

Reproductive Services: Infertility, Family Planning, and Maternity Care

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[Instructions for Use](#)

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Related Policies
None

Coverage Guidelines

Infertility, family planning, and maternity care is covered when Medicare criteria are met.

Infertility Tests and Treatments

Covered Infertility Services

Reasonable and necessary tests and treatments for infertility when fertility would be expected are covered. Refer to the [Medicare Benefit Policy Manual, Chapter 15, §20.1 – Physician Expense for Surgery, Childbirth, and Treatment for Infertility](#). (Accessed February 20, 2024)

Examples of covered infertility services include, but are not limited to:

- Medical history
- General physical examination
 - **Females:**
 - Pelvic exam.
 - Routine laboratory investigation for hormonal disturbances (e.g., FSH, LH, prolactin).
 - Cultures for infectious agents.
 - Serum progesterone determination.
 - Hysterosalpingogram.
 - **Males:**
 - Semen analysis 2 to 3 times following 5 days of abstinence.
 - Laboratory studies (e.g., FSH, LH, prolactin, serum testosterone).
 - Testicular biopsy when member has demonstrated azoospermia.
 - Scrotal ultrasound, when appropriate for azoospermia.

Non-Covered Infertility Services

Infertility services that are not reasonable and necessary for the treatment of illness or injury are not covered.

Refer to the [Social Security Act Sec.1862 \(a\)\(1\)\(A\)](#) and the [Medicare Benefit Policy Manual, Chapter 16, §20 – Services Not Reasonable and Necessary](#). (Accessed February 20, 2024)

Examples of non-covered infertility services include, but are not limited to:

- Infertility from a previous elective vasectomy or tubal ligation.
- Inoculation of women with husband's white cells.
- Microdissection of the zona or sperm microinjection.
- For post-menopausal women.
- Reversal of a previous elective vasectomy or tubal ligation.
- Treatment of female sterility in which a donor ovum would be necessary (e.g., post-menopausal syndrome).
- Other infertility treatment when continued treatment has no reasonable chance to produce a pregnancy.
- Medications that promote fertility.

Note: Some members may have coverage for Part D drugs under UnitedHealthcare. Refer to the Member's Pharmacy Booklet or contact the Prescription Solutions Customer Service Department to determine coverage eligibility for Part D prescription drug plan benefit.

Non-Member Infertility Services

Infertility services for non-members (e.g., surrogate mothers who are not UnitedHealthcare Medicare members) are not covered.

Family Planning

The following are examples of covered family planning services:

- Office visits for general education, counseling, and instruction on birth control methods.
- Routine pregnancy testing is covered as reasonable and necessary to determine a patient's status. Refer to the [Medicare Benefit Policy Manual, Chapter 15, § 20.1 – Physician Expense for Surgery, Childbirth, and Treatment for Infertility](#).
- Sterilization is covered only when necessary as a part of the treatment of an illness or injury. Refer to the [NCD for Sterilization \(230.3\)](#).

The following are examples of non-covered services, but are not limited to:

- Birth control devices and procedures (e.g., IUD, diaphragm and other implantable birth control devices) and over-the-counter supplies or prescription devices or drugs for birth control. Refer to the [Medicare Benefit Policy Manual, Chapter 16, §20 – Services Not Reasonable and Necessary](#). (Accessed February 20, 2024)
- Non-prescription contraceptive supplies; refer to the member's Evidence of Coverage (EOC).
- Reversal of sterilization procedures; refer to the member's EOC.
- Sterilization; refer to the [NCD for Sterilization \(230.3\)](#) and Local Coverage Articles (LCAs) for [Sterilization](#).

(Accessed February 20, 2024)

Maternity Care

The following services are covered when criteria are met:

- Skilled medical management throughout the events of pregnancy, beginning with the diagnosis, continuing through delivery and ending after the necessary postnatal care.
Note: Surgeons and obstetricians should bill Medicare for an all-inclusive package charge intended to cover all services associated with the surgical procedure or delivery of the child. All expenses for surgical and obstetrical care, including preoperative/prenatal examinations and tests and postoperative/postnatal services are considered incurred on the date of surgery or delivery, as appropriate. Refer to the [Medicare Benefit Policy Manual, Chapter 15, §20.1-Physician Expense for Surgery, Childbirth, and Treatment for Infertility](#).
- Nurse-midwife services are covered when:
 - Services and supplies furnished incident to a nurse midwife's service if they would have been covered when furnished incident to the services of a doctor of medicine or osteopathy.
 - Services are furnished by a nurse-midwife that he or she is legally authorized to perform in the State in which the services are furnished and that would otherwise be covered if furnished by a physician, including obstetrical and gynecological services. (Refer to definition of [Certified Nurse-Midwife](#).)

- Services when provided in the nurse-midwife's office, in the patient's home, or in a hospital or other facility, such as a clinic or birthing center owned or operated by a nurse-midwife.

Refer to the [Medicare Benefit Policy Manual, Chapter 15, §180-Nurse-Midwife \(CNM\) Services](#).

