

BENEFIT COVERAGE POLICY

Title: BCP-72 Infertility Services

Effective Date: 01/01/2023



Physicians Health Plan
PHP Insurance Company
PHP Service Company

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials, including coverage policies.
4. The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

1.0 Policy:

Coverage of diagnostic and treatment services associated with infertility is dependent upon medical and prescription drug benefit plan language.

For all non-network covered services to be paid at the network benefit level except for emergency/urgent services, prior approval is required.

Refer to member's benefit coverage document for specific benefit description, guidelines, coverage, and exclusions (fully insured groups: confirm within COC rider section).

A. Females diagnosed with infertility when determined to meet the criteria defined by the Plan. Infertility is defined as ONE of the following:

1. For male/female couples who are unable to conceive after engaging in regular unprotected intercourse for a defined period of time or the inability to sustain a Pregnancy;
 - a. For females under the age of 35, the time frame is 12 months of unprotected intercourse
 - b. For females over age 35, the time frame is six months
2. For females without documented infertility who do not have the exposure to sperm, coverage requires a minimum of 12 donor sperm intrauterine insemination (IUI) cycles for females under age 35; and six donor sperm cycles for females age 35 and older that do not result in live birth. The IUI cycles must be supervised by a Physician or an appropriate licensed practitioner. IUI and services related to donor sperm are not covered Benefits but are required to meet criteria for coverage of IVF.

B. The following services are covered as medically necessary when performed to establish the underlying etiology of infertility:

1. Evaluation of the female factor:
 - a. History and physical examination.

- b. Laboratory tests: thyroid stimulating hormone (TSH), prolactin, follicle stimulating hormone (FSH), luteinizing hormone (LH), estradiol, progesterone.
 - c. Ultrasound of the pelvis.
 - d. Hysteroscopy.
 - e. Hysterosalpingography.
 - f. Sonohysterography.
 - g. Diagnostic laparoscopy with or without chromotubation.
2. Evaluation of the male factor:
- a. History and physical examination.
 - b. Semen analysis: two specimens at least one month apart to evaluate semen volume, concentration, motility, pH, fructose, leukocyte count, microbiology, and morphology.
 - c. Additional laboratory tests: endocrine evaluation (including FSH, total and free testosterone, prolactin, LH, TSH), anti-sperm antibodies, post-ejaculatory urinalysis.
 - d. Transrectal ultrasound (TRUS), scrotal ultrasound.
 - e. Vasography and testicular biopsy in individuals with azoospermia.
 - f. Scrotal exploration.

2.0 Coding:

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union & Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L0001269 Union Only; 8 = ASO group L0002184; 9 = ASO group L0002237; 10 = ASO L0002193; 11 = Fully insured plans with the IVF rider purchased

Table 1 COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
52010	Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, installation, or duct radiography, exclusive of radiologic service	N	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
55500	Excision of hydrocele of spermatic cord, unilateral (separate procedure)	N	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
55520	Excision of lesion of spermatic cord (separate procedure)	N	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
55530	Excision of varicocele or ligation of spermatic	N	Outpatient Diagnostic

**Table 1
COVERED CODES**

Code	Description	Prior Approval	Benefit Plan Cost Share Reference
	veins for varicocele (separate procedure)		Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
55535	Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach	N	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	N	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography	N	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
58350	Chromotubation of oviduct, including materials	N	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	N	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
58672	Laparoscopy, surgical; with fimbrioplasty	N	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)	N	Outpatient Diagnostic Tests and Procedures;

**Table 1
COVERED CODES**

Code	Description	Prior Approval	Benefit Plan Cost Share Reference
			Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
58760	Fimbrioplasty	N	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
58770	Salpingostomy (salpingoneostomy)	N	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
74440	Vasography, vesiculography, or epididymography, radiological supervision and interpretation	N	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
74740	Hysterosalpingography, radiological supervision and interpretation	N	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation	N	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
76830	Ultrasound, transvaginal	N	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	N	Outpatient Diagnostic Tests and Procedures; Physician Office

