

Your **provider** will request approval from us in advance for your **infertility** services. We will cover charges made by an **infertility specialist** for the following **infertility** services:

- Ovulation induction cycle(s) with menotropins
- Intrauterine insemination

A “cycle” is an attempt at ovulation induction or intrauterine insemination. The cycle begins with the initiation of therapy and ends when the treatment is followed by confirmation of non-pregnancy (either a negative pregnancy test or a menstrual period). In the case of the achievement of pregnancy, a cycle is considered completed at 6 weeks following a positive pregnancy test. Each treatment type is counted as a separate cycle.

## **Advanced reproductive technology services**

**Eligible health services** include Assisted Reproductive Technology (ART) services. ART services are more advanced medical procedures or treatments.

### **ART services**

ART services include:

- In vitro fertilization (IVF) for fertility preservation
- Cryopreservation (freezing) and storage for eggs, embryos, sperm or reproductive tissue for fertility preservation

### **Fertility preservation**

Fertility preservation involves the retrieval of mature eggs and/or sperm or the creation of embryos that are frozen for future use.

You are eligible for fertility preservation only when you:

- Are believed to be fertile
- Have planned services that will result in **infertility** such as:
  - Chemotherapy
  - Pelvic radiotherapy
  - Other gonadotoxic therapies
  - Ovarian or testicular removal

Along with the eligibility requirements above, you are eligible for fertility preservation benefits if, for example:

- You, your partner or dependent child are planning treatment that is demonstrated to result in **infertility**.  
Planned treatments include:
  - Bilateral orchiectomy (removal of both testicles).
  - Bilateral oophorectomy (removal of both ovaries).
  - Hysterectomy (removal of the uterus).
  - Chemotherapy or radiation therapy that is established in medical literature to result in **infertility**.
- The eggs that will be retrieved for use are reasonably likely to result in a successful pregnancy by meeting the FSH level and ovarian responsiveness criteria outlined in Aetna’s **infertility** clinical policy

Our National Infertility Unit (NIU) is here to help you. It is staffed by a dedicated team of registered nurses and **infertility** coordinators. They can help you with determining eligibility for benefits and **precertification**. You can call the NIU at 1-800-575-5999.

Your **provider** will request approval from us in advance for your ART services and fertility preservation services.

The following are not covered under the **infertility** treatment benefit:

- All charges associated with:
  - Surrogacy for you or the surrogate. A surrogate is a female carrying her own genetically related child where the child is conceived with the intention of turning the child over to be raised by others, including the biological father
  - Thawing of cryopreserved (frozen) eggs, sperm, or reproductive tissue
  - The care of the donor in a donor egg cycle which includes, but is not limited to, any payments to the donor, donor screening fees, fees for lab tests, and any charges associated with care of the donor required for donor egg retrievals or transfers
  - The use of a gestational carrier for the female acting as the gestational carrier. A gestational carrier is a female carrying an embryo to which the person is not genetically related
  - Obtaining sperm from a person not covered under this plan for ART services
- Home ovulation prediction kits or home pregnancy tests
- The purchase of donor embryos, donor oocytes, or donor sperm
- Reversal of voluntary sterilizations, including follow-up care
- ART services are not provided for out-of-network care

