



Infertility Benefit Coverage

In recent years, there has been increased awareness and promotion of infertility treatments. These services encompass a range of options for both men and women. However, as with all medical interventions, infertility treatments carry inherent risks, and not all individuals are suitable candidates.

Due to factors such as cost and accessibility, many individuals have sought infertility treatments in Tijuana and Mexicali. Unfortunately, these services are often pursued without a clear medical necessity. While numerous individuals may experience infertility, only a select few are appropriate candidates for these treatments.

MediExcel Health Plan has established a comprehensive protocol for the authorization and coverage of medically necessary infertility services. This protocol aligns with the generally accepted medical practice standards within the Baja California medical community.

The following criteria outlines the services covered under MediExcel Health Plan:

1. Diagnosis and treatment for infertility in both men and women include:

- Full Medical History (*Medical Consultation*)
- General Medical Exams

2. Diagnosis and treatment for infertility in females includes:

- Pelvic Examination (*through an OBGYN*)
- Laboratory investigation for hormonal disturbances through blood test (e.g., *Follicular Stimulating Hormone, Luteinizing Hormone, Prolactin.*)
- Cultures for infectious agents.
- X-ray procedures used to see whether the fallopian tubes are patent (*open*) and if the inside of the uterus (*uterine cavity*) is normal through a hysterosalpingogram.
- Gamete Intrafallopian Transfer (*GIFT*) is considered as a treatment in cases where In-Vitro Fertilization and other Assisted Reproductive Technologies have failed.

3. Diagnosis and treatment for infertility in males includes:

- Semen analysis 2 to 3 times following 5 days of abstinence
- Laboratory investigation for hormonal disturbances through blood test (e.g., *Follicular Stimulating Hormone, Luteinizing Hormone, Prolactin, and Serum Testosterone.*)
- Testicular biopsy when member has demonstrated azoospermia, with previous spermatoscopy.
- Scrotal ultrasound, when appropriated for azoospermia.

MediExcel Health Plan does NOT cover the following infertility services:

1. Medication for the treatment of sexual dysfunction, including erectile dysfunction, impotence, anorgasmia or hyporgasmy.
2. Reversal of a previous elective vasectomy or tubal ligation.
3. Further infertility treatment when either both partners refuse to participate or lack full participation in treatment.
4. Treatment for female sterility in which a donor ovum would be necessary (e.g., *post-menopausal syndrome*.)
5. Microdissection of the zona or sperm microinjection.
6. Experimental and/or investigational diagnostic studies or procedures.
7. Frozen embryo transfers.
8. Freezing or storing of sperm, ovum, and/or pre-embryos.
9. Ovum, ovum donor or ovum bank charges.
10. Sperm, sperm donor or sperm bank charges.
11. Inoculation of female with male's partner's white cells (*experimental*.)
12. Infertility services for post-menopausal women.
13. Infertility from a previous elective vasectomy or tubal ligation.
14. In-Vitro Fertilization due to its poor rates of success.
15. Zygote Intrafallopian Transfer (ZYFT).
16. Infertility services for non-members (e.g., *surrogate mothers who are not MediExcel members*.)
17. Infertility treatment with Immunoglobulin (IVIG).
18. Infertility/Fertility requirements under SB 729, effective July 1, 2025, as they do not apply to MediExcel Health Plan given its licensure under the Knox-Keene Act Section 1351.2. Furthermore, the California Department of Managed Health Care confirmed that SB 729 does not extend to services delivered in Mexico.

NOTE: Although *GIFT* is a covered benefit, *In-Vitro Fertilization* is not covered. In order for *GIFT* to be considered as a covered treatment, the member must first have gone through an In-Vitro Fertilization procedure. As part of the authorization request, the following need to be provided:

1. Medical documentation and findings from a qualified practitioner documenting that adequate attempt of In-Vitro Fertilization treatments were not successful in last 6 months.
2. Member is a viable candidate for *GIFT* (*unexplained infertility, at least one healthy fallopian tube*.)
3. No other infertility treatments can be used.