



Artificial Insemination/Intrauterine Insemination (IUI)

I. Policy

University Health Alliance (UHA) will reimburse for artificial insemination when it is determined to be clinically appropriate, as defined by Hawaii Revised Statutes §432E-1.4, and when it meets the medical criteria guidelines (subject to limitations and exclusions) indicated below.

II. Criteria/Guidelines

Artificial insemination (Intravaginal, Intracervical, or Intrauterine insemination) involves the placement of whole semen or processed sperm into the female reproductive tract, which permits sperm-oocyte interaction in the absence of intercourse.

- A. Artificial insemination is covered (subject to Limitations/Exclusions and Administrative Guidelines) with or without medication for the management of infertility in any of the following situations:
 1. Abnormal male factors contributing to the infertility.
 2. Unexplained infertility.
 - a. For the purposes of this policy “infertility” is defined by:
 - i. failure to achieve a successful pregnancy after twelve months or more of appropriate, timed unprotected intercourse for women thirty-five years or younger or six months for women over thirty-five years of age.
 - ii. Unexplained infertility is defined as the failure to diagnose the cause of infertility after evaluation which includes an appropriate assessment of male factor infertility, ovulatory dysfunction, tubal patency, and, when appropriate, ovarian reserve.
 3. Members aged 44 years old and over must also demonstrate proof of ovarian reserve. Labs that are required as follows:
 - a. Day 3 FSH
 - b. Day 3 Estradiol
 - c. Antral Follicle Count (AFC) within 6 months
 - d. Anti-Mullerian hormone (AMH) level within 6 months
- B. IUI with FSH and/or LH is covered (subject to Limitations and Administrative Guidelines) when the following criteria are met:
 1. Criteria in II.A are met
 2. Tubal patency is documented
 3. One of the following is met:
 - a. There have been 3 failed cycles using clomiphene citrate or letrozole
 - b. There is a diagnosis of hypothalamic dysfunction
 - c. Member is aged 41 years or older
 4. For members aged 44 and older, proof of ovarian reserve must be demonstrated within the last 6 months by all of the following:
 - a. Day 3 FSH < 40 mIU/ml

- b. Antral Follicle Count (AFC) > 4
 - c. Anti- Mullerian hormone (AMH) level > 0.5 ng/ml
- C. Use of total FSH plus LH is generally covered (subject to Limitations and Administrative Guidelines) up to a maximum of 150 IU per day and up to a maximum of 14 days.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine, and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members' individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria considering any supporting documentation through direct peer communication.

III. Limitations/Exclusions

- A. Insemination cycles with gonadotropins, is limited to three attempted medicated IUI cycles.
 - 1. For members with successful medicated IUI cycles resulting in a live birth, additional cycles may be authorized if the member continues to meet the definition of infertility. Members must have a diagnosis of infertility and meet the infertility coverage criteria within this document.
- B. UHA does not cover any donor-related services for all couples including, but not limited to, collection, storage, and processing of donor sperm.
- C. Artificial insemination services are not covered when a surrogate is used. A surrogate is defined as a woman who carries a child for a couple or single person with the intention of giving up that child once he/she is born
- D. Gonadotropins for infertility are not covered without an authorization for infertility services.
- E. Infertility treatment medications are not reimbursed for members who do not meet our guidelines for infertility coverage or for anonymous donors.
- F. The use of FSH and/or LH is limited to three unsuccessful IUI cycles. For members with a successful IUI cycle with FSH and/or LH resulting in a live birth, additional cycles with FSH and/or LH may be covered in the next pregnancy attempt(s), if the policy criteria continue to be met.
- G. Use of total FSH plus LH more than 150 IU per day and beyond 14 days is generally not covered because it is not known to improve health outcomes.
- H. IUI with FSH and/or LH for women aged 44 and over without documented ovarian reserve is not covered because it has not been shown to improve health outcomes.

IV. Administrative Guidelines

- A. Patients over 44 years old using gonadotropins injection with IUI, demonstration of ovarian reserve is required. Labs that are required as follows:
1. Day 3 FSH
 2. Day 3 Estradiol
 3. Antral Follicle Count (AFC) within 6 months
 4. Anti-Mullerian hormone (AMH) level within 6 months
- B. Prior Authorization is not required for IUI with or without the use of medications, except when Gonal-f is being used. Supporting documentation should be legible, maintained in the patient's medical record, and available to UHA upon request.
- C. To request prior authorization, please submit via UHA's online portal. If login has not been established, you may contact UHA at 808-532-4000 to establish one.

CPT Code	Description
58322	Artificial insemination; intra-uterine

V. Policy History

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