

Infertility – Basic Plan

Benefit Coverage

Inpatient, outpatient, professional and ancillary services prescribed or administered by the provider to diagnose and treat the cause of infertility are covered services for group members. In addition, Depo Lupron is an office-administered injectable and currently the only injectable medication covered when provided for the treatment of endometriosis as a cause of infertility, which is defined as:

The member must be actively trying to conceive and has either:

1. The presence of a demonstrated bodily malfunction recognized by a licensed Doctor of Medicine as a cause of not being able to conceive; or
2. For women age 35 and less, failure to achieve a successful pregnancy (live birth) after 12 months or more of regular unprotected intercourse; or
3. For women over age 35, failure to achieve a successful pregnancy (live birth) after 6 months or more of regular unprotected intercourse; or
4. Failure to achieve a successful pregnancy (live birth) after six cycles of artificial insemination supervised by a physician. (The initial six cycles of artificial insemination are not a benefit of this plan); or
5. Three or more pregnancy losses.

The treatment of the cause of infertility does not include pregnancy by artificial means.

Services to diagnose and treat the cause of infertility are not covered for IFP members.

Copayment

See the *Benefit Summary Member Copayment Matrix*.

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Benefit Exclusions

- Services for or incident to non-organic based sexual dysfunction or sexual inadequacies, services related to assisted reproductive technology, including but not limited to in vitro fertilization (I.V.F.), Gamete Intrafallopian Transfer (G.I.F.T.) procedure, artificial insemination, services or medications to treat low sperm count, any other form of assisted fertilization (including related medications, laboratory, and radiological services), or services incident to or resulting from procedures for a surrogate mother who is otherwise not eligible for covered pregnancy and maternity care under a Blue Shield health plan.
- Medications and drugs that may be covered under the basic benefit for treating the medical cause of infertility are not covered when used in conjunction with, or to enhance assisted reproduction, or any form of induced fertilization. (Injectable medications may be covered under optional Infertility-Additional Benefits.)
- Services for, or incident to, the treatment of infertility or any form of assisted reproductive technology, including but not limited to the reversal of a vasectomy or tubal ligation are not covered, or complications of any such procedures.
- Services for IFP members are not covered.
- Services related to harvesting or stimulation of the human ovum, including medications, laboratory, and radiology services.

Benefit Limitations

None

Exceptions

See *HMO Benefit Guidelines* for:

Infertility – Additional Benefits

Outpatient Prescription Drugs

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Examples of Covered Services

The diagnosis and treatment of infertility includes:

- Office visits (medical history and physical exams)
- Depo Lupron used for the treatment of endometriosis as a cause of infertility
- Diagnostic tests and surgical procedures specific to infertility

Male

- Epididymovasostomy, anastomosis of epididymis to vas deferens (54900-54901)
- Semen analysis, sperm antibodies, sperm evaluation (89300-89330)

Female

- Laparoscopy with lysis of adhesions or with aspiration (58660; 49321; 49332)
- Hysteroscopy (58555)
- Injection procedure for hysterosalpingography (58340)
- Transcervical introduction of fallopian tube catheter for diagnosis and establishing patency, with or without hysterosalpingography (58345)
- Hydrotubation of oviduct (58350)
- Lysis of adhesions (58740)
- Fimbrioplasty (58760)
- Salpingostomy (58770)
- Hysterosalpingography (74740)
- Echography, pelvic (76856)
- Ultrasonic guidance for aspiration of ova (76948)

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Examples of Non-Covered Services

- Artificial insemination
- Gamete Intrafallopian Transfer (G.I.F.T.)
- In vitro fertilization (I.V.F.)
- Intracytoplasmic sperm injection (I.C.S.I.)
- Other forms of induced fertilization
- Any service related to the harvesting or stimulation of human ovaries in conjunction with or to enhance any form of assisted reproduction or induced fertilization (which includes laboratory services, radiology services, or medications such as Gonal F, Follistin, Lupron, Fertinex, Pergonal, Humagon)
- Penile implant devices and surgery, except as covered under Reconstructive Surgery Benefits
- Services for or incident to sexual dysfunction and sexual inadequacy, except as provided for treatment of organic-based conditions
- Services incident to or resulting from procedures for a surrogate mother
- Services for collection, purchase, or storage of sperm/eggs
- Other services (semen analysis, other urological testing) for male spouse who is not also a member
- Services for, or incident to, the reversal of a vasectomy or tubal ligation (for example, vasovasostomy, vasovasorrhaphy, tubotubal anastomosis)
- Services or medication to treat low sperm count

References

Evidence of Coverage

IFP Evidence of Coverage and Health Service Agreement

HMO Benefit Guidelines for:

Infertility – Additional Benefits

Infertility – CalPERS & FEHBP

Outpatient Prescription Drugs