**Table 1
COVERED CODES**

Code	Description	Prior Approval	Benefit Plan Cost Share Reference
			Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
76856	Ultrasound, pelvic (non-obstetric), real time with image documentation; complete	N	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
76857	Ultrasound, pelvic (non-obstetric), real time with image documentation; limited or follow-up (e.g., for follicles)	N	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
89260	Sperm isolation; simple prep (e.g., sperm wash and swim-up) for insemination or diagnosis with semen analysis <i>*When performed for infertility diagnostic purposes ONLY</i>	N; except 8 and 11 – see Table 3 below	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
89261	Sperm isolation; complex prep (e.g., Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis <i>*When performed for infertility diagnostic purposes ONLY</i>	N; except 8 and 11 – see Table 3 below	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
89264	Sperm identification from testis tissue, fresh or cryopreserved <i>*When performed for infertility diagnostic purposes ONLY</i>	N; except 8 and 11 – see Table 3 below	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
89300	Semen analysis; present and/or motility of sperm including Huhner test (post coital)	N	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
89310	Semen analysis; motility and count (not including Huhner test)	N	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or

**Table 1
COVERED CODES**

Code	Description	Prior Approval	Benefit Plan Cost Share Reference
			Injury; Professional Fees for Surgical and Medical Services
89320	Semen analysis; volume, count, motility, and differential	N	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
89321	Semen analysis; sperm presence and motility of sperm, if performed	N	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
89322	Semen analysis; volume, count, motility, and differential using strict morphologic criteria (e.g., Kruger)	N	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
89325	Sperm antibodies	N	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
89329	Sperm evaluation; hamster penetration test	N	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
89330	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test	N	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
J0725	Injection, chorionic gonadotropin, per 1,000 USP units	N	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees

**Table 1
COVERED CODES**

Code	Description	Prior Approval	Benefit Plan Cost Share Reference
			for Surgical and Medical Services
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	N	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
J3490	Unclassified drugs	Y	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	N	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
J9218	Leuprolide acetate, per 1 mg	Y	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
Q0115	Post-coital direct, qualitative examinations of vaginal or cervical mucous	N	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
S0122	Injection, menotropins, 75 IU	N	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical Services
0255U	Andrology (infertility), sperm-capacitation assessment of ganglioside GM1 distribution patterns, fluorescence microscopy, fresh or frozen specimen, reported as percentage of capacitated sperm and probability of generating a pregnancy score	N	Outpatient Diagnostic Tests and Procedures; Physician Office Services for Sickness or Injury; Professional Fees for Surgical and Medical

**Table 1
COVERED CODES**

Code	Description	Prior Approval	Benefit Plan Cost Share Reference
			Services

**Table 2
COVERED CODES for L0001102 ONLY**

Commercial group L0001102 plans cover artificial insemination as shown in table below:

Code	Description	Prior Approval	Benefit Plan Cost Share Reference
58321	Artificial insemination; intra-cervical	N	Maternity Services
58322	Artificial insemination; intra-uterine	N	Maternity Services
58323	Sperm washing for artificial insemination	N	Maternity Services
89260	Sperm isolation; simple prep (e.g., sperm wash and swim-up) for insemination or diagnosis with semen analysis	N	Maternity Services
89261	Sperm isolation; complex prep (e.g., Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis	N	Maternity Services
89264	Sperm identification from testis tissue, fresh or cryopreserved	N	Maternity Services

**ICD-10 DIAGNOSIS CODES for Tables 1 and 2
(list is not all-inclusive)**

Code	Description
N4601	Organic azoospermia
N46021	Azoospermia due to drug therapy
N46022	Azoospermia due to infection
N46023	Azoospermia due to obstruction of efferent ducts
N46024	Azoospermia due to radiation
N46025	Azoospermia due to systemic disease
N46029	Azoospermia due to other extra-testicular causes
N4611	Organic oligospermia
N46121	Oligospermia due to drug therapy
N46122	Oligospermia due to drug therapy
N46123	Oligospermia due to infection
N46124	Oligospermia due to obstruction of efferent ducts
N46125	Oligospermia due to radiation
N46129	Oligospermia due to systemic disease
N468	Other male infertility
N469	Male infertility, unspecified
N970	Female infertility associated with anovulation
N971	Female infertility of tubal origin
N972	Female infertility of uterine origin
N978	Female infertility of other origin

**ICD-10 DIAGNOSIS CODES for Tables 1 and 2
(list is not all-inclusive)**

Code	Description
N979	Female infertility, unspecified
Z3181	Encounter for male factor infertility in female patient
Z3183	Encounter for assisted reproductive fertility procedure cycle
Z3184	Encounter for fertility preservation procedure

**Table 3
COVERED CODES for L0002184 and IVF rider ONLY**

Self-funded group L0002184 and groups with IVF rider cover IVF and other fertility services as shown in the table below. Please see specific plan documents for details.

