

Assisted Reproductive Technology

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Approved By:	Highmark Health Options – Market Leadership
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Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 2

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options does not provide coverage under medical surgical benefits of the Company's Medicaid products for assisted reproductive technology. Refer to Highmark Health Options Noncovered Services Policy for more details.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

Infertility – Defined as an interruption, cessation, or disorder of body functions, systems, or organs of the reproductive tract which prevents an individual or couple from the conception of a child or the ability to carry a pregnancy to delivery after regular, unprotected sexual intercourse without medical intervention or as diagnosed by a licensed physician based on the individual's medical, sexual, and reproductive history, age, physical findings, and/or diagnostic testing.

PROCEDURES

The following services are not covered:

- In Vitro Fertilization (IVF)
- Gamete Intrafallopian Transfer (GIFT)/Zygote Intrafallopian Transfer (ZIFT)
- Intracytoplasmic Sperm Injection (ICSI)
- Gamete/Embryo Cryopreservation
- Tubal Embryo Transfer (TET)
- Frozen Embryo Transfer (FET)
- Ovulation Induction Management
- Immunotherapy for Recurrent Fetal Loss

- Assisted Fertilization Procedures
- Cryopreservation, Storage, Procurement, and Thawing
- Gestational Carrier/Surrogate

POLICY UPDATE HISTORY

11/24/2021	Approved in Medical Policy Committee
12/2021	Approved in QI/UM
11/30/2022	Approved in Medical Policy Committee
12/2022	Approved in QI/UM