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IMPLEMENTING GUIDANCE MEMORANDUM

Policy for Assisted Reproductive Services for the Benefit of Seriously or Severely Ill/Injured
(Category II or III) Active Duty Service Members (ADSMs)

I. CPT² PROCEDURE CODES

There are multiple CPT procedures associated with assisted reproductive services. The most current codes should be used for those services allowed to be cost-shared.

II. DESCRIPTION

Assisted reproductive services, including sperm retrieval, oocyte retrieval, in-vitro fertilization, artificial insemination, and blastocyst implantation, are available for seriously or severely ill or injured female and male service members (Category II and III). This is a benefit offered based on the condition of the severely ill or injured service member not the spouse; therefore the use of the Supplemental Health Care Program is authorized. Active Duty Members who desire to participate in the assisted reproductive services program must verify their eligibility for this benefit in accordance with paragraph IV below.

III. POLICY GUIDELINES

- A. The policy applies to service members, regardless of gender, who have sustained serious or severe illness/injury while on active duty that led to the loss of their natural procreative ability. It is the intent of this policy to provide In vitro Fertilization (IVF) services only to consenting male members whose injury or illness prevents the successful delivery of their sperm to their spouse's egg and to consenting female members whose injury or illness prevents their egg from being successfully fertilized by their spouse's sperm but who maintain ovarian function and have a patent uterine cavity. This includes, but is not limited to, those suffering neurological, physiological and/or anatomical injuries.
- B. The policy provides for the provision of assisted reproductive technologies to assist in the reduction of the disabling effects of the member's qualifying condition. The authority for this policy for care outside of the basic medical benefit is derived from Section 1633 of the 2008 National Defense Authorization Act. This Section allows the Active Duty Service member to receive services similar to the Extended Care Health Option (ECHO) benefits available to Active Duty Service Member dependents. These services may be outside of the standard TRICARE Medical Benefit. This "ECHO-like" benefit is provided through the authorization of the expenditure of Supplemental Health Care Program funds and delivery of the needed services in either military treatment facilities that offer assisted reproductive technologies or in the purchased care sector that are outside the medical benefit. Although purchased care is available for this benefit depending on the Member's circumstances not allowing him or

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her to travel, the use of Military Treatment Facilities should be encouraged, with Members eligible for this benefit given priority for care at Military Treatment Facilities if there is a waiting list. If the member receives care or medications in the civilian sector, participating network providers must be used if available. Pre-authorization for every cycle is required.

- C. Benefit is limited to permitting a qualified member to procreate with his or her lawful spouse, as defined in federal statute and regulation.
- D. Benefit would apply equally to male and female seriously or severely injured service members (Category II or III). Male members must be able to produce sperm but need alternative sperm collection technologies as they can no longer ejaculate in a way that allows for egg fertilization. Injured female members require ovarian function and a patent uterine cavity that would allow them to successfully carry a fetus even if unable to conceive naturally (e.g. through damage to their fallopian tubes).
- E. Third party donations and surrogacy are not covered benefits – the benefit is designed to allow the member and spouse to become biological parents through reproductive technologies where the Active Duty injury or illness has made it impossible to conceive naturally.
- F. Consent must be able to be given by the active duty member and his or her lawful spouse. Third party consent is not authorized under this policy.
- G. The DoD will cost-share the costs of cryopreservation and storage for up to three years. At the end of three years or when the member separates/retires (whichever comes first), couples are free to continue embryo storage at their own expense if desired.
- H. Issues regarding ownership, future embryo use, donation, and, or destruction etc. will be governed by the applicable state law and will be the responsibility of the service member and his/her lawful spouse and the facility storing the cryopreserved embryos. DoD's role is limited to paying for this benefit when requested by the consenting member. DoD will not have ownership or custody of cryopreserved embryos and will not be involved in the ultimate disposition of excess embryos.

IV. PROCEDURES

A. Prediction of fertility potential (Ovarian Reserve) will be conducted in accordance with the provider clinic's practice guidelines. (May include a clomiphene citrate challenge test (CCCT) and evaluation of the uterine cavity.) Beneficiaries with a likelihood of success, based on the specific clinic's guidelines, will be provided IVF cycles under this benefit. Infertility testing and treatment, including correction of the physical cause of infertility are covered in accordance with the TRICARE Policy Manual Chapter 4 Section 17.1.

