



In Vitro Fertilization

I. Policy

University Health Alliance (UHA) will reimburse for in vitro fertilization when it is determined to be clinically appropriate and medically necessary, as defined by Hawaii Revised Statutes §432E-1.4, and when it meets the medical criteria guidelines (subject to limitations and exclusions) indicated below.

II. Criteria/Guidelines

- A. In vitro fertilization is covered for couples who are legally married or joined in a civil union partnership according to the laws of the State of Hawaii (subject to Limitations/Exclusions and Administrative Guidelines) when all of the following criteria are met:
1. For male-female couples:
 - a. The couple has a five-year history of infertility or infertility associated with one or more of the following conditions:
 - i. Endometriosis
 - ii. Exposure in utero to diethylstilbestrol (DES)
 - iii. Blockage or surgical removal of one or both fallopian tubes
 - iv. Abnormal male factors contributing to the infertility
 - b. The patient and spouse or civil union partner have been unable to attain a successful pregnancy through other infertility treatments for which coverage is available.
 2. For female couples:
 - a. The patient, who is not otherwise known to be infertile, has failed to achieve pregnancy following three cycles of physician directed, appropriately timed intrauterine insemination (IUI). This applies whether or not the IUI is a covered service.
- C. The in vitro procedure must be performed at a medical facility that conforms to the American College of Obstetricians and Gynecologists (ACOG) guidelines for in vitro fertilization clinics or the American Society for Reproductive Medicine's (ASRM) minimal standards for programs of in vitro fertilization.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members' individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

III. Limitations/Exclusions

- A. Coverage is limited to a one-time only member and covered spouse benefit for one outpatient in vitro fertilization procedure while the patient is a UHA member irrespective of plan.
 - 1. A complete cycle does not guarantee pregnancy. Members are liable for the costs of any subsequent attempts, regardless of the reason for the previous failure.
- B. In vitro fertilization services are not covered when a surrogate is used. A surrogate is defined as a woman who carries a child for a couple or single person with the intention of giving up that child once he/she is born. UHA will not cover the cost of in vitro fertilization when the procedure is done with donor oocytes and/or donor sperm. Exception: Donor sperm IVF for female couples is covered when all other criteria are met.
- C. UHA does not cover any donor-related services for all couples including, but not limited to, collection, storage, and processing of donor oocytes and donor sperm.
- D. Cryopreservation of oocytes, embryos, or sperm is not covered.
- E. Infertility services for women ages 40 years or older with natural menopause are not covered as such services are not considered treatment of disease. Women with ovarian failure who are less than 40 years of age are considered to have premature ovarian failure (also known as premature ovarian insufficiency, primary ovarian insufficiency, or hypergonadotropic hypogonadism) and may be covered.
- F. Infertility services are not covered for individuals who have undergone genital gender reassignment surgery (female to male or male to female).
- G. Assisted reproductive technology (ART) procedures are not covered. This includes but is not limited to:
 - 1. Embryo transfer (except for IVF);
 - 2. Gamete intra-fallopian transfer (GIFT) and zygote intra-fallopian transfer (ZIFT); and
 - 3. Services and supplies related to ART procedures (except for IVF).

IV. Administrative Guidelines

- A. Prior authorization is required. Appropriate documentation to support a clinical diagnosis should be submitted with the prior authorization request.
- B. To request prior authorization, please submit via UHA's online portal. If a login has not been established, you may contact UHA at 808-532-4000 to establish one.

V. Policy History

Policy Number: MPP-0047-120301

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Original Document Effective Date: 03/01/2012

Previous Revision Dates: 07/01/2013, 10/01/2017, 11/27/2018

PAC Approved Date: 03/01/2012

References

- A. Hawaii Civil Union Law. Senate Bill 232. Available at <http://health.hawaii.gov/vitalrecords/about-civil-unions/>