



Policy Key: Assisted Reproductive Technology (ART) Services-Supplemental

TriWest Clinical Operations – TRICARE West Region

SCOPE

This Policy Key provides criteria to use during medical necessity review for Assisted Reproductive Technology (ART) services. These services are covered under the Supplemental Health Care Program (SHCP) for seriously or severely ill or injured active duty service members with a Category II or III designation who are unable to procreate without the use of ART.

ART services apply to all active-duty service members, regardless of gender or marital status, who sustained a serious or severe illness or injury (Category II or III) while on active duty that led to the inability to procreate without the use of ART. This includes but is not limited to those suffering from neurological, physiological, and/or anatomical injuries, and those who will, or have, undergone gonadotoxic therapy likely to impact fertility. ^[1]

The active-duty service member must be on a period of active duty greater than 30 days and scheduled to remain on active duty during the ART process. ^[1]

ART services are provided based on the condition of and exclusively for the active duty service member's benefit. ^[1]

ART services may be provided in a Military Treatment Facility (MTF) that offers the services or in the private sector. Using ART services at an MTF is encouraged as qualified active duty service members are given priority if there is a waiting list. ^[1] The list of facilities can be found here: <https://www.tricare.mil/CoveredServices/IsItCovered/AssistedReproductiveServices>

ART services include sperm and oocyte retrieval, in-vitro fertilization (IVF), intrauterine insemination (IUI), and blastocyst implantation as well as cryopreservation and storage of oocytes, sperm, and embryos, to assist in reducing the disabling effects of the Service member's qualifying condition. ^[1]

Use of donor gametes or donor embryos is permitted when procured at the active duty service member's expense. Donor gametes and embryos must meet applicable U.S. Food and Drug Administration (FDA) screening and testing requirements. ^[1]

The active duty service member is responsible for the arrangements and cost of donor gamete and donor embryo acquisition (e.g., procedures or associated fees for extraction, storage, or transportation of donor gametes or embryos) regardless of the use of non-identified donation or directed (i.e., identified) donation. ^[1]

NOT COVERED

- Additional care to TRICARE-enrolled designees with conditions impacting their own fertility that is not otherwise covered under the TRICARE Basic medical benefit.
- Coverage for gamete retrieval/collection is not authorized for third-party donations, regardless of whether the donor gametes are directed (i.e., identified, known) or non-identified (i.e., anonymous).
- Cryopreservation and storage of donor gametes is not covered.
- Transportation as well as shipping and handling costs for donor gametes and donor embryos are not covered.
- There is no benefit transferal upon the qualified Service member's death.
No portion of this benefit will be used to pay for services or associated fees for the extraction, storage, or transportation of donor gametes or donor embryos, gestational carrier contracts, legal/court fees, and birth orders. Third party donations or surrogacy cannot be cost-shared.
- Paid arrangements cannot be cost-shared. Compensation of any kind to a partner or third-party gestational carrier for involvement in supporting the effort to overcome the qualifying Service member's loss of their ability to procreate without the use of ART is prohibited.
- Care that is not for the qualifying Service member's benefit cannot be cost-shared, including situations where the qualifying Service member does not intend to be a parent to the resulting child.
- This benefit is not available if the qualifying Service member is unable to provide informed consent.
- This benefit is not available to individuals who are not TRICARE-eligible and enrolled.
- Cryopreservation of gametes in anticipation of deployment
- Services related to gender selection
- Reversal of prior active duty service member or designee sterilization

COVERAGE CRITERIA

General Information

- Benefits may be authorized for the following TRICARE-enrolled designee when the services are for the active-duty service member's benefit. ^[1]
 - A lawful spouse
 - An unmarried partner
 - A third-party gestational carrier (see definitions)
- A referral and authorization for the active-duty service member and designee, if applicable, is required from a provider significantly involved in the active duty service member's care for each oocyte retrieval cycle, sperm aspiration attempt, or simple sperm specimen collection.
 - Active-duty service member referrals must include the following criteria:
 - Name of reproductive services provider requested to be used, if known
 - Requested facility name and address, if applicable

- Confirmation of the requested ART services with the associated DoD benefits number (DBN)
- Confirmation that the active-duty service member and the referring provider have completed DHA form 407, including Section IV with provider attestation. This should be uploaded with the referral.
 - DHA Form 407 should contain the following information for ART services not associated with gamete retrieval and cryopreservation before initiation of gonadotoxic treatment:
 - Confirmation that the active-duty service member attested to the ART services are for the purpose of becoming a parent and assumes a parental relationship with any child born as the result of ART services
 - Designee name and DBN, if applicable
 - Active-duty service member qualifying diagnosis(es)
 - Summary of relevant medical information supporting category designation

