# Medical Pre-Authorization Criteria

## Infertility, Advanced Reproductive Technology (ART)

Including IVF, GIFT, ZIFT, or low tubal ovum transfer

**Single Embryo Transplant (eSet)** – refer to separate criteria

### CPT/HCPCS Codes

<table>
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<th>Code</th>
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<tr>
<td>58970, 58974, 58976, 76816, 76830, 76856, 76857, 76948, 89250, 89252, 89253, 89254, 89255, 89268, 89272, 89280, 89281, 89290, 89291, 89352, 89353, 89354, 89356, S4013, S4014, S4017, S4023, S4037</td>
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### Criteria

**MUST MEET ONE OF THE FOLLOWING FOR THE PROCEDURE THAT HAS BEEN REQUESTED:**

1. The member has become pregnant with ART in the past.

2. Natural or intrauterine insemination with partner or donor sperm would not be expected to be effective for this member due to: severe male factor infertility, bilateral tubal occlusion not resulting from voluntary sterilization, extensive pelvic adhesions, or Stage 3 or Stage 4 endometriosis documented by laparoscopy.

3. The member has attempted at least two (2) clomiphene (Clomid) cycles with or without intrauterine insemination. If fewer than two (2) cycles of Clomid have been used, there is medical documentation that additional Clomid cycles are unlikely to result in a conception.

4. One of the following is present:
   a) The member has been unable to conceive or produce conception or sustain a successful pregnancy through intercourse and has attempted at least 3 cycles of medically supervised intrauterine inseminations (IUI) in the past year. If fewer than 3 IUI cycles were attempted, there is medical documentation that additional cycles would not result in conception.
   b) The member has been unable to conceive or produce conception or sustain a successful pregnancy using IUI and further IUI would be unlikely to result in conception.
   c) The member has been unable to conceive or produce conception or sustain a successful pregnancy after a combination of intercourse and IUI and further IUI would be unlikely to result in conception.

5. The member has failed one or more cycle(s) of gonadotropin with or without intrauterine insemination.

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1. **Assisted embryo/oocyte hatching** (89253) should not be approved in conjunction with requests for ART. Assisted hatching has been demonstrated to be effective only after multiple failed IVF cycles. In addition, assisted hatching has not been demonstrated to result in higher live birth rates. Requests for Assisted Hatching should be referred to the medical director for review.

2. **Sustaining a successful pregnancy** is related to recurrent pregnancy loss. Recurrent pregnancy loss is defined as three or more consecutive spontaneous abortions. IVF will not be authorized for recurrent pregnancy loss unless the **definition of infertility** has been met and there is documentation of a medical work-up to determine the cause of the member’s inability to sustain a pregnancy.

3. One cycle is defined as one (1) intrauterine insemination (IUI) within a 30-day period. More than one IUI within a 30-day period has not been demonstrated to have therapeutic efficacy.

**NOTE:** ART procedures will not be authorized for the purpose of managing genetic risks in otherwise fertile members since the benefit is for the purpose of treating infertility.

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To view ConnectiCare’s list of policies on various medical treatments and emerging technologies, go to [www.connecticare.com/provider/MedicalPolicyCriteria.aspx](http://www.connecticare.com/provider/MedicalPolicyCriteria.aspx)
**MEDICAL PRE-AUTHORIZATION CRITERIA**

### DEFINITIONS

**Infertility** is defined as the condition of a presumably healthy member who is unable to conceive or produce conception or sustain a successful pregnancy during a one-year period.

**Severe Male Factor Infertility** is defined as a sperm count less than 10 million/ml present in semen analysis.

### REFERENCES


### REVIEW HISTORY

10/18/05, 07/12/06, 11/07/07, 10/29/08, 10/14/09, 11/10/10, 11/09/11, 05/01/13, 05/07/14, 05/06/15, 07/06/16

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*Back to Top*