1. For purposes of this entire policy, coverage is subject to the terms and conditions of the member's benefit plan. Coverage may vary due to state mandates and plan customization; please check plan documents.
2. For plans with an Advanced Reproductive Technology (ART) benefit (please check benefit plan descriptions), less invasive therapeutic approaches should be attempted prior to undertaking more invasive procedures, as directed by an appropriate, licensed medical specialist. The medical necessity criteria in the Advanced Reproductive Technology section below are met for persons who are unable to conceive after an appropriate trial of egg-sperm contact. For women under 35 years of age, an appropriate trial of egg-sperm contact requires 12 months of regular intravaginal inseminations or 4 cycles of timed intrauterine or intracervical inseminations, documented in the medical record. For women 35 years of age and older, an appropriate trial of egg-sperm contact requires 6 months of regular intravaginal inseminations or 3 cycles of timed intrauterine or intracervical insemination, documented in the medical record. This requirement applies to all individuals regardless of sexual orientation or the availability of a reproductive partner. For IVF procedures under the ART benefit, these requirements for a trial of egg-sperm contact are waived for persons for whom intravaginal, intrauterine, or intracervical inseminations would not be expected to be effective and IVF procedures are the only effective treatment (see In Vitro Fertilization (IVF) Procedures subsection below.)
3. Most plans exclude coverage of infertility services for persons who have had a previous sterilization procedure, including tubal sterilization and vasectomy, with or without surgical reversal, and for persons who have undergone a hysterectomy. Please check benefit plan descriptions for details. In addition, infertility services for persons who have undergone voluntary sterilization procedures are not covered because such services are the result of an elective procedure intended to prevent conception.
4. Some plans exclude coverage of Assisted Reproductive Technology (ART) using a woman's own eggs for women with poor ovarian reserve. Ovarian reserve is determined by measurement of menstrual cycle day 3 serum follicle-stimulating hormone (FSH) drawn after the normal onset of menstruation, or after

progesterone induced menstruation for women who do not reliably menstruate. For women 39 years of age and older, ovarian responsiveness is determined by measurement of day 3 FSH obtained within the prior 6 months. For women who are less than 40 years of age, the day 3 FSH must be less than 19 mIU/mL in their most recent laboratory test to use their own eggs. For women 40 years of age and older, their unmedicated day 3 FSH must be less than 19 mIU/mL in all prior tests to use their own eggs. Please check benefit plan descriptions.

5. ART services for women 40 years of age and older with natural menopause is not covered because it is not considered medically necessary treatment of disease; natural menopause is not considered a disease. For women 40 years of age and older, their unmedicated day 3 FSH must be less than 19 mIU/mL in all prior tests to document that they are not menopausal and eligible for coverage of ART. Women who are less than 40 years of age who have a day 3 FSH greater than 19 mIU/L are considered to have the disease of premature ovarian failure (also known as premature ovarian insufficiency, primary ovarian insufficiency, or hypergonadotropic hypogonadism). For women with premature ovarian failure, ART (in vitro fertilization) services are considered medically necessary until they reach 45 years of age. Women 40 years of age and older with premature ovarian failure may submit a new unmedicated D3 FSH level to utilize her own oocytes (even if she has had an elevated D3 FSH level above 40 years of age in the past). For women 40 years of age and older with premature ovarian failure, the day 3 FSH must be less than 19 mIU/mL in their most recent laboratory test to use their own eggs. Please check benefit plan descriptions.

## I. Medical Necessity

### A. *Females: Basic Infertility Services*

The following services are considered medically necessary:

1. History and Physical Examination

of egg-sperm contact requires 12 months of regular intravaginal inseminations or 4 cycles of timed intrauterine or intracervical inseminations documented in the medical record. For women 35 years of age and older, an appropriate trial of egg-sperm contact requires 6 months of regular intravaginal inseminations or 3 cycles of timed intrauterine or intracervical insemination documented in the medical record.

### 3. In Vitro Fertilization (IVF) procedures

Aetna considers the following in vitro fertilization (IVF) procedures medically necessary for persons who meet *any* of the following criteria:

- a. Women who have failed to conceive after a trial of ovulation induction:
  - i. For women 37 years of age or younger, three cycles of oral or injectable ovulation induction (with or without intravaginal, intrauterine, or intracervical inseminations); *or*
  - ii. For women 38 years of age or older, no trial of ovulation induction is required; *or*
- b. Persons for whom intravaginal, intrauterine, or intracervical inseminations would not be expected to be effective and IVF would be expected to be the only effective treatment, including:
  - i. Men with azoospermia or severe deficits in semen quality or quantity (see [Appendix](#)); *or*
  - ii. Women with tubal factor infertility:
    - a. Bilateral tubal disease (e.g., salpingitis isthmica nodosum, tubal obstruction, absence, or hydrosalpinges).
    - b. Endometriosis stage 3 or 4 (see [Appendix](#)).
    - c. Failure to conceive after pelvic surgery with restoration of normal pelvic anatomy (e.g.,

myomectomy of cavitary-obscuring myomata, resection of intrauterine adhesions or uterine septum, or surgical reconstruction of tubal disease):