- Laboratory testing when medically reasonable and necessary for the management of pregnancy; refer to the [Medicare Benefit Policy Manual, Chapter 15, §20.1-Physician Expense for Surgery, Childbirth, and Treatment for Infertility](#).
- Related genetic testing and counseling for prenatal diagnosis of congenital disorders of the unborn child; refer to the Coverage Summary titled [Genetic Testing](#).

The following services are not covered:

- Services of nurse-midwives are not covered if they are otherwise excluded from Medicare coverage even though a nurse-midwife is authorized by state law to perform them. For example, the Medicare program excludes from coverage routine physical checkups and services that are not reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member. Refer to the [Medicare Benefit Policy Manual, Chapter 15, §180-Nurse-Midwife \(CNM\) Services](#).
- Items and services furnished to the infant after delivery are not covered.
Note: After infant is delivered, and is a separate individual, items and services furnished to the infant are not covered on the basis of the mother's eligibility. UnitedHealthcare Medicare Advantage members must arrange for newborn insurance coverage; refer to the [Medicare Benefit Policy Manual, Chapter 15, §20.1-Physician Expense for Surgery, Childbirth, and Treatment for Infertility](#).
- Routine elective sterilization following delivery (e.g., tubal ligation); refer to the [National Coverage Determination \(NCD\) for Sterilization \(230.3\)](#).
- Childbirth classes (e.g., Lamaze); refer to the [Medicare Benefit Policy Manual, Chapter 16, §20-Services not Reasonable and Necessary](#).
- Take home medications and/or supplies, unless the member has a supplemental pharmacy benefit; refer to the [Medicare Benefit Policy Manual, Chapter 1, § 30.5-Drugs for Use Outside Hospital](#).

(Accessed February 20, 2024)

Abortion

Abortion is covered only under the following circumstances:

- If the pregnancy is the result of an act of rape or incest; or
- In the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, which would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

Refer to the [National Coverage Determination \(NCD\) for Abortion \(140.1\)](#).

Health care associated with pregnancy termination, whether spontaneously or for therapeutic reasons (i.e., where the life of the mother would be endangered if the fetus were brought to term) is also covered.

Refer to the:

- [Medicare Benefit Policy Manual, Chapter 15, §20.1 – Physician Expense, Surgery, Childbirth, and Treatment for Infertility](#).
- [Medicare Benefit Policy Manual, Chapter 1, §80 – Health Care Associated with Pregnancy and §90 – Termination of Pregnancy](#).

(Accessed February 20, 2024)

Definitions

Certified Nurse-Midwife: A registered nurse who has successfully completed a program of study and clinical experience in nurse-midwifery, meeting guidelines prescribed by the Secretary, or who has been certified by an organization recognized by the Secretary. The Secretary has recognized certification by the American College of Nurse-Midwives and State qualifying requirements in those States that specify a program of education and clinical experience for nurse-midwives for these purposes. A Nurse-Midwife must:

- Be currently licensed to practice in the State as a registered professional nurse; and
- Meet one of the following requirements:

- Be legally authorized under State law or regulations to practice as a nurse-midwife and have completed a program of study and clinical experience for nurse-midwives, as specified by the State; or
- If the State does not specify a program of study and clinical experience that nurse-midwives must complete to practice in that State, the nurse-midwife must:
 - Be currently certified as a nurse-midwife by the American College of Nurse-Midwives; or
 - Have satisfactorily completed a formal education program (of at least one academic year) that, upon completion, qualifies the nurse to take the certification examination offered by the American College of Nurse-Midwives; or
 - Have successfully completed a formal education program for preparing registered nurses to furnish gynecological and obstetrical care to women during pregnancy, delivery, and the postpartum period, and care to normal newborns, and have practiced as a nurse-midwife for a total of 12 months during any 18-month period from August 8, 1976, to July 16, 1982.

[Medicare Benefit Policy Manual, Chapter 15, §180-Nurse-Midwife \(CNM\) Services](#). (Accessed February 20, 2024)

Policy History/Revision Information

Date	Summary of Changes
03/13/2024	<p>Coverage Guidelines</p> <ul style="list-style-type: none"> ● Removed content/language addressing in utero fetal surgery <p>Infertility Tests and Treatments</p> <p>Non-Covered Infertility Services</p> <ul style="list-style-type: none"> ● Removed instruction to refer to the UnitedHealthcare Commercial Medical Policy titled <i>Infertility Diagnosis, Treatment, and Fertility Preservation</i> for coverage guidelines <p>Family Planning</p> <ul style="list-style-type: none"> ● Revised list of non-covered services: <ul style="list-style-type: none"> ○ Consolidated content addressing sterilization; removed specific examples of sterilization procedures ○ Added instruction to refer to the LCAs for sterilization services <p>Maternity Care</p> <ul style="list-style-type: none"> ● Revised list of non-covered services; removed “services of a lactation specialist” <p>Administrative</p> <ul style="list-style-type: none"> ● Archived previous policy version MCS056.06

Instructions for Use

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The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing the items or services in this coverage summary have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCD or LCD. As a result, UnitedHealthcare applies internal coverage criteria in the UnitedHealthcare commercial policies referenced in this coverage summary. The coverage criteria in

these commercial policies was developed through an evaluation of the current relevant clinical evidence in acceptable clinical literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

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