

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director and Medicaid Director

Transmittal 24-15

TO: DC Medicaid Providers and DC Medicaid Managed Care Plans

FROM: Melisa Byrd
Senior Deputy Director and Medicaid Director

DATE: April 8, 2024

SUBJECT: Clarification regarding coverage of diagnostic procedures to test for infertility and fertility-enhancing drugs.

Purpose

The purpose of this transmittal is to provide clarification regarding the coverage of infertility diagnostic procedures and fertility-enhancing medications to all DC Medicaid providers and managed care plans (MCPs). These updates are being communicated following the Centers for Medicare & Medicaid Services (CMS) approval of an amendment to the District of Columbia's State Plan for Medical Assistance (State Plan), adding coverage for drugs prescribed for the primary diagnosis of infertility, **effective January 1, 2024**.

Details

On March 14, 2024, CMS approved [DC SPA #23-0016](#), which provides the Department of Health Care Finance (DHCF) the authority to reimburse for select drugs when used to promote fertility (see **Table 1**). The drugs listed below may now be prescribed and administered for the following indications: ICD-10-N97.0 Female infertility associated with anovulation. Please note that the list is subject to change if/when the FDA approves additional drugs for these indications. The coverage of these drugs is **effective as of January 1, 2024**, and coverage will be limited to **three (3) treatment cycles** in a beneficiary's lifetime, consistent with the pharmacy provider manual.

While the coverage of fertility treatment drugs under the State Plan is new, DHCF continues to cover the diagnostic procedures to test for infertility. The coverage of fertility treatment drugs, however, does *not* expand coverage to intrauterine insemination (IUI) and in vitro fertilization (IVF) services under the Medicaid State Plan. To provide a comprehensive resource for providers and MCPs regarding fertility treatment coverage, DHCF has included a list of covered procedure codes for infertility diagnostic tests (see **Table 2**).

The Medicaid fee schedule for the services listed in the tables below can be found on the DHCF website at <https://www.dc-medicaid.com/dcwebportal/home>.

Table 1: Fertility-enhancing drugs covered under the State Plan, effective January 1, 2024

Drug Name	Description	NDC	J-Code	Prior Auth.
Human chorionic gonadotropin (hCG) follicle-stimulating hormone (FSH)				
Fertinex	Urofollitropin, injectable	44087-7075-01	J3355	No
Fertinex	Urofollitropin, injectable	44087-7075-03	J3555	No
Fertinex	Urofollitropin, injectable	44087-7075-04	J3555	No
Fertinex	Urofollitropin, injectable	44087-7150-01	J3555	No
Gonadotropin-releasing hormone antagonist (GnRH antagonist)				
Novarel	Human chorionic gonadotropin	55566-1501-01	J0725	No
Novarel	Human chorionic gonadotropin	55566-1502-01	J0725	No
Ovidrel	Choriogonadotropin Alpha	44087-1150-1	J0725	No
Pregnyl	Human chorionic gonadotropin	0052-0315-10	J0725	No
Profasi	Human chorionic gonadotropin	44087-8010-03	J0725	No
HCG	Human chorionic gonadotropin, generic	63323-0025-10	J0725	No

Table 2: Medicaid-covered diagnostic procedures to test for male and female infertility

Description	Procedure Code	Prior Auth.
Biopsy of Testis, needle	54500	No
Biopsy of Testis, incisional	54505	No
Biopsy of epididymis, needle	54800	No
Vasotomy, cannulization with or without inclusion of vas, unilateral or bilateral	55200	No
Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral	55300	No
Laparoscopy, surgical, with ligation of spermatic veins for varicocele	55550	No
Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	58340	No
Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography	58345	No
Chromotubation of oviduct, including materials	58350	No
Hysteroplasty, repair of uterine anomaly (Strassman type)	58540	No
Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)	58560	No
Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	58700	No

Lysis of adhesions (salpingolysis, ovariolysis)	58740	No
Tubouterine implantation	58752	No
Salpingostomy (salpingoneostomy)	58770	No
Wedge resection or bisection of ovary, unilateral or bilateral	58920	No
Hysterosalpingography, radiological supervision and interpretation	74740	No
Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	76831	No
Gonadotropin; follicle stimulating hormone (FSH)	83001	No
Gonadotropin; luteinizing hormone (LH)	83002	No
Semen analysis; presence and/or motility of sperm including Huhner test (post coital)	89300	No
Semen analysis; motility and count (not including Huhner test)	89310	No
Semen analysis; volume, count, motility, and differential	89320	No
Semen analysis; sperm presence and motility of sperm, if performed	89321	No
Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test	89330	No

Applicability

The requirements outlined in this transmittal apply to all District Medicaid MCPs as well as the DC Healthcare Alliance program (“the Alliance”). Therefore, these services shall be available to all District Medicaid beneficiaries, including those covered by MCPs, and all District Alliance beneficiaries.

Contact

If you have questions regarding the coverage of drugs to promote fertility, please contact Charlene Fairfax, RPh, Senior Pharmacist, Division of Clinicians, Pharmacy, and Acute Provider Services (CPAPS), Office of the Chief Medical Officer (OCMO), Department of Health Care Finance (DHCF) at Charlene.fairfax@dc.gov or (202) 442-9076; Gidey Amare, PharmD, RPh, Pharmacist, CPAPS, OCMD, DHCF at gidey.amare@dc.gov or (202) 442-5952; or, Tayiana Reed, PharmD, RPh, Pharmacist, CPAPS, OCMD, DHCF at Tayiana.reed1@dc.gov or (202) 246-9750.

If you have questions regarding the covered diagnostic procedures to determine fertility, please contact Cavella Bishop, Program Manager, CPAPS, OCMO, Department of Health Care Finance (DHCF) at cavella.bishop@dc.gov or (202) 724-8936.

cc: DC Behavioral Health Association
DC Coalition of Disability Service Providers
DC Health Care Association
DC Home Health Association
DC Hospital Association
DC Primary Care Association
Medical Society of the District of Columbia