- i. After regular egg-sperm contact for 6 months if less than 40 years of age;
  - ii. After regular egg-sperm contact for 3 months if 40 years of age or older.
- d. Unilateral hydrosalpinx with failure to conceive:

- i. After regular egg-sperm contact for 12 months if less than 40 years of age;
  - ii. After regular egg-sperm contact for 6 months if 40 years of age or older.
- iii. Inadvertent ovarian hyperstimulation (estradiol level was greater than 1,000 pg/ml plus greater than 3 follicles greater than 16 mm or 4 to 8 follicles greater than 14 mm or a larger number of smaller follicles) during preparation for a planned stimulated cycle in women less than 38 years of age.
- iv. Women who have had a hysterectomy, or who have a medical contraindication to pregnancy such as severe cardiac disease, or have a medical condition that requires the mother to ingest a fetotoxic agent. **Note:** Some plans limit and/or exclude coverage for gestational surrogacy; please check benefit plan descriptions.

**Note on coverage of ART for preimplantation genetic diagnosis (PGD):** In-vitro fertilization (IVF) for PGD (i.e., the embryo biopsy) is covered for persons with an ART benefit when medical necessity criteria for PGD are met as set forth in [CPB 0358 - Invasive Prenatal Diagnosis of Genetic Diseases \(0358.html\)](#).

- c. IVF with embryo transfer is considered medically necessary when criteria for ART are met. IVF with embryo transfer includes:

	Tier 1 (Stanford Health Care, Menlo Medical Clinic, Sutter Health) In-network coverage	Tier 2 Aetna In-network coverage (IOE facility)	Out-of-network coverage
Advanced reproductive technology (ART)			
Inpatient and outpatient care – ART	50% (of the negotiated charge)		Not covered
Maximum number of cycles per policy year	1 course of treatment		Not applicable
Fertility preservation services			
Fertility preservation	Covered according to the type of benefit and the place where the service is received.	Covered according to the type of benefit and the place where the service is received.	Not covered
<b>The following are not covered services under the infertility treatment benefit:</b> <ul style="list-style-type: none"><li>• All charges associated with:<ul style="list-style-type: none"><li>- Surrogacy for you or the surrogate. A surrogate is a female carrying her own genetically related child where the child is conceived with the intention of turning the child over to be raised by others, including the biological father</li><li>- Thawing of cryopreserved (frozen) eggs, embryos or sperm</li><li>- The care of the donor in a donor egg cycle which includes, but is not limited to, any payments to the donor, donor screening fees, fees for lab tests, and any charges associated with care of the donor required for donor egg retrievals or transfers</li><li>- The use of a gestational carrier for the female acting as the gestational carrier. A gestational carrier is a female carrying an embryo to which the person is not genetically related</li><li>- Obtaining sperm from a person not covered under this plan for ART services</li></ul></li><li>- Home ovulation prediction kits or home pregnancy tests</li><li>- The purchase of donor embryos, donor oocytes, or donor sperm</li><li>- Reversal of voluntary sterilizations, including follow-up care</li></ul> <ul style="list-style-type: none"><li>• ART services are not provided for out-of-network care</li></ul>			
Specific therapies and tests			
Diagnostic complex imaging services performed in the outpatient department of a hospital or other facility  Copay may apply to provider services and/or facility charges	\$100 copayment then the plan pays 100% (of the negotiated charge)  No policy year deductible applies	70% (of the negotiated charge) per visit	Not covered
Diagnostic lab work and radiological services performed in a physician’s office, the outpatient department of a hospital or other facility	100% (of the negotiated charge) per visit  No policy year deductible applies	\$25 copayment then the plan pays 100% (of the negotiated charge) per visit  No policy year deductible applies	Not covered
Diagnostic radiological services performed in a physician’s office, the outpatient department of a hospital or other facility	100% (of the negotiated charge) per visit  No policy year deductible applies	\$25 copayment then the plan pays 100% (of the negotiated charge) per visit  No policy year deductible applies	Not covered