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Assisted Reproductive Techniques

Adjudication Rule

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Abstract

For Members

Assisted Reproductive techniques (ART) comprise of a group of procedures involving the handling of sperms, eggs and embryos, for the purpose of establishing a pregnancy, and hence to treat infertility. The most common assisted reproductive techniques include Artificial Insemination (AI), In Vitro Fertilization (IVF) and Intra-cytoplasmic Sperm Injection (ICSI).

Assisted reproductive techniques, if medically necessary, are covered for those health insurance plans administered by Daman that offer the benefit of infertility management.

For Medical Professionals

Assisted reproductive techniques will only be covered if supported with indications justifying medical necessity.

Assisted embryo hatching and pre-implantation genetic diagnosis will be covered according to the medically necessary criteria mentioned in the "Eligibility /Coverage criteria" section.

The number of embryos to be transferred during any one cycle of ART will be covered according to the recommendations from the Federal Law (no. 11) of 20083.

Cryopreservation/storage of embryo is NOT covered by Daman, since it is not allowed as per Federal Law (no. 11) of 20083 which applies to all of UAE.

The use of donor eggs/sperms/embryos is NOT covered by Daman, since it is not allowed as per Federal Law (no. 11) of 20083 which applies to all of UAE.

Approved by:
Daman

Responsible:
Medical Strategy &
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Related Adjudication Rules:
None

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Scope

This guideline aims at highlighting the coverage of Assisted Reproductive Techniques (ART) as infertility treatment for the health insurance plans administered by Daman, subject to policy terms and conditions.

Adjudication Policy

Eligibility / Coverage Criteria

Infertility is defined as:

1. The inability of a couple to conceive after one year of regular unprotected sexual intercourse, for a woman under the age of 35.
2. The inability of a couple to conceive after 6 months of regular unprotected sexual intercourse, for a woman 35 years or older, OR with a justified medical history including, but not limited to:
 - History of oligo or amenorrhea
 - Known or suspected uterine/tubal/peritoneal disease or stage III-IV endometriosis
 - Known or suspected male subfertility (e.g. male subfertility etc.)

Assisted reproductive techniques as a treatment for infertility is covered only for the following plans administered by Daman as per policy terms and conditions mentioned below

Plan	Coverage of ART	Mode of billing
Thiqa	Maximum of 3 attempts annually*	Direct billing
Aounak & Reaaya	Covered	Direct billing
Premier	Covered (maximum lifetime limit AED 365,000 per person)	Reimbursement
Thiqa Top-Up	Pre-authorization required (as per SOBs)	As per Schedule of Benefits (SOBs)
Customized Plans	As per Schedule of Benefits (SOBs)	As per Schedule of Benefits (SOBs)

*For those members with a 3-year renewal, a maximum of 3 attempts will be covered annually (9 in 3 years).

For the above plans, assisted reproductive techniques will only be covered, if supported with medically justified indications (as given below).

Below is a list of the common assisted reproductive techniques used. Please note that they will only be covered if the indications (listed below each technique) are met.

Artificial Insemination (AI)

Indications for AI include, but are not limited to:

- Erectile dysfunction refractory to medical treatment
- Unsuccessful pharmacologic treatment
- Men with mildly low sperm count, poor quality sperm or anti-sperm antibodies
- Women with mild endometriosis
- Women with cervical mucus hostility or abnormal cervical mucus
- Couples with unexplained infertility

In Vitro Fertilization (IVF)

Indications include, but are not limited to:

- Blocked or severely damaged fallopian tubes (e.g. cilia damage, post salpingectomy etc.)
- Endometriosis
- Cervical mucus hostility
- Male infertility
- Couples with unexplained infertility
- An-ovulatory infertility with failure to conceive after 6 ovulatory cycles
- Failure to conceive after 6 cycles of intrauterine insemination

Intra-Cytoplasmic Sperm Injection (ICSI)

Indications include, but are not limited to:

- Couples who have failed to achieve fertilization following standard IVF treatment.
- Men with abnormal sperm parameters (e.g. low count, poor motility, high percentage of abnormal forms and high levels of anti-sperm antibodies in the semen) to allow a reasonable chance of success with standard IVF.
- When frozen sperm is limited in number and quality.
- Severe deficits in semen quality.
- Obstructive azoospermia.
- Non-obstructive azoospermia.

