

Policy Key: Reproductive Services

TriWest Clinical Operations – TRICARE West Region

SCOPE

This Policy Key provides criteria to use during medical necessity review for services and treatment of infertility, organic sexual dysfunction, and hormone replacement related to male testosterone replacement therapy.

Note: Cryopreservation and reproductive services are available for eligible beneficiaries covered under the Supplemental Health Care Plan (SHCP). See the SHCP Reproductive Services Policy Key.

NOT COVERED

- Surgery to reverse surgical sterilization procedures except for medically necessary reasons for disease or injury treatment (e.g., chronic pelvic pain, chronic scrotal pain post vasectomy). [1,2,3]
- Noncoital reproductive procedures services and supplies including artificial insemination, In Vitro Fertilization (IVF), gamete intrafallopian transfer and all other such assistive reproductive technologies. [1, 2]
- Nonprescriptive contraceptives e.g., condoms, over the counter spermicidal products. [1, 2]
- Non-medical (psychiatric) services for organic sexual dysfunction. [4]
- Services and supplies provided in connection with psychotherapy for psychogenic sexual dysfunction and paraphilic disorders. [4]
- Therapy that is wholly or partially related to treating psychogenic sexual dysfunction, such as sex therapy, sexual advice, sexual counseling, sex behavior modification, psychotherapy, or other similar services. [4]
- Subcutaneous implantable pellets for Hormone Replacement Therapy (HRT) in females that are made up of estradiol, estrogen, or testosterone in combination with estrogen or estradiol have been custom compounded by pharmacists are not covered, as these pellets are not approved by the FDA. [5]

COVERAGE CRITERIA

Initial Level of Review may approve **ANY** of the following conditions:

- Infertility testing and treatment, including correction of the physical cause of infertility. [2,3]
 - Examples of diagnostic services include but are not limited to, laboratory endometrial biopsy studies, semen analysis, serum hormone analysis, chromosomal or immunologic studies, imaging, laparoscopic examination, and sperm function test.
 - Treatment may include, but is not limited to, hormonal treatment, surgery, antibiotics, administration of Human Chorionic Gonadotropin (HCG), and/or radiation therapy, depending upon the cause.

- Testopel pellets (testosterone pellets) are covered for **either** of the following: ^[5]
 - As second-line testosterone replacement therapy in males with congenital or acquired endogenous androgen absence or deficiency associated with primary or secondary hypogonadism when intramuscular or transdermal testosterone replacement therapy is ineffective or inappropriate.
 - For treatment of delayed male puberty.
- Organic Sexual Dysfunction. ^[4]
- Diagnostic studies necessary to establish organic versus psychogenic sexual dysfunction disorders. ^[4]
- Appropriate medical and/or surgical treatment related to organic sexual dysfunctions including sexual disinhibition with an organic origin (e.g., disease, trauma, injury, or radical surgery). ^[4]

DEFINITIONS

NA

CODES

NA

REFERENCES

[1] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 1, Section 1.2, Exclusions, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C1S1_2.html

[2] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 4, Section 17.1, Female Genital System, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C4S17_1.html

[3] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 4, Section 15.1, Male Genital System, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C4S15_1.html

[4] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 7, Section 1.1, Sexual Dysfunctions and Paraphilic Disorders, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C7S1_1.html

[5] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 4, Section 5.1, Integumentary System, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C4S5_1.html