
Infertility - CalPERS

Benefit Coverage

For the purpose of this benefit, infertility is defined as:

- A demonstrated condition recognized by a licensed physician and surgeon as a cause for infertility; or
- The inability to conceive a pregnancy or to carry a pregnancy to a live birth after a year of regular sexual relations without contraception.

Services to Diagnose and Treat the Cause of Infertility

Inpatient, outpatient, professional, and ancillary services prescribed or administered by the provider to diagnose and treat the cause of infertility are covered. Depo Lupron is currently the only injectable medication covered when provided for the treatment of endometriosis as a cause of infertility.

Services to Treat Infertility

When authorized by Blue Shield, some inpatient, outpatient, professional, and ancillary services prescribed or administered by the provider for the treatment of infertility are covered. These additional services must be provided to a covered member with conception in the member as the intended result of the services. Procedures must be consistent with established medical practice in the treatment of infertility and induced fertilization.

Services to treat infertility include prescribed home self-administered injectable drugs, including needles and syringes, and artificial insemination (with and without egg stimulation). (See "Benefit Exclusions" below for services that are specifically excluded.)

When the following injectables are approved for home self-administration, the member must purchase the injectable, needles, and syringes at a Blue Shield participating pharmacy and submit a receipt to Blue Shield HMO for reimbursement under the Family Planning benefit of the CalPERS HMO Plan.

Brand Name	Generic Name
Menopur	Menotropins
Novarel, Pregnyl, Ovidrel	Chorionic Gonadotropin (HCG)
Gonal F, Follistim	Follitropin
Cetrotide	Cetrorelix
Ganirelix Acetate	Ganirelix Acetate

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Benefit Coverage *(cont'd.)*

Consult Blue Shield HMO for a complete list of covered medications that are provided in the physician's office or for home self-administration.
See the member's EOC for benefit coverage.

Copayment

See the member's *Evidence of Coverage* (EOC) and *Summary of Benefits and Coverage* for member copayments.

Benefit Exclusions

Infertility services are not provided for:

- Sexual dysfunction or sexual inadequacies
- Services incident to or resulting from procedures for a surrogate mother; however, if the surrogate mother is an enrolled member of a Blue Shield health plan, covered pregnancy and maternity care will be provided to her under her own plan.

Note: If a child resulting from a surrogate parenting arrangement meets the requirements and is enrolled as a "Dependent" (as defined by Blue Shield) of a Blue Shield subscriber, all covered services are available to such child from the first date of coverage.

- Collection, purchase or storage of sperm/eggs/frozen embryos from donors other than the enrolled spouse or domestic partner
- Gamete intrafallopian transfer (GIFT)
- Intracytoplasmic sperm injection (ICSI)
- Zygote intrafallopian transfer (ZIFT)
- In vitro fertilization (IVF)
- Ovum transplant
- Any form of induced fertilization except for artificial insemination
- For or incident to the reversal of a vasectomy or tubal ligation or repeat vasectomy or tubal ligation
- Services or medications to treat low sperm count
- Sterilization reversals are excluded as a benefit

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Examples of Covered Services

Services to diagnose and treat the cause of infertility

- Office visits (medical history and physical exams)
- Depo Lupron used for the treatment of endometriosis as a cause of infertility
- Diagnostic tests and surgical procedures specific to infertility

Male

- Epididymovasostomy, anastomosis of epididymis to vas deferens
- Semen analysis, sperm antibodies, sperm evaluation

Female

- Laparoscopy with lysis of adhesions or with aspiration
- Hysteroscopy
- Injection procedure for hysterosalpingography
- Transcervical introduction of fallopian tube catheter for diagnosis and establishing potency, with or without hysterosalpingography
- Hydrotubation of oviduct
- Lysis of adhesions
- Fimbrioplasty
- Salpingostomy
- Hysterosalpingography
- Echography, pelvic
- Ultrasonic guidance for aspiration of ova

Services to treat infertility

- Artificial insemination and supporting procedures

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Examples of Non-Covered Services

- Services for sexual dysfunction and sexual inadequacies, except as provided for organically based conditions
- Services incident to or resulting from procedures for a surrogate mother who is not covered for maternity services under her own Blue Shield health plan
- Services for collection, purchase, or storage of sperm/eggs from donors other than enrolled spouse or domestic partner
- Zygote intrafallopian transfer (ZIFT)
- In vitro fertilization (IVF)
- Infertility services for an individual who is not a member

References

CalPERS Access+ HMO, EPO, and Trio HMO Combined Evidence of Coverage and Disclosure Form

Blue Shield HMO IPA/Medical Group Procedures Manual