Legend: Y = All lines of business; 1 = HMO/POS; 2 = PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union & Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L0001269 Union Only; 8 = ASO group L0002184; 9 = ASO group L0002237; 10 = ASO L0002193; 11= groups with fully insured rider purchased

Code	Description	Prior Approval	Benefit Plan Cost Share Reference
58970	Follicle puncture for oocyte retrieval, any method	8, 11 see section 3.0 below	Reproductive Care and Family Planning Services
58974	Embryo transfer, intrauterine	8, 11 see section 3.0 below	Reproductive Care and Family Planning Services
58976	Gamete, zygote, or embryo intrafallopian transfer, any method	8, 11 see section 3.0 below	Reproductive Care and Family Planning Services
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	8, 11 see section 3.0 below	Reproductive Care and Family Planning Services
89250	Culture of oocyte(s)/embryo(s), less than 4 days	8, 11 see section 3.0 below	Reproductive Care and Family Planning Services
89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos	8, 11 see section 3.0 below	Reproductive Care and Family Planning Services
89253	Assisted embryo hatching, micro-techniques (any method)	8, 11 see section 3.0 below	Reproductive Care and Family Planning Services
89254	Oocyte identification from follicular fluid	8, 11 see section 3.0 below	Reproductive Care and Family Planning Services
89255	Preparation of embryo for transfer (any method)	8, 11 see section 3.0 below	Reproductive Care and Family Planning Services
89257	Sperm identification from aspiration (other than seminal fluid)	8, 11 see section 3.0 below	Reproductive Care and Family Planning Services
89258	Cryopreservation; embryo(s)	8, 11 see section 3.0 below	Reproductive Care and Family Planning Services
89259	Cryopreservation; sperm	8, 11 see section 3.0 below	Reproductive Care and Family Planning Services
89260	Sperm isolation; simple prep (e.g., sperm wash and swim-up) for insemination or diagnosis with semen analysis	8, 11 see section	Reproductive Care and Family Planning Services

Table 3**COVERED CODES for L0002184 and IVF rider ONLY**

Self-funded group L0002184 and groups with IVF rider cover IVF and other fertility services as shown in the table below. Please see specific plan documents for details.

Legend: Y = All lines of business; 1 = HMO/POS; 2 = PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union & Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L0001269 Union Only; 8 = ASO group L0002184; 9 = ASO group L0002237; 10 = ASO L0002193; 11 = groups with fully insured rider purchased

Code	Description	Prior Approval	Benefit Plan Cost Share Reference
		3.0 below	
89261	Sperm isolation; complex prep (e.g., Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis	8, 11 see section 3.0 below	Reproductive Care and Family Planning Services
89264	Sperm identification from testis tissue, fresh or cryopreserved	8, 11 see section 3.0 below	Reproductive Care and Family Planning Services
89268	Insemination of oocytes	8, 11 see section 3.0 below	Reproductive Care and Family Planning Services
89272	Extended culture of oocyte(s)/embryo(s), 4-7 days	8, 11 see section 3.0 below	Reproductive Care and Family Planning Services
89280	Assisted oocyte fertilization, micro-technique; less than or equal to 10 oocytes	8, 11 see section 3.0 below	Reproductive Care and Family Planning Services
89281	Assisted oocyte fertilization, micro-technique; greater than 10 oocytes	8, 11 see section 3.0 below	Reproductive Care and Family Planning Services
89290	Biopsy, oocyte polar body or embryo blastomere, micro-technique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos	8, 11 see section 3.0 below	Reproductive Care and Family Planning Services
89291	Biopsy, oocyte polar body or embryo blastomere, micro-technique (for pre-implantation genetic diagnosis); greater than 5 embryos	8, 11 see section 3.0 below	Reproductive Care and Family Planning Services
89337	Cryopreservation, mature oocyte(s)	8, 11 see section 3.0 below	Reproductive Care and Family Planning Services
89342	Storage (per year); embryo(s)	8, 11 see section 3.0 below	Reproductive Care and Family Planning Services
89343	Storage (per year); sperm/semens	8, 11 see section 3.0 below	Reproductive Care and Family Planning Services
89346	Storage (per year); oocyte(s)	8, 11 see section 3.0 below	Reproductive Care and Family Planning Services
89352	Thawing of cryopreserved; embryo(s)	8, 11 see section 3.0 below	Reproductive Care and Family Planning Services
S4011	In vitro fertilization	8, 11 see section 3.0 below	Reproductive Care and Family Planning Services
S4022	Assisted oocyte fertilization case rate	8, 11	Reproductive Care and

Table 3**COVERED CODES for L0002184 and IVF rider ONLY**

Self-funded group L0002184 and groups with IVF rider cover IVF and other fertility services as shown in the table below. Please see specific plan documents for details.

