 KMTSJ, Inc.	DEPARTMENT:	Utilization Management
	SUBJECT:	Infertility
	PRODUCT LINE:	All
	POLICY NUMBER:	040
	ORIGINAL POLICY EFFECTIVE DATE:	11/26/2007
	LAST REVISED DATE:	04/27/2018
	LAST REVIEWED DATE:	04/03/2024

SCOPE: To ensure Group Health Cooperative of Eau Claire (the Cooperative) consistently and correctly administers infertility benefits to all members according to their policy specifics.

POLICY: It is the policy of the Cooperative to require prior authorization for all infertility related services according to each member’s specific policy benefit.

PROCEDURE: Prior Authorization Required: YES.
Not a covered benefit for all product lines. Considered a contract exclusion.

The following services are considered infertility related and are not a covered benefit. This list is non-inclusive.

- Infertility services which are not for treatment of illness or injury (i.e., which are for the purpose of achieving pregnancy). The diagnosis of infertility alone does not constitute an illness.
- Reversal of voluntary sterilization procedures and related procedures when performed for the purpose of restoring fertility for males and females.
- Services for storage or processing of semen (sperm) or donor artificial insemination.
- Artificial insemination or fertilization methods including, but not limited to, in vitro fertilization, in vivo fertilization, embryo transfer, gamete intra fallopian transfer (GIFT) and similar procedures and related hospital, professional and diagnostic services and medications that are incidental to such insemination or fertilization methods.
- Charges related to surrogate maternity services.
- Infertility counseling.
- Infertility testing including but not limited to tubal patency, semen analysis or sperm evaluation.
- Fertility enhancing drugs and other fertility enhancing services and items.
- Office visits, consultations and other encounters to enhance the prospects of fertility.


Definitions:

When not clearly defined in the benefit plan, infertility is defined as one of the following:

- The inability of opposite-sex partners to achieve conception after at least one year of unprotected intercourse.
- The inability of a woman to achieve conception after six trials of medically supervised artificial insemination over a one-year period.
- The inability of opposite sex partners to achieve conception after six months of unprotected intercourse for a woman over the age of 35 years.
- The female is incapable of carrying a pregnancy to term.

Reference source, if applicable: N/A

APPROVED:  DATE: 04/03/2024

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REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
03/11/2013	Carol E. Ebel, RN HM Mgr	This is a continuation of the archived P & P.
02/15/2014	Lynne Komanec, RN HM Manager	Reviewed with no changes
01/23/2015	Betsy Kelly, RN	Formatting changes; removed reference to Rice Lake Schools.
01/14/2016	Betsy Kelly, RN	Reviewed with date change only.
04/27/2018	Michele Bauer, MD	Reviewed and reformatted
04/01/2020	Michele Bauer, MD	Reviewed with no changes
04/01/2021	Michele Bauer, MD, CMO	Reviewed. No changes.
04/13/2022	Michele Bauer, MD, CMO	Reviewed. No changes.
04/04/2023	Michele Bauer, MD, CMO	Reviewed. No changes.
04/03/2024	Michele Bauer, MD, CMO	Reviewed. No changes.