Other techniques

1. Surgical Sperm Retrieval (SSR). Indications of SSR:
 - Obstructive & non-obstructive azoospermia.
 - Ejaculatory dysfunction.
 - Immotile sperm.

- Congenital anomalies of the reproductive tract (e.g. congenital bilateral absence of vas deferens etc.)

2. Gamete Intra-Fallopian Transfer (GIFT)

Indications for GIFT are the same as IVF, except that the woman must have one patent fallopian tube.

3. Zygote Intra-Fallopian Transfer (ZIFT)

Indications for ZIFT are the same as GIFT and IVF.

Note: GIFT and ZIFT are rarely performed nowadays and IVF has almost completely replaced these two procedures.

4. In Vitro Maturation (IVM). Indications include, but are not limited to:

- As an alternative to IVF for women with PCOS (Poly Cystic Ovarian Syndrome) after mild stimulation; these patients are at significant risk of OHSS (Ovarian Hyper-Stimulation Syndrome).
- As an alternative to IVF in normal women after mild stimulation.
- Fertility preservation in cancer women who are going to receive chemotherapy or radiotherapy.
- Salvaging immature eggs collected during a standard IVF/ICSI (when unexpectedly a significant number of eggs collected are immature).

Number of embryos/eggs to be transferred

Federal Law No. 11 of 2008³ recommends the following for embryo transfer during any ONE cycle of ART treatment procedure (as per international best standards), hence the same criteria will be followed by Daman for coverage:

1. If the woman is aged below 35 at the time of transfer, the practitioner should not transfer more than three eggs or three embryos in any treatment cycle, regardless of the procedure used.
2. Where the woman is aged 35 or over at the time of transfer, the practitioner should not transfer more than four eggs or four embryos in any treatment cycle, regardless of the procedure used.

Assisted Embryo Hatching

Assisted hatching is considered medically necessary for the following indications, and thus will only be covered for the following indications:

- Age of the female 38 years or greater
- Two or more failed ART cycles
- Increased thickness of zona pellucida (of the oocyte) on microscopy

Cryopreservation/Storage

Cryopreservation/storage of surplus fertilized embryos is NOT covered, since it is not allowed as per Federal Law No. 11 of 2008³ which applies to all of the UAE.

Donor insemination

The use of donor eggs/sperms/embryos is NOT covered, since it is not allowed as per Federal Law No. 11 of 2008³ which applies to all of the UAE.

Pre-Implantation Genetic Diagnosis (PGD)

Pre-implantation genetic diagnosis refers to the procedure of obtaining a genetic diagnosis prior to transferring embryos into the uterus.

1. Pre-implantation genetic diagnosis is considered medically necessary in partners who meet any of the first set of criteria and all of the second set of criteria:

Criteria Set 1 (must meet ATLEAST ONE of the following):

- One partner is a known carrier of a single x-linked disorder;
- One partner is known carrier of a single gene autosomal dominant disorder;
- Both partners are known carriers of the same autosomal recessive disorder;
- One partner is a known carrier of an autosomal recessive disorder, and the couple have previously produced offspring affected by that disorder;
- One partner is a known carrier of a balanced chromosomal translocation*
- Advanced maternal age greater than 38: As a woman ages, the quality of her eggs and her ovarian reserve diminish while the reproductive organs maintain their ability to carry a pregnancy. Several studies have shown that women of advanced maternal age are at an increased risk of producing aneuploid eggs and of spontaneous abortion, making maternal age of 38 years and older one of the most common indications for 24-chromosome aneuploidy screening.
- Repeated IVF failure: Repeated IVF failure is defined as the absence of an ongoing pregnancy after 3 or more embryo transfers with high quality embryos. One of the leading contributing factors for repeated IVF failure is the development of aneuploid embryos. Studies show that at least 15% of couples with repeated IVF failure have an increased frequency of aneuploid embryos, a rate that substantially increases with maternal age.
- History of recurrent pregnancy loss: In more than half of recurrent miscarriage cases, the diagnosis is unexplained infertility. Several scientific studies have verified that 80% of

