

Assisted Reproductive Technologies (ART)

Adjudication Guideline

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1. Abstract

1.1 For Members

Assisted reproductive technology (ART) includes any lawful treatments offered to couples experiencing reproductive problems for the purpose of establishing a pregnancy. These treatments include ovulation induction with timed intercourse, intrauterine insemination, in vitro fertilization, intracytoplasmic sperm injection, gamete cryopreservation and gamete intra fallopian transfer (GIFT) or zygote Intra-fallopian transfer, and all techniques of surgical sperm extraction for the purpose of ART. In addition to cytogenetic analysis of gametes or embryos including pre-implantation genetic diagnosis and screening. Assisted reproductive techniques, if medically necessary, are covered for health insurance plans administered by Daman that offer infertility management benefit.

1.2 For Medical Professionals

Assisted reproductive technologies (ART) are covered only when medically necessary, in accordance with the Department of Health – Abu Dhabi standards, the Principles of Care for ART services, and applicable UAE laws.

2. Scope

This adjudication rule aims at highlighting the coverage of assisted reproductive technology (ART) as infertility treatment for health insurance plans administered by Daman, subject to policy terms and conditions.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

3.1.1 Patient eligibility criteria:

- The couple have been trying for pregnancy for at least one year or one or both individuals have been diagnosed with infertility problems.
- Both husband and wife have consented for IVF treatment.
- Both husband and wife commit to undertake the necessary follow up by an ART Consultant/Specialist.

3.1.2 Definitions:

Infertility:

- Infertility is a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse. Infertility can be primary or secondary. Primary infertility is when a pregnancy has never been achieved by a person, and secondary infertility is when at least one prior pregnancy has been achieved.
- Infertility may be diagnosed prior to one year if there are features or findings indicative of sub-fertility. These include:
 - Oligo or amenorrhea.
 - Inability to have intercourse due to a medical condition.
 - Previous adjuvant therapy for cancer in either partner.
 - History indicating an increased risk of Fallopian tube occlusion (i.e. previous pelvic infection or previous pelvic surgery).
 - Abnormality in one or more semen parameters as an indication of male factor infertility (normal semen as: volume ≥ 1.5 ml, pH ≥ 7.2 , sperm concentration ≥ 15 million spermatozoa/ml, total sperm number: ≥ 39 million spermatozoa per ejaculate, total motility $\geq 40\%$ motile, or $\geq 32\%$ with progressive motility, vitality: $\geq 58\%$ live spermatozoa, percentage of sperm with normal morphology $\geq 4\%$).
 - Reduced ovarian reserve.
- Identified high-risk patients should be treated by consultants.

Complete Full Cycle:

Is defined as one or more episodes of ovarian stimulation resulting in embryo transfer or more than one embryo transfer cycle originating from the same stimulation. The maximum allowed ART cycles per year is three cycles and the maximum allowed trials of ovulation induction and/or ovarian superovulation with gonadotropins injections is six trials per year.

The preferred age range for women seeking fertility treatment is between 18-45 years old, However, ART treatment could be considered if the AFC (Antral Follicle Count only if done by a fertility expert) is equal to or above five.

Assisted Reproductive Technology procedures covered by Daman:

- Intrauterine insemination (IUI) or Artificial insemination (AI)
- In Vitro Fertilization (IVF)
- Intracytoplasmic Sperm Injection (ICSI)
- Gamete Intrafallopian Transfer (GIFT)

Indications:

- Unexplained infertility.
- Ejaculation dysfunction.
- Cervical mucus abnormalities.
- Cervical scar tissue from past procedures which may hinder the sperms' ability to enter the uterus.
- Failure of pharmacological treatment.

In Vitro Fertilization:

An ART procedure involving extracorporeal fertilization. IVF steps include:

- Baseline fertility investigations (Cycle preparation).
- Ovarian stimulation (induction).
- Egg retrieval (Ovum pickup).
- Insemination and oocytes lab-fertilization.
- Embryo quality assessment and genetic investigations.
- Embryo transfer and implantation.

Indications:

- Tubal factor (IVF is primary therapy if tubes are completely blocked).
- Severe male factor infertility.
- Failing treatment with less invasive therapies (e.g. IUI)
- Ovarian failure.
- Unexplained Infertility.

