Infertility Benefit Coverage

Infertility is a medical condition that may affect both men and women and can result from a variety of underlying causes. Diagnosis and treatment should be based on an individual's medical history, clinical evaluation, and generally accepted standards of medical practice. As with any medical treatment, infertility services may not be appropriate for every individual.

MediExcel Health Plan provides coverage for medically necessary infertility services in accordance with the member's Evidence of Coverage (*EOC*) and applicable medical necessity criteria. The authorization process outlined in this document is designed to ensure that infertility services are clinically appropriate and consistent with generally accepted standards of medical practice in Baja California, Mexico.

The following medically necessary infertility services are covered under MediExcel Health Plan, subject to authorization and the member's Evidence of Coverage (*EOC*):

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

- Comprehensive medical history and consultation
- General medical exams

2. Diagnosis and treatment of female infertility includes:

- Pelvic examination (*through an OBGYN*)
- Laboratory investigation for hormonal disturbances through blood tests (*e.g., follicular stimulating hormone, luteinizing hormone, prolactin*).
- Cultures for infectious agents
- Hysterosalpingogram (*HSG*) to evaluate whether the fallopian tubes are open and whether the uterine cavity is normal.
- 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 underlying conditions that cause infertility in females include:

- Ovulation disorders often driven by polycystic ovary syndrome, (*PCOS*) thyroid disease, (*hypo/hyperthyroidism*) or pituitary gland issues.
- Tubal factor (*blocked fallopian tubes*) which is often caused by pelvic inflammatory disease, (*PID*) past ectopic pregnancies, or abdominal surgeries.
- Endometriosis which can cause pelvic scarring and damage the fallopian tubes or ovaries.

- Uterine conditions from growths like uterine fibroids or endometrial polyps which can block fallopian tubes or alter the uterine lining, preventing embryo implantation.
- Autoimmune diseases such as lupus or celiac disease which can cause systemic inflammation or produce antibodies that attack reproductive tissue or sperm.
- Evaluation and diagnosis of genetic disorders associated with female infertility such as Turner Syndrome.
- Chronic illnesses such as unmanaged diabetes, kidney disease, or sickle cell anemia.

4. Diagnosis and treatment for male infertility includes:

- Semen analysis, two to three analyses following five days of abstinence before each test.
- Laboratory investigation for hormonal disturbances through blood tests (*e.g., follicular stimulating hormone, luteinizing hormone, prolactin, and serum testosterone*.)
- Testicular biopsy when member has demonstrated azoospermia, with previous semen analysis (*spermiogram*.)
- Scrotal ultrasound, when clinically appropriate for azoospermia.

5. Diagnosis and treatment for underlying conditions that may cause male infertility include:

- Conditions affecting sperm production or quality, including low sperm count, poor sperm motility (*movement*), or abnormal sperm shape (*morphology*).
- Varicocele (*enlarged veins in the scrotum*), which can increase testicular temperature and affect sperm quality.
- Congenital or acquired blockages of the reproductive tract, including absence of the vas deferens or blockages caused by prior infections, which prevent sperm from being ejaculated.
- Hormonal disorders, including low testosterone or pituitary gland disorders, which reduce or prevent sperm production.
- Autoimmune diseases, such as lupus or celiac disease, which may affect male fertility.
- Evaluation and diagnosis of genetic disorders associated with male infertility, including Klinefelter Syndrome.
- Chronic medical conditions, such as uncontrolled diabetes, kidney disease, or sickle cell disease, which may impair male fertility.

MediExcel Health Plan does NOT cover the following infertility services:

1. Medication for the treatment of sexual dysfunction, including erectile dysfunction, impotence, anorgasmia, or hypoorgasmia.
2. Reversal of a previous elective vasectomy or tubal ligation.
3. Further infertility treatment when either partner refuses or fails to participate in medically appropriate treatment.
4. Treatment requiring the use of donor ova (*eggs*), including treatment for post-menopausal infertility.
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. Immunization of female with male partner's white blood cells (*experimental*).
12. Infertility services for post-menopausal women.
13. Infertility from a previous elective vasectomy or tubal ligation.
14. In-Vitro Fertilization.
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. Coverage requirements established under California SB 729, effective July 1, 2025, are not applicable to MediExcel Health Plan based on its licensure under Health and Safety Code section 1351.2.

NOTE: Although Gamete Intrafallopian Transfer (*GIFT*) is a covered benefit when medically necessary and authorized, In-Vitro Fertilization (*IVF*) is **NOT** a covered benefit. Members requesting authorization for *GIFT* must provide documentation demonstrating that one or more prior IVF attempts (*performed outside of MediExcel Health Plan coverage*) were unsuccessful and that all other applicable infertility treatment options have been exhausted.

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.