



Qualified Health Plans offered in North Carolina by CareSource North Carolina Co., d/b/a CareSource

ADMINISTRATIVE POLICY STATEMENT	
North Carolina Marketplace	
Policy Name & Number	Date Effective
Infertility Services-NC MP-AD-1255	08/01/2024
Policy Type	
ADMINISTRATIVE	

Administrative Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject

Infertility Services

B. Background

Infertility is the result of a disease of the male or female reproductive tract which prevents the conception of a child or the ability to carry a pregnancy to delivery. The duration of unprotected intercourse with failure to conceive should be about 12 months before an infertility evaluation is undertaken, unless medical history, age, or physical findings dictate earlier evaluation and treatment. There are numerous factors influencing infertility, including but not limited to ovulatory dysfunction, endometriosis, tubal damage, and male infertility factors, such as hypogonadism or post-testicular defects. Effective interventions for infertility include prevention of ovarian hyperstimulation syndrome, down-regulation with agonists or antagonists, metformin treatment, ovarian treatment, surgical treatment for tubal disease, intrauterine insemination, and in-vitro fertilization.

C. Definitions

- **Covered Services** – Health care treatments and services related to a medical condition that results in infertility (eg, endometriosis, blockage of fallopian tubes, varicocele) and is an identified benefit provision in the individual’s health insurance plan.
- **Infertility** – Failure to achieve pregnancy within 12 months of unprotected intercourse or therapeutic donor insemination in women younger than 35 years or within 6 months in women older than 35 years.
- **Network Provider** – Doctors, other health care providers, and hospitals that have a plan contract with CareSource to provide medical care to members. These providers are called network providers or in-network providers. A provider that is not contracted with the plan is called an “out-of-network provider.”
- **Ovulation Induction** – A procedure in which medication is used to stimulate a woman’s ovaries to produce multiple mature follicles and ova.

D. Policy

- I. CareSource covers services for the diagnosis and treatment of the underlying causes of infertility when provided by or under the direction of a network provider.
- II. Infertility benefits include three medical ovulation induction cycles per lifetime per member.
- III. Not all services connected with the treatment of infertility are covered services. Examples of noncovered services include treatment of normal physiologic causes of infertility, such as menopause or infertility resulting from voluntary sterilization.

E. Conditions of Coverage

N/A

F. Related Policies/Rules

N/A

The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.

G. Review/Revision History

DATE		ACTION
Date Issued	10/26/2022	
Date Revised	05/08/2024	Annual review, references updated. Approved at Committee
Date Effective	08/01/2024	
Date Archived		

H. References

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