Intracytoplasmic Sperm Injection (ICSI):

Procedure of injecting a spermatozoon into the cytoplasm of a mature oocyte 1

Surgical sperm extraction techniques which can be used in (ICSI) include:

- Percutaneous epididymal sperm aspiration (PESA).
- Testicular sperm aspiration (TESA).
- Testicular Sperm Extraction (TESE).
- Micro Testicular Sperm Extraction (Micro-TESE).
- Microsurgical Epididymal Sperm Aspiration (MESA).

Indications:

- primarily for the treatment of male infertility factor (oligospermia and other causes of poor semen quality).
- failed fertilization in a prior IVF cycle.
- obstructive or non-obstructive azoospermia that requires surgical sperm extraction.

Gamete Intrafallopian Transfer (GIFT):

GIFT is an assisted reproductive procedure which involves removing a woman's eggs, mixing them with sperm, and immediately placing them into a fallopian tube.

Indications:

- Couples with Unexplained Infertility.
- Failure of or unsuccessful IVF.
- Women who have at least one healthy fallopian tube
- Male infertility factor

Allowed number of transferred embryos as per the woman age:

For patients undergoing an embryo transfer procedure, single embryo transfer should be the preferred choice. However, depending on the quality of the embryos and the clinical judgement of the physician, double embryo transfer could be an alternative, if deemed necessary to improve the chance of a pregnancy.

If a decision is taken to transfer three embryos in women 30-35 years old, then this must be documented, stating the rationale and evidence base supporting the decision.

Contraindications for dual embryo transfer:

- BMI less than <18 or >35
- Short stature i.e. less than 150 cm
- Small pelvis
- Previous IVF success
- Systemic diseases such as:
 - Hypertension
 - Diabetes
 - Sick cell
 - Type 1 DM, Uncontrolled Type II DM, DM with end organ damage
 - Chronic kidney disease
 - Cardiopathy,
 - Autoimmune diseases
- High risk of developing deep vein thrombosis (DVT) like APS or ATIII deficiency or a personal history of
 - unprovoked DVT
- Previous history of twins
- History of spontaneous preterm delivery
- History of premature rupture of membranes
- History of abnormal placentation such as placenta accreta, increta, percreta or previa
- History of obstetrical complications or outcomes (intrauterine growth restriction, abruptio placentae, postpartum bleeding, intrauterine fetal death etc)
- Two or more previous C-sections
- Uterine/Mullerian anomalies such as septum, double uterus, etc.
- Intramural fibroids >4 cm in diameter
- Previous myomectomy of an intramural fibroid 4cm or larger
- Patients having history for uterine surgery with opening of endometrial cavity

3.2 Requirements for Coverage

- ICD and CPT codes must be coded to the highest level of specificity.
- Oocytes retrieval, Embryo transfer, Surgical sperm extractions, PGD and PGS will require prior authorization.

3.3 Non-Coverage

- Assisted reproductive Technologies are not covered for plans without infertility benefits.
- Assisted reproductive technologies will not be covered for indications that do not meet the medical necessity and eligibility criteria for ART.

3.4 Payment and Coding Rules

Please apply regulator's payment rules and regulations and relevant coding manuals for ICD and CPT.

4. 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
ELIG-001	Patient is not a covered member

5. Appendices

5.1 References

- <http://bestpractice.bmj.com/topics/en-gb/498>
- <https://www.nice.org.uk/guidance/cg156>
- <http://www.nice.org.uk/guidance/cg156/evidence/full-guideline-pdf-188539453>
- <http://www.indianjurol.com/article.asp?issn=0970-1591;year=2011;volume=27;issue=1;spage=102;epage=109;aui=Shah>
- [http://www.fertstert.org/article/S0015-0282\(08\)00606-7/pdf](http://www.fertstert.org/article/S0015-0282(08)00606-7/pdf)
- <http://pubmed.ncbi.nlm.nih.gov/18948310/https://www.doh.gov.ae/-/media/6216B514C1974B71B6F6F15D2134B85E.ashx>
- <https://uaelegislation.gov.ae/en/legislations/1474>
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- <https://www.who.int/news-room/fact-sheets/detail/infertility>
- <https://www.doh.gov.ae/-/media/6216B514C1974B71B6F6F15D2134B85E.ashx>
- <http://www.asrm.org/practice-guidance/practice-committee-documents/the-role-of-assisted-hatching-in-in-vitro-fertilization-a-guideline-2022/>

5.2 Revision History

Date	Change(s)
01/07/2013	V1.1 Adjudication Guideline-External Instruction Template.
01/03/2014	V1.2 Disclaimer updated as per system requirements
06/04/2015	V2.1 PGD coverage criteria updated along with more elaboration
09/06/2025	V3.0 New template, References review

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