



## infertility/assisted reproductive technology (ART) services payment policy

### ***description of procedure/service***

This policy applies to payment for the diagnosis and treatment of infertility. Infertility is the condition of a presumably healthy (i.e., presumably fertile) individual who is unable to conceive or produce conception during a period of one year (or during a period of six months for a woman 40 years of age and older). Assisted reproductive technology (ART) is a procedure designed to help infertile males and/or females conceive, for example, in vitro fertilization (IVF).

Coverage for the diagnosis and treatment of infertility is mandated by Massachusetts General Law. Under authority issued under Massachusetts General Law, the Division of Insurance has defined the scope of coverage and required services in the Code of Massachusetts Regulations (211 CMR 37.00). This regulation is available at [www.mass.gov/doi/Legal\\_Hearings/211\\_37.pdf](http://www.mass.gov/doi/Legal_Hearings/211_37.pdf).

### ***policy***

FCHP covers a range of services related to the diagnosis and treatment of infertility for plan members<sup>1</sup>, including:

- 1) Initial office consultation with a contracted infertility specialist and diagnostic evaluation services provided during the initial office consultation or scheduled as follow-up to the initial office consultation, including, but not limited to laboratory testing and radiology services.
- 2) Surgical and non-surgical treatments for infertility.
- 3) The following ART procedures:
  - a. Artificial insemination (AI)
  - b. Stimulated intra uterine insemination (IUI)
  - c. In-vitro fertilization (IVF)
  - d. Gamete intra fallopian transfer (GIFT)
  - e. Zygote intra fallopian transfer (ZIFT)
- 4) Sperm, egg and/or inseminated egg procurement and processing, and banking of sperm, egg or inseminated eggs, to the extent such costs are not covered by the donor's insurer, if any
- 5) ART-related services, including:
  - a. Intra-cytoplasmic sperm injection (ICSI)
  - b. Preimplantation genetic diagnosis (PGD) – including biopsy and genetic testing (molecular diagnostics [PCR] or molecular cytogenetics [FISH]), when one or both partners are carriers for certain genetic disorders.
  - c. Assisted hatching (AH)
  - d. Cryopreservation and storage of sperm or embryos for plan members in active infertility treatment.

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<sup>1</sup> Services for a partner who is not a plan member are not covered, except for sperm, egg and/or inseminated egg procurement and processing, and banking of sperm or inseminated eggs, to the extent that such costs are not covered by the partner's insurer, if any.

The following services are *not covered*:

- 1) Infertility/ART services that are considered experimental or investigational.
- 2) Infertility services for a plan member who is not medically infertile, e.g., coverage for ovarian stimulation for a plan member who is an egg donor.
- 3) Infertility/ART services for a partner who is not a plan member, except for sperm, egg and/or inseminated egg procurement and processing, and banking of sperm or inseminated eggs, to the extent that such costs are not covered by the donor's insurer, if any.
- 4) Services or supplies related to non-covered infertility/ART services.
- 5) Costs for complications an egg donor (who is not a plan member) incurs related to egg-donation services.
- 6) Transportation costs, including transportation costs for an egg donor.
- 7) Reversal of a voluntary sterilization.
- 8) Supplies that can be purchased over-the-counter, such as ovulation or pregnancy test kits.
- 9) Any costs or services associated with any form of surrogacy, including gestational carrier.
- 10) Long-term storage of sperm or embryos. (Storage of sperm or embryos is covered during active infertility treatment; storage is not or no longer covered when infertility/ART services are discontinued.)
- 11) Charges or compensation for egg or sperm donors.
- 12) Chromosomal studies of a donor sperm or egg.
- 13) Preimplantation genetic diagnosis for aneuploidy screening or for any other non-covered condition. See the FCHP medical policy *Infertility/Assisted Reproductive Technology Services*, for covered conditions.

### ***benefits application***

This policy applies to the following FCHP/FHLAC products. However, when there is a discrepancy between this policy and the member's *Evidence of Coverage*, the *Evidence of Coverage* will take precedence.

- FCHP Direct Care/FCHP Select Care
- FCHP Independent Care
- FCHP Flex Care Direct/Select
- FCHP MassHealth
- Major Medical
- Bill at Home/Direct Enrollment
- Fallon Senior Plan™
- Fallon Preferred Care
- Fallon Senior Plan Preferred

### ***coverage and reimbursement criteria***

#### **global services**

FCHP reimburses the following ART procedures at an all-inclusive global reimbursement rate according to the terms of the provider contract<sup>2</sup>:

- In vitro fertilization (IVF)
- Gamete intra fallopian transfer (GIFT)
- Zygote intra fallopian transfer (ZIFT)
- Egg donor services
- Donor egg cycle – incomplete, global

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<sup>2</sup> Infertility specialists when not contracted to provide ART services globally are reimbursed for infertility/ART services provided to plan members according to the terms of their provider contract.

