimulation and monitoring, including related medications
- Oocyte retrieval, including professional and facility charges, sedation and/or anesthesia, and recovery room charges

Individuals authorized for infertility services are eligible for the following non-experimental ART procedures:

- In-vitro fertilization (IVF) and/or embryo transfer.
- Gamete intra-fallopian transfer (GIFT)
- Zygote intrafallopion transfer (ZIFT)
- Intracytoplasmic sperm injection (ICSI).
- Assisted hatching (AH).
- Cryopreservation of embryos/blasts/sperm while the member is undergoing active infertility treatment of not more than 90 days.

Injectable medications are covered through the prescription benefit. Refer to Express Scripts for specific coverage limitations.
EXCLUSIONS

The following services are not covered by the OSU Health Plan (not an all-inclusive list):

- Any ART procedures or related treatments that are classified as experimental, investigative or innovative by the American Society of Reproductive Medicine, The American College of Obstetrics and Gynecology, or another infertility expert recognized by the Ohio Department of Insurance
- Any fertility related service for women who are 43 years of age or older
- Attempts to reverse prior elective sterilization
- Any fertility related service if the member and/or partner had a prior elective sterilization procedure
- Ovulation kits or sperm testing kits and supplies
- Long-term (greater than 90 days) storage fees, costs associated with storage of sperm, eggs and embryos
- For services rendered to or for a surrogate, including, but not limited to, costs for maternity care, if the surrogate is not a covered person under the Ohio State plans.
- For costs incurred for a fertile woman to achieve a pregnancy as a surrogate, regardless of whether the woman is a covered person under the Ohio State plans. Costs include, but are not limited to, costs for drugs necessary to achieve implantation and embryo transfer.
- Members who do not meet guidelines for infertility treatment coverage
- The initial 12 (or 6 if age criteria met) cycles of Intra-uterine insemination (IUI) for women without male partners to establish the definition of infertility
- Infertility medications/services for members who do not meet the eligibility requirements or who are not approved for infertility services.
- Donor recruitment, selection & screening
- Non-medical services related to donor procurement including:
  - Non-treatment related fees (including but not limited to finders fees, broker fees, & legal fees)
  - Compensation
  - Recruitment costs
  - Hotel charges
  - Transportation costs
  - Costs related to any complications the donor may experience related to the egg donor services (unless the donor is a plan member)

Refer to the exclusions for infertility listed in The Ohio State University Faculty and Staff Health Plans Specific Plan Details.
PRIOR AUTHORIZATION

All infertility services require prior authorization. The following guidelines apply:

1. An infertility evaluation and the OSU Health Plan request for authorization must be completed and submitted by an Obstetrician/Gynecologist or Reproductive Endocrinologist.
2. Covered services will be performed at facilities that conform to the American Society of Reproductive Medicine’s most current standards and guidelines.
3. Participating providers will complete medical criteria form for each new couple and submit the form to OSU Health Plan for medical review and approval.
4. The evaluation should include the type of infertility that the member is experiencing and the type of treatment recommended.
5. Injectable infertility medications require prior authorization.
6. The treatment plan and required documentation will be reviewed to determine that the recommended.
7. Treatment meets the OSU Health Plan’s medical necessity coverage guidelines.

REFERENCES AND ATTACHMENTS

Roseboom, TJ, Vermeyden, JP, Schoute, E, Lens, JW, Schats, R. The probability of pregnancy after embryo transfer is affected by the age of the patient, cause of infertility, number of embryos transferred and the average morphology score, as revealed by multiple logistic regression analysis. Hum Reprod 1995; 10:11, 3035-41.
Scott, RT, Opsahl, MS, Leonardi, MR, Neall, GS, Illions, EH, Navot, D. Life table analysis of pregnancy rates in a general infertility population