Legend: Y = All lines of business; 1 = HMO/POS; 2 = PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union & Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L0001269 Union Only; 8 = ASO group L0002184; 9 = ASO group L0002237; 10 = ASO L0002193; 11= groups with fully insured rider purchased

Code	Description	Prior Approval	Benefit Plan Cost Share Reference
		see section 3.0 below	Family Planning Services

ICD-10 DIAGNOSIS CODES for Table 3 (list is not all-inclusive)

Code	Description
Z3183	Encounter for assisted reproductive fertility procedure cycle
Z3184	Encounter for fertility preservation procedure

NON-COVERED CODES

Legend: Y = All lines of business; 1 = HMO/POS; 2 = PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union & Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L0001269 Union Only; 8 = ASO group L0002184; 9 = ASO group L0002237; 10 = ASO L0002193; 11= groups with fully insured rider purchased

Code	Description	LOB	Benefit Plan Reference
55870	Electroejaculation	Y	Maternity Services exclusions
58321	Artificial insemination; intra-cervical	Y (Except L0001102)	Maternity Services exclusions
58322	Artificial insemination; intra-uterine	Y (Except L0001102)	Maternity Services exclusions
58323	Sperm washing for artificial insemination	Y (Except L0001102)	Maternity Services exclusions
58750	Tubotubal anastomosis	1, 2, 3, 5, 6, 8, 9, 10,11	Reproduction exclusions
58752	Tubouterine implantation	Y	Maternity Services exclusions
58970	Follicle puncture for oocyte retrieval, any method	1, 2, 3, 4, 5, 6, 7, 9, 10	Maternity Services exclusions
58974	Embryo transfer, intrauterine	1, 2, 3, 4, 5, 6, 7, 9, 10	Maternity Services exclusions
58976	Gamete, zygote, or embryo intrafallopian transfer, any method	1, 2, 3, 4, 5, 6, 7, 9, 10	Maternity Services exclusions
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	1, 2, 3, 4, 5, 6, 7, 9, 10	Maternity Services exclusions
89250	Culture of oocyte(s)/embryo(s), less than 4 days	1, 2, 3, 4, 5, 6, 7, 9, 10	Maternity Services exclusions
89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos	1, 2, 3, 4, 5, 6, 7, 9, 10	Maternity Services exclusions
89253	Assisted embryo hatching, micro-techniques (any method)	1, 2, 3, 4, 5, 6, 7, 9, 10	Maternity Services exclusions
89254	Oocyte identification from follicular fluid	1, 2, 3, 4, 5, 6, 7, 9, 10	Maternity Services exclusions
89255	Preparation of embryo for transfer (any	1, 2, 3, 4, 5, 6,	Maternity Services

NON-COVERED CODES

Legend: Y = All lines of business; 1 = HMO/POS; 2 = PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union & Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L0001269 Union Only; 8 = ASO group L0002184; 9 = ASO group L0002237; 10 = ASO L0002193; 11 = groups with fully insured rider purchased