- Frozen embryo transfer
- Stimulated intra uterine insemination
- Artificial insemination
- Sperm procurement and cryopreservation
- Microsurgical epididymal sperm aspiration (MESA) and testicular sperm extraction (TESE)
- Intra cytoplasmic sperm injection (ICSI)

See **billing/coding guidelines** for services included in the global reimbursement rate.

### **non-global services**

FCHP reimburses the following infertility/ART-related services separately, according to the terms of the provider contract:

- Initial office consultation
- Evaluation and diagnostic services provided during the initial office consultation or scheduled as follow-up to the initial office consultation, such as:
  - Laboratory services, including, but not limited to, hormone profile and semen analysis
  - Transvaginal ultrasound (76830)
  - Hysterosalpingogram (58340, 74760, 74742)
- Professional and facility charges for procedures to treat infertility, such as, hysteroscopy and laparoscopy. These interventional surgical procedures should occur prior to the beginning of any ART cycle.
- Prescription medication prescribed to treat infertility, e.g., hormonal imbalances or endometriosis (for plan members with prescription drug coverage)
- Prescription medication prescribed as part of an authorized ART cycle (for plan members with prescription drug coverage)
- Procurement of donor sperm from a sperm bank when the male partner has a confirmed diagnosis of infertility<sup>3</sup> (S4026)
- Sperm procurement and cryopreservation
- Assisted hatching (AH)
- Artificial insemination (AI)
- Preimplantation genetic diagnosis (PGD)
- Storage of embryos for plan members in active infertility treatment (Storage is not covered when infertility/ART services are discontinued or when pregnancy occurs.)
- Storage of sperm for plan members in active infertility treatment (Storage is not covered when infertility/ART services are discontinued or when pregnancy occurs.)
- Pregnancy tests

### **preauthorization requirements**

PCP referral is required for the initial office consultation with the fertility specialist.

*Evaluation and diagnostic services*, such as, lab tests, ultrasound, hysteroscopy, hysterosalpingogram, and semen analysis provided during the initial office consultation or scheduled as follow-up to the initial office consultation require preauthorization when the service/procedure/pharmaceutical would normally require preauthorization.

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<sup>3</sup> FCHP does not reimburse donor sperm as a substitution for or in the absence of a male partner, or when the male partner has been voluntary sterilized, or when there has been an unsuccessful reversal of a vasectomy, or when the female partner is otherwise without exposure to sperm through unprotected intercourse as per the FCHP medical policy on Infertility/ART Services.

Example:

25% of adults are cystic fibrosis carriers. Prenatal cystic fibrosis carrier screening requires preauthorization.

*Consults for diagnostic or treatment services*, such as gynecologists and urologists require PCP referral; these consults should occur prior to the authorization of any ART cycles.

Examples:

A urology consult may be necessary to evaluate or treat azoospermia. azoospermia, defined as complete absence of sperm from the ejaculate, is present in 10 to 15 percent of infertile men. Some men with obstructive azoospermia may father children following surgical correction of the obstruction. A urology consult requires a PCP referral.

Congenital bilateral absence of the vas deferens (CBAVD) is a cause of male factor infertility and is associated with mutations in the CFTR gene. Genetic testing to diagnose CBAVD requires preauthorization.

*Surgical and non-surgical treatments* for infertility require preauthorization when the service/procedure/pharmaceutical would normally require preauthorization.

*ART procedures and ART-related services* require preauthorization. Authorization for ART procedures is contingent upon a review of the medical history, including, but not limited to, diagnosis, infertility treatment history, menopause status, identifiable causes of infertility, risk factors, infertility work-up results, laboratory values and any other relevant clinical information, by an FCHP Medical Director.

## ***billing/coding guidelines***

FCHP requires all professional and technical charges to be submitted on a CMS 1500 claims form per industry guidelines.

Submit claims for authorized ART cycles only after the cycle has been completed.

Submit claims for authorized incomplete cycles only when the cycle is cancelled or terminated. Authorized IVF/ZIFT/GIFT cycles can be cancelled or terminated:

- Prior to the beginning of ovarian stimulation (S4017)
- Prior to frozen embryo transfer (S4018)
- Prior to egg retrieval (S4020)
- Prior to embryo transfer (S4021)

ART-related services, such as ICSI, PGD, AH, cryopreservation and storage, are covered when billed with an authorized ART cycle.

