



# Infertility Diagnosis and Treatment

Reimbursement Policy ID: RPC.0041.6400

Recent review date: 08/2023

Next review date: 08/2024

*AmeriHealth Caritas Florida 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 Florida 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 a CMS-1500 form or its electronic equivalent, and, when specified, billed on a UB-04 form or its electronic equivalent.*

## Policy Overview

This policy addresses reimbursement for diagnosis and treatment of infertility. AmeriHealth Caritas Florida considers the use of any diagnostic service for 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 Florida 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

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 their partner.

## Edit Sources

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

## Attachments

N/A

## Associated Policies

N/A

## Policy History

08/2023	Reimbursement Policy Committee Approval
08/2023	Policy Implemented by AmeriHealth Caritas
01/2023	Template revised <ul style="list-style-type: none"><li>• Preamble revised</li><li>• Applicable Claim Types table removed</li><li>• Coding section renamed to Reimbursement Guidelines</li><li>• Associated Policies section added</li></ul>