Note: *If coverage is dependent upon the administration of gonadotoxic therapy, the summary must include Service member's planned or administered gonadotoxic therapy.*
 - Designee referrals must include the following criteria:
 - Active-duty service member's name and DBN
 - Confirmation the DHA Form 407 was completed and uploaded with the referral
- The active-duty service member and the designee must have the capacity to provide informed consent, and consent should be obtained by the provider.
- Prior male or female surgical sterilization does not disqualify the active-duty service member or designee for participation in ART services.
- Services and supplies covered for gamete retrieval/collection include the following conditions:
 - Consultation and subsequent office visits
 - Laboratory testing, ultrasound imaging, and semen analysis as indicated
 - Provider prescribed medications as indicated for gamete retrieval
 - Self-administered medications as indicated for gamete retrieval as covered in the TRICARE pharmacy benefit
 - Medically necessary services and supplies associated with complication
 - Anesthesia or conscious sedation for oocyte retrieval and sperm aspiration
- Creation, Cryopreservation and Storage of Embryos ^[1]
 - Intracytoplasmic sperm injection will be covered for those who desire to cryopreserve embryos rather than gametes when the IVF clinic determines it to be beneficial for fertilization.
 - Healthy embryos that progress to an appropriate stage in excess of those used for a fresh embryo transfer, as assessed by the embryologist, may also be cryopreserved.

- Any combination of the qualifying Service member's own gametes, their TRICARE-enrolled designee's gametes, or independently acquired donor gametes (i.e., donor sperm and/or donor oocytes) may be used for the creation of embryos. The embryo cryopreservation and storage is covered when done for the benefit of a qualifying Service member.
- TriWest shall cover storage of embryos while the qualifying Service member remains on active duty.

Note: If referral does not indicate the number of specific gamete retrieval cycles previously initiated and completed (including the number of oocytes retrieved), the number of IUI cycles previously completed, and/or the number of embryo transfer cycles completed, as applicable, request the information from the provider to ensure lifetime limits are not exceeded.

Gamete (oocyte/sperm) Retrieval/collection ^[1]

For an active-duty service member with a condition requiring gonadotoxic treatments or therapies OR An active-duty service member and their designee when the gametes will be used in other ART services such as IUI or IVF to allow the active duty service member to become a parent.

- Oocyte retrieval
 - Oocyte retrieval is limited to the retrieval of 20 oocytes or three completed cycles which every occurs first. These limits are based on the active-duty service member's total lifetime retrieval attempts and completed cycles.
 - **Initial Level of Review** may approve when meets the following conditions:
 - The active-duty service member's age or the designee is 49 years or under.
 - Less than a total of 20 oocytes has been retrieved on previous attempts.
 - The number of retrieval attempts is less than six and there are less than three completed cycles.

Note: There may be up to six attempts to accomplish the three completed cycles. An attempt is ovarian stimulation with gonadotropins and any associated services in preparation for the oocyte retrieval.

TriWest shall only count instances following oocyte retrieval where the oocyte is cryopreserved, or the oocyte is fertilized to create an embryo, and the embryo is cryopreserved as an oocyte retrieval.

TriWest shall count the procedure as both an oocyte retrieval and an embryo transfer if following oocyte retrieval, the oocyte is fertilized to create an embryo, and the embryo is transferred rather than cryopreserved. This is for the purposes of the benefit limitations.

- Sperm collection and retrieval
 - Invasive sperm retrieval procedures (e.g., electro-ejaculation, epididymal aspiration) are allowed for active duty service member only.

- **Initial Level of Review** may approve for any the following conditions when the active duty service member, or designee, is aged 61 or under:
 - A reasonable number of simple sperm collections for use in IUI or IVF at the time of oocyte retrieval
 - Up to two simple sperm collections for use cryopreservation (lifetime benefit)
 - One invasive sperm retrieval procedure for use in cryopreservation (active duty service member only, lifetime benefit)

Guidelines for IUI and IVF/Embryo Transfers

Preauthorization is required for every IUI and IVF cycle.

- **Initial Level of Review** may approve the following for active duty service member or designee
 - Up to six cycles of IUI and/or
 - Up to three total fresh or frozen embryo transfers

DEFINITIONS

Donors—defined by American Society for Reproductive Medicine (ASRM) and the U.S. Food and Drug Administration as individuals who provide oocytes, sperm, or embryos but are not sexually intimate partners of the recipients. [1]

Gamete—egg cells or sperm

Gestational Carrier—defined by the ASRM, as a person who carries a pregnancy resulting from the transfer of a preimplantation embryo created by one or more genetic parents or gamete donors. [1]

Oocyte—an egg before maturation: a female gametocyte

CODES

NA

REFERENCES

[1] TRICARE Operations Manual 6010.62-M, April 2021, Change 30 (December 9, 2024), Chapter 17, Section 3, Contractor Responsibility, Retrieved 09/01/2025,
<https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-12-09/AsOf/TOT5/C17S3.html>