unexplained recurrent pregnancy loss in women over the age of 35 can be explained by aneuploid embryos. In every study completed using 24-chromosome aneuploidy screening, a decrease in the miscarriage rate was observed.

- **Male factor infertility:** Low quality sperm is associated with increases in aneuploid embryos, making 24-chromosome aneuploidy screening important for couples of any age who are facing male factor infertility.

Criteria Set 2 (must meet BOTH of the following):

- The genetic disorder is associated with severe disability or has a lethal natural prognosis; and
 - Testing is accompanied by genetic counseling.
2. Pre-implantation genetic diagnosis when used to determine the sex of an embryo is considered medically necessary only when there is a documented history of an X-linked disorder, such that de-selection of an affected embryo can be made on the basis of sex alone.
 3. Pre-implantation genetic diagnosis when used to evaluate human leukocyte antigen (HLA) status alone is considered medically necessary in families with a child with a bone marrow disorder requiring a stem cell transplant, and in whom there is no other source of a compatible bone marrow donor other than an HLA matched sibling.

NOTE: PGD must be performed by specialised fertilization centers as decided by the Ministry of Health as per Federal Law No. 11 of 2008 and its implementing regulations.

Investigational and Not Medically Necessary
Pre-implantation genetic diagnosis is considered investigational and not medically necessary for all other indications, including when the criteria above have not been met.

*Point no. (i) in Criteria Set 2 does not apply here.

Requirements for Coverage

ICD and CPT codes must be coded to the highest level of specificity.

Non-Coverage

Assisted reproductive techniques for the treatment of infertility are not covered for most of the plans administered by Daman, with the exception of Thiqa, Aounak & Reaaya, Premier, Thiqa Top-Up and Customized Plans.

Assisted reproductive techniques will not be covered for indications that do not meet medical necessity.

Cryopreservation/storage of surplus fertilized embryos is NOT covered, since it is not allowed as per Federal Law No. 11 of 2008³ which applies to all of the UAE.

The use of donor eggs/sperms/embryos is NOT covered, since it is not allowed as per Federal Law No. 11 of 2008³ which applies to all of the UAE.

Payment and Coding Rules

Please apply HAAD payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

Adjudication Examples

Example 1

Question: A 30 year old female with a diagnosis of infertility, holding a Regional Plan, is billed for IVF. How will you adjudicate this claim?

Answer: The claim will be rejected because assisted reproductive techniques are not covered for the Regional Plan.

Example 2

Question: A 35 year old female holding a Thiqa card, with a diagnosis of infertility, is billed for IVF services. How will you adjudicate this claim?

Answer: The claim will be accepted and the services covered.

Example 3

Question: A 30 year old female holding a Thiqa Plan, with a diagnosis of infertility and a history of bilateral salpingectomy, is billed for a 4th cycle of IVF, with the previous 3 cycles (done in the same year) being unsuccessful. How will you adjudicate this claim?

Answer: The claim will be rejected because a maximum of only 3 cycles of IVF is covered annually.

Denial codes

Code	Code description
NCOV-001	Diagnosis(es) is (are) not covered
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
MNEC-005	Service/supply may be appropriate, but too frequent
AUTH-001	Prior approval is required and was not obtained
NCOV-003	Service(s) is (are) not covered

Appendices

A. References

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B. Revision History

Date	Change
01-07-2013	V1.1: New template
01-03-2014	1. V 1.2 2. Disclaimer updated as per system requirements
06-04-2015	1. V2.1 2. PGD coverage criteria updated along with more elaboration