B. Three completed IVF cycles will be provided for the seriously ill/injured female

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service member or lawful spouse of the seriously ill/injured male service member. No more than six IVF cycles will be initiated for the seriously ill/injured female service member or legal spouse of the seriously ill/injured male service member. In other words, there may be a total of six attempts to accomplish three completed IVF cycles. Further, if the injured Service Member has used initiated IVF cycles, subsequently remarries and desires this benefit with the new spouse, the number of cycles available is dependent on prior cycles used.

C. Assisted reproductive service centers with capability to provide full services including alternative methods of sperm aspiration will be invited to participate in the TRICARE network by the managed care support contractors and designated providers. (Membership in the American Society for Reproductive Medicine, with associated certification(s), is highly recommended for network providers. Reporting outcomes to the Centers for Disease Control and Prevention is mandatory.) When a network provider is not available, the ECHO-like benefits provided under this policy may be provided by any TRICARE-authorized provider, including those authorized pursuant to 32 C.F.R. 199.6(e).

D. IVF cycles will be accomplished in accordance with the practice guideline for the provider clinic using gonadotropins which are concentrated mixtures of follicle stimulating hormone or follicle stimulating hormone and luteinizing hormone given as injection to stimulate the ovary to produce multiple oocytes in preparation for egg retrieval. These medications will only be purchased through the TRICARE Mail Order Pharmacy, a TRICARE Network Pharmacy, or Military Treatment Facility, if available.

E. Anesthesia or conscious sedation will be provided for the oocyte retrieval and sperm aspiration in accordance with the TRICARE Policy Manual Chapter 3 Sections 1.1 and 1.2. For males, sperm aspiration through microsurgical epididymal sperm aspiration, percutaneous epididymal sperm aspiration or non-surgical fine needle aspiration will be accomplished in conjunction with egg retrieval. Vibratory stimulation or electro-ejaculation may be used if appropriate for the ill/injured service member.

F. Intracytoplasmic sperm injection will be accomplished for all viable oocytes.

G. Embryo transfer in accordance with guidelines provided by the American Society for Reproductive Medicine will be accomplished in accordance with specific clinic practices at either cleavage stage or blastocyst stage of the embryo.

H. Healthy embryos that progress to an appropriate stage, as assessed by the embryologist, in excess of those used for the fresh embryo transfer may be cryopreserved. Storage of cryopreserved embryos for up to three (3) years will be a covered benefit so long as the member remains eligible for this benefit. Ownership of cryopreserved embryos will be the responsibility of the service member and their spouse and documented in accordance with clinic policies.

I. In the event that frozen embryos are available for transfer, TRICARE will authorize frozen embryo transfer cycles to facilitate the utilization of these embryos. Frozen embryo transfers may be accomplished in fresh ovulatory cycles or in medicated transfer cycles in

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order to provide the optimal uterine environment for embryo implantation.

IV. PROCESS FOR PARTICIPATING IN ASSISTED REPRODUCTIVE SERVICES PROGRAM:

A. For an ADSM to be eligible there must be documentation of Category II or III illness or injury designation as defined in Department of Defense Instruction 1300.24.

B. A memo must come from the Member's Primary Care Manager or other provider significantly involved in the care of the qualifying condition(s). Certification of the illness or injury category will be made by the provider and endorsed by the Member's Service.

C. The memo must include the following:

1. Member's qualifying diagnosis(es).
2. Category (II or III).
3. Summary of relevant medical information supporting category designation.
4. Name of provider of reproductive services requested to be used.
5. Number of initiated IVF cycles.
6. Number of cancelled IVF cycles.

D. The memo is then sent to the Member's Service for endorsement, and then sent electronically to the Office of the Chief Medical Officer where verification of the member's eligibility for this ECHO-like benefit will be completed. Please send e-mails to: TMASHCPWaiverRequests@tma.osd.mil.

E. OCMO will forward verified request to the appropriate Military Treatment Facility or the Military Medical Support Office as well as the TRICARE Regional Office. The MCSCs will process this authorization and claims according to SHCP guidelines. This authorization will allow the use of the Supplemental Health Care Program to cost-share this service.

F. In order to verify eligibility, number of attempts (and completed attempts), and all other requirements, all IVF cycles must be preauthorized.

V. EXCLUSIONS:

A. Third party donations or surrogacy cannot be cost-shared.

B. Cryopreservation of gametes in anticipation of deployment.