**Art cycle** - For billing purposes, all services beginning with the prescription and or administration of drugs in preparation for ovarian stimulation<sup>4</sup>, including any office visits, up to the point of the pregnancy test are considered part of an ART cycle and are covered under the global payment.

**Providers who perform professional and or technical services, related to authorized ART cycles, (e.g., genetics laboratories, anesthesiologists, and urologists) should not submit bills for their**

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<sup>4</sup> IVF is usually performed with ovarian stimulation, but occasionally a woman and her physician may attempt IVF without fertility drugs. In this case, the ART cycle starts when the woman begins having her ovaries monitored (using ultrasound and blood tests) for natural egg production.

**services to FCHP.** Payment for these services is included in the global reimbursement by FCHP and to the infertility specialist. It is the infertility specialist's responsibility to reimburse these providers and educate them about these arrangements.

Authorized charges for egg, embryo or sperm donor services should be billed under the plan member/recipient's member ID number.

(continued with code descriptions below.)

PROCEDURE/SERVICE	CODES	DESCRIPTION
<p><b>Initial office consultation</b></p> <p>The initial office consultation with an infertility specialist typically involves both partners. During the initial office consultation, the infertility specialist will review medical history and any prior infertility treatment. The woman may undergo a gynecological exam and transvaginal ultrasound. The infertility specialist will order laboratory tests on both partners, including, but not limited to, semen analysis to rule out male factor infertility. The infertility specialist may schedule follow-up diagnostic procedures, such as hysterosalpingogram.</p> <p>The causes of infertility may be grouped into four general categories:</p> <ol style="list-style-type: none"> <li>1. Ovulatory abnormalities (e.g., hormonal imbalances, perimenopause, polycystic ovary syndrome)</li> <li>2. Anatomical factors (blocked fallopian tubes, pelvic adhesions, uterine or cervical abnormalities)</li> <li>3. Male factor infertility</li> <li>4. Unexplained infertility</li> </ol> <p>Based on the results of the information gathered during the consultation and follow-up, the infertility specialist will develop a treatment plan. Treatment may involve a range of services, including, non-surgical treatments, surgical treatments, assisted reproductive technologies or any combination of these.</p>	<p>99244 99245</p>	<p>Services included in the initial office consultation:</p> <ul style="list-style-type: none"> <li>• A comprehensive history</li> <li>• A comprehensive examination</li> <li>• Medical decision making of moderate or high complexity</li> </ul> <p>Services reimbursed separately:</p> <ul style="list-style-type: none"> <li>• Diagnostic evaluation services recommended by the Practice Committee of the American Society for Reproductive Medicine, including, <ul style="list-style-type: none"> <li>- Laboratory tests, such as semen analysis, estradiol, progesterone, LH and FSH levels, TSH, rubella, clomiphene citrate challenge test (CCCT) if appropriate, and genetic testing if indicated.</li> <li>- Radiology procedures, such as transvaginal ultrasound, hysteroscopy, hysterosalpingogram</li> </ul> </li> <li>• Physician and facility charges for the surgical treatment of female and male infertility factors</li> <li>• Pharmacotherapeutic agents for the non-surgical treatment of female and male infertility factors</li> </ul>
<p><b>IVF cycle – complete, global</b></p> <p>The basic steps in IVF are ovulation stimulation, egg retrieval, in vitro fertilization, embryo culture and embryo transfer.</p> <p>In preparation for ovulation stimulation, the woman may be prescribed birth control pills to suppress the ovaries and uterine lining. After being on “the pill” for approximately 2 weeks, the woman may begin injections of a GnRH (gonadotropin releasing hormone) agonist, such as Lupron, to prevent ovulation. After being on the GnRH agonist for 7-10 days, “the</p>	<p>S4015</p>	<p>Services included in the global payment:</p> <ul style="list-style-type: none"> <li>• Office visits throughout the IVF cycle</li> <li>• Radiology services, such as transvaginal ultrasounds</li> <li>• Laboratory tests, such as estradiol, progesterone and LH</li> <li>• Non-self-administered drugs</li> <li>• Ovarian stimulation and monitoring</li> <li>• Egg retrieval, including professional and facility charges, sedation and/or anesthesia, and recovery room charges</li> </ul>

PROCEDURE/SERVICE	CODES	DESCRIPTION
<p>pill" is stopped, and an ultrasound and