Code	Description	LOB	Benefit Plan Reference
	method)	7, 9, 10	exclusions
89257	Sperm identification from aspiration (other than seminal fluid)	1, 2, 3, 4, 5, 6, 7, 9, 10	Maternity Services exclusions
89258	Cryopreservation; embryo(s)	1, 2, 3, 4, 5, 6, 7, 9, 10	Maternity Services exclusions
89259	Cryopreservation; sperm	1, 2, 3, 4, 5, 6, 7, 9, 10	Maternity Services exclusions
89268	Insemination of oocytes	1, 2, 3, 4, 5, 6, 7, 9, 10	Maternity Services exclusions
89272	Extended culture of oocyte(s)/embryo(s), 4-7 days	1, 2, 3, 4, 5, 6, 7, 9, 10	Maternity Services exclusions
89280	Assisted oocyte fertilization, micro-technique; less than or equal to 10 oocytes	1, 2, 3, 4, 5, 6, 7, 9, 10	Maternity Services exclusions
89281	Assisted oocyte fertilization, micro-technique; greater than 10 oocytes	1, 2, 3, 4, 5, 6, 7, 9, 10	Maternity Services exclusions
89290	Biopsy, oocyte polar body or embryo blastomere, micro-technique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos	1, 2, 3, 4, 5, 6, 7, 9, 10, 1, 2, 3, 4, 5, 6, 7, 9, 10	Maternity Services exclusions
89291	Biopsy, oocyte polar body or embryo blastomere, micro-technique (for pre-implantation genetic diagnosis); greater than 5 embryos	1, 2, 3, 4, 5, 6, 7, 9, 10Y	Maternity Services exclusions
89335	Cryopreservation, reproductive tissue, testicular	Y	Maternity Services exclusions
89337	Cryopreservation, mature oocyte(s)	1, 2, 3, 4, 5, 6, 7, 9, 10	Maternity Services exclusions
89342	Storage (per year); embryo(s)	1, 2, 3, 4, 5, 6, 7, 9, 10	Maternity Services exclusions
89343	Storage (per year); sperm/semen	1, 2, 3, 4, 5, 6, 7, 9, 10	Maternity Services exclusions
89344	Storage (per year); reproductive tissue, testicular/ovarian	Y	Maternity Services exclusions
89346	Storage (per year); oocyte(s)	1, 2, 3, 4, 5, 6, 7, 9, 10	Maternity Services exclusions
89352	Thawing of cryopreserved; embryo(s)	1, 2, 3, 4, 5, 6, 7, 9, 10	Maternity Services exclusions
89353	Thawing of cryopreserved; sperm/semen, each aliquot	Y	Maternity Services exclusions
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	Y	Maternity Services exclusions
89356	Thawing of cryopreserved; oocytes, each aliquot	Y	Maternity Services exclusions
S4011	In vitro fertilization	1, 2, 3, 4, 5, 6, 7, 9, 10	Reproductive Care and Family Planning Services
S4022	Assited oocyte fertilization case rate	1, 2, 3, 4, 5, 6, 7, 9, 10	Reproductive Care and Family Planning Services

NON-COVERED CODES

Legend: Y = All lines of business; 1 = HMO/POS; 2 = PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union & Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L0001269 Union Only; 8 = ASO group L0002184; 9 = ASO group L0002237; 10 = ASO L0002193; 11 = groups with fully insured rider purchased

Code	Description	LOB	Benefit Plan Reference
S4023	Donor egg cycle, incomplete, case rate	Y	Maternity Services exclusions
S4025	Donor services for in vitro fertilization (sperm or embryo), case rate	Y	Maternity Services exclusions
S4026	Procurement of donor sperm from sperm bank	Y	Maternity Services exclusions
S4030	Sperm procurement and cryopreservation services; initial visit	Y	Maternity Services exclusions
S4031	Sperm procurement and cryopreservation services; subsequent visit	Y	Maternity Services exclusions

3.0 Unique Configuration/Prior Approval/Coverage Details:

Self-funded groups L0001631, L0002011, L0002193, L0001269, L0002237 exclude all treatment, procedure or services designated to create a pregnancy.

Fully insured- refer to group plan document to confirm applicable IVF rider has been purchased (rider section of COC) for the group.

A. L0002184 and groups who have In-Vitro Fertilization (IVF) Rider/Benefit ONLY:

- a) Codes require diagnosis, diagnosis determines prior authorization requirement:
 - i. When codes are billed with diagnosis Z31.83 (Encounter for assisted reproductive fertility procedure cycle) authorization is not required.
 - ii. When codes are billed with diagnosis Z31.84 (Encounter for fertility preservation procedure) authorization required.
 - iii. Benefits may be limited based on patients age, refer to plan document

B. Clinical Determination Guidelines for: Pre-Implantation Genetic Testing CPT Codes 89290 and 89291:

1. The individual or couple must:

- a) Meet criteria to access the in-vitro fertilization (IVF) benefit (i.e.have a diagnosis of infertility); AND
- b) Meet one of the following criteria:
 - i. Both partners are known carriers of a single gene autosomal recessive disorder
 - ii. One partner is a known carrier of a single gene autosomal recessive disorder and the partners have an offspring who has been diagnosed with that recessive disorder
 - iii. One partner is a known carrier of a single gene autosomal dominant disorder
 - iv. One partner is a known carrier of a single X-linked disorder
 - v. One partner with balanced or unbalanced chromosomal translocation

2. Individual consideration may be given to the individual or couple who meets criteria to access the IVF benefit without a diagnosis of infertility AND meets at least one criterion under 1.b. (above).
3. All other situations other than those specified above are excluded.
4. Preimplantation genetic *screening* as an adjunct to IVF is considered experimental/investigational.
5. Benefits may be limited based on patients age, refer to plan document

4.0 Terms & Definitions:

Adnexal mass – a tumor or mass that is located on any of the organs next to the uterus

Artificial insemination (AI), intrauterine insemination (IUI), or intracervical insemination (ICI) – introduction of semen into the vagina, uterus or oviduct through a transcervical catheter.

