

# **Infertility Diagnosis and Treatment**

**Reimbursement Policy ID: RPC.0041.2100**

**Recent review date: 08/2023**

**Next review date: 07/2024**

**AmeriHealth Caritas Louisiana reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Louisiana may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.**

**In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including but not limited to Current Procedural Terminology (CPT®), the Healthcare Common Procedure Coding System (HCPCS), and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). Other factors that may affect payment include but are not limited to medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other policies. These factors may supplement, modify, or in some cases supersede reimbursement policies.**

**This reimbursement policy applies to all healthcare services billed on CMS-1500 forms or its electronic equivalent and, when specified, billed on UB-04 forms or its electronic equivalent.**

## **Policy Overview**

**This policy addresses reimbursement for the diagnosis and treatment of infertility. AmeriHealth Caritas Louisiana considers the use of any diagnostic services for the evaluation of male or female infertility to be non-reimbursable. Other services may be reimbursable except when related to infertility, including, but not limited to, hysterosalpingography, vasography, vesiculography, epididymography, and thyroid panel.**

**AmeriHealth Caritas Louisiana considers the use of any medical procedure or pharmaceutical product related to treating infertility, including assisted reproductive technology, to be non-reimbursable.**

## **Exceptions**

**The use of cryopreservation fertility preservation for patients with cancer is reimbursable.**

## **Reimbursement Guidelines**

There are no infertility services reimbursable by Medicaid.

## **Definitions**

### **Infertility**

For this policy, infertility is defined as failure to establish a clinical pregnancy after 12 months of regular, unprotected sexual intercourse with the same partner or due to an impairment of a person's capacity to reproduce either as an individual or with his/her partner.

## **Edit Sources**

- I. Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), International Classification of Diseases, 10<sup>th</sup> revision, Clinical Modification (ICD-10-CM), and associated publications and services.
- II. American Society of Reproductive Medicine, 2017
- III. Applicable Louisiana Medicaid Fee Schedule(s).

## **Attachments**

N/A

## **Associated Policies**

N/A

## **Policy History**

<u>08/08/2023</u>	<u>Policy Implemented by AmeriHealth Caritas</u>
<u>08/08/2023</u>	<u>Reimbursement Policy Committee Approval</u>
<u>01/10/2023</u>	<u>Template Revised</u> <u>Revised preamble</u> <u>Removal of Applicable Claim Types table</u> <u>Coding section renamed to Reimbursement Guidelines</u> <u>Added Associated Policies section</u>