# Medical Pre-Authorization Criteria

## Procedure/Equipment

<table>
<thead>
<tr>
<th>Infertility-Artificial Insemination, Intracervical (ICI) or Intrauterine (IUI) with Partner’s Sperm[^1]</th>
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<tbody>
<tr>
<td>58321, 58322, 58323, 89260, 89261, 58970, 58974, 58976</td>
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## CPT/HCPCS Codes

### Criteria

**MUST MEET ALL OF THE FOLLOWING:**

1. The member meets the definition of infertility.

2. One or more of the following conditions is present:
   a. The member has had a previous IUI pregnancy.
   b. The member has unexplained infertility with documented ovulatory problems and clomiphene (Clomid) has been used at least twice.
   c. The member has unexplained infertility without contributing ovulatory problems (Clomid trial not necessary).
   d. The IUI will be used to treat severe male factor infertility.
   e. The IUI is recommended instead of an Advanced Reproductive Technology procedure because of poor response to follicle stimulation/ovulation induction.

[^1]: One ICI/IUI cycle is defined as one (1) ICI/IUI within a 30-day period. More than one ICI/IUI within a 30-day period has not been demonstrated to have therapeutic efficacy.

## Definitions

**Infertility** is defined as the condition of an individual who is unable to conceive or produce conception or sustain a successful pregnancy during a period of one year or such treatment is Medically Necessary.

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