Endometriosis – a gynecologic condition in which symptoms include chronic pelvic and/or abdominal pain and infertility

Hysterosalpingogram – a procedure usually done in the radiology department where contrast (dye) is injected into the uterine cavity through the vagina and cervix to determine if the fallopian tubes are patent.

Hysteroscopy – a surgical procedure used to diagnose or treat problems of the uterus.

5.0 References, Citations & Resources:

Centers for Disease Control and Prevention (CDC). Infertility FAQs. January 16, 2019
<https://www.cdc.gov/reproductivehealth/infertility/index.htm>

6.0 Associated Documents [For internal use only]:

Policies and Procedures (P&Ps) - MMP-09 Benefit Determinations MMP-02 Transition and Continuity of Care ; UMPP-02 Peer to Peer Conversations

Standard Operating Procedures (SOPs) –MMS-03 Algorithm for Use of Criteria for Benefit Determinations, MMS-52 Inpatient Case Process in CCA; MMS-53 Outpatient Case Process in CCA

7.0 Revision History

Original Effective Date: 01/01/2018

Next Revision Date:

Revision Date	Reason for Revision
November 2017	BCP created for claims process beginning 1/1/18
February 2019	Annual review and renewal; no criteria or code changes
August 2019	Codes added per gap analysis; approved by BCC 8/26/19.
7/20	Annual review, added citations, revised coding, added IVF and preservation codes specific to group L0002184 coverage
01/2022	Annual review – added new code 0255U, no other changes.
05/20/2022	Off cycle review – 89264 added to section 2.0 as a covered code; 89291 placed in correct order in section 2.0; 89251 added in section 3.0 as a covered code

Revision Date	Reason for Revision
11/2022	<p>Annual Review, Added: 8 = ASO group L0002184; 9 = ASO group L0002237; 10 = ASO L0002193, 59750: changed code to PA on policy this aligns with code database. Rearranged SOP (moved covered codes together). Updated non-covered code section. Added ASO group numbers to section 3.0. Updated association documents section. Removed 89264 from "L0001102 section ONLY" section. CPT codes 58976 and CPT 89272 updated in non-covered code section. 89290 and 89291 updated to reflect requiring PA in "L0002184 ONLY" section per Manager of Medical Benefits, criteria added to Section 3.0</p> <ul style="list-style-type: none"> • Additions added 5/2023 (related to Gap Analysis): <ul style="list-style-type: none"> Added "fully insured groups: confirm within COC rider section" to section 1.0 (3rd paragraph) • Updated 1.0 A Infertility definition to reflect definition in IVF Rider • Added # 11 to PA legend in code table in policy: "fully insured plans with the IVF Rider purchased" • Labeled Code tables as 1 (general covered codes), 2 (L0001102 covered codes ONLY), or 3 (L0002184/IVF Rider codes ONLY) for referencing. • 58750 reflected as non-covered except L0001269 (removed from covered code section, added to NC section) • 89260, 61 & 64 made a note in prior approval column to reflect covered except for L0002184 and IVF Rider, also added a note that these codes are covered when performed for infertility diagnostic purposes ONLY • Added 89260-61 and 89264 to L0001102 covered code section. • ICD-10 diagnosis code table: this is for procedures on table 1 and table 2 • Added 89260-61 and 89264 to L0002184 and IVF Rider Covered Code Section. • Added codes S4011 and S4022 to L0002184 covered code section • 89253 indicated that this is covered for L0002184/IVF Rider ONLY • Added new ICD-10 diagnosis table specific to L0002184/IVF Rider indicated this is for "table 3" • Added "Fully insured- refer to group plan document to confirm applicable IVF rider has been purchased (rider section of COC) for the group." under section 3.0. • Added 89346 in policy section 3.0 for preservation • In L0002184/IVF Rider covered code section: in prior approval column added "8, 11 see section 3.0 below" to refer to diagnosis code & PA requirements listed in section 3.0 • Updated 3.0 A : L0002184/IVF Rider to follow requirements listed • Updated 3.0 B: L0002184/IVF Rider to follow PA medical criteria requirement see section for details.