



Medical Policy Reference Manual Medical Policy

4.02.009 Assisted Reproductive Technology (ART): Artificial Insemination (AI) / Intrauterine Insemination (IUI)

Original MPC Approval: 08/17/2015
Last Review: 01/01/2021
Last Revision: 01/01/2023

Description

Artificial insemination (AI) and intrauterine insemination (IUI) are procedures used to achieve pregnancy in infertile couples. Infertility is the inability to conceive after 1 year of unprotected vaginal intercourse, or as otherwise defined by law. Each technique involves mechanical placement of sperm into either the vagina (AI) or uterus (IUI) of the female.

In both AI and IUI, a series of services is performed over a limited period of time known as a cycle. An AI / IUI cycle is 1 attempt at conception and includes the actual insemination procedure(s) as well as all related medically necessary services (laboratory, ultrasounds, medical visits, medications) that are not otherwise excluded or experimental / investigational.

Policy

NOTE: Certain contracts contain specific wording with regard to coverage of this service. Benefits provided by the member's contract supersede the statements of Medical Policy. In the event the contract does not address these services, this Medical Policy applies. Therefore, one should refer to the contract language to be certain of limitations of coverage prior to quoting benefits, adjudicating claims, preauthorizing or performing treatment.

Coverage eligibility of ART is a contract-specific benefit issue. When benefits are available, the appropriate procedure noted above, where applicable, may be included.

Policy Guidelines

Rationale:

Infertility can be due to either male or female factors. Examples of female factors include pelvic adhesions, ovarian dysfunction, endometriosis, and/or prior tubal ligation. Examples of male factors include abnormalities in sperm production, function, or transport, and/or prior vasectomy. Infertility can be due to a combination of both female and male factors. Various reproductive techniques are available to establish a viable pregnancy. Different techniques may be used depending on the cause of infertility. Both artificial insemination and intrauterine insemination are longstanding and established techniques.

Benefit Applications

When AI / IUI are part of an infertility services benefit, prior to the AI / IUI procedure, the patient must have undergone a complete infertility evaluation wherein AI / IUI is advised.

The contract must have a benefit for AI / IUI. When the contract does not include coverage for AI / IUI, benefits are not provided for any of the services related to the AI / IUI procedure.

Individual contracts may have different requirements regarding benefits for AI / IUI. Refer to the member's contract for specific benefits regarding the following:

- Eligibility
- Donor sperm
- Charges related to sperm, semen analysis and preparation
- Sperm cryopreservation, thawing and/or storage
- Medications
- Surrogacy
- Elective male sterility reversal
- Elective female sterility reversal
- Number of attempts
- Dollar amount maximum

Trial (mock) intrauterine insemination (IUI) transfer: Separate benefits **are not provided** for trial (mock) IUI transfer, as it is considered an integral part of the intrauterine insemination (IUI) procedure. Report trial "mock" IUI transfer with "unlisted procedure, female genital system.

Provider Guidelines

Prior authorization may be required for Artificial Insemination/Intrauterine Insemination services. Before initiating a request for authorization of services, benefits must be verified. Contact the customer service number on the back of the member's card to determine if the member has benefits for the planned services.

If benefits exist, the following information must be submitted when prior authorization is required:

- A completed *Assisted Reproductive Technology Pre-Treatment Form*. Incomplete forms will delay the authorization process. This form may be obtained at the CareFirst website at www.carefirst.com/providers.
- Office notes and other medical documentation include a detailed history to confirm the diagnosis of infertility and its duration and cause. Reports of lab work (example, Estradiol, Serum Progesterone, FSH, postcoital testing, semen analysis) and other related procedures (example, hysterosalpingography, laparoscopy, endometrial biopsy) may be requested.
- The above clinical information **MUST** be faxed to CVS at 855-330-1720 or mailed to: CareFirst BlueCross BlueShield, Preservice Review Department, 1501 S. Clinton Street, 8th Floor, Mail Stop CT-08-02, Baltimore, MD. 21224.
- **Note:** Prior authorization is not required for office-based consultation, diagnostic workup and treatment involving ovulatory stimulation with timed intercourse. However, for Blue Choice HMO and Blue Choice Opt-Out (using in-network benefits), a referral is needed from the primary care provider (PCP) for these services. *

***Please note:** Members who have a CareFirst Blue Choice, Inc. product with the Open Access feature do not require PCP referrals for in-network services.

Cross References to Related Policies and Procedures

4.02.001	Assisted Reproductive Technology (ART) Procedures, IVF, GIFT, and ZIFT, Policy
4.02.006A	ARCHIVED Assisted Reproductive Technology (ART): Artificial Insemination (AI)/Intrauterine Insemination (IUI), Procedure
11.01.009	Hypo-osmotic Swelling Test for Sperm Function, Policy
11.01.011	ARCHIVED Sperm Antibodies, Policy
11.01.012	ARCHIVED Sperm-Cervical Mucus Penetration (Huhner Test), Policy

References

The following were among the resources reviewed and considered in developing this policy. By reviewing and considering the resources, CareFirst does not in any way endorse the contents thereof nor assume any liability or responsibility in connection therewith. The opinions and conclusions of the authors of these resources are their own and may or may not be in agreement with those of CareFirst.

American College of Obstetricians and Gynecologists. (2015, March). Frequently asked questions (FAQ 137) gynecologic problems. Retrieved on 6/18/15 from <http://www.acog.org>

American College of Obstetricians and Gynecologists (ACOG). (2019, June). ACOG committee opinion: infertility workup for the women's health specialist. Retrieved from the World Wide Web on February 14, 2020 from https://www.asrm.org/globalassets/asrm/asrm-content/news-and-publications/practice-guidelines/for-non-members/infertility_workup_for_the_womens_health_specialist.pdf

American Society for Reproductive Medicine (ASRM). (2017, March 30). ASRM announces major new publications on embryo in fertility and sterility. Retrieved from the World Wide Web on February 2, 2018 from <http://www.sart.org/news-and-publications/news-and-research/press-releases-and-bulletins/asrm-announces-major-new-publications-on-embryo-transfer-in-fertility-and-sterility/>

American Society for Reproductive Medicine (ASRM). (2018, September). American Society for Reproductive Medicine position statement on uterus transplantation: a committee opinion. *Fertility and Sterility*. doi: 10.1016/j.fertnstert.2018.06.017.

American Society for Reproductive Medicine (ASRM). (2017, February). ASRM standard embryo transfer protocol template: a committee opinion. *Fertility and Sterility*. doi: 10.1016/j.fertnstert.2017.02.108

National Institutes of Health (NIH). Infertility and Fertility. Retrieved on 6/18/15 from <https://www.nichd.nih.gov/health/topics/infertility/conditioninfo>

This policy statement relates only to the services or supplies described herein. Coverage will vary from contract to contract and by line of business and should be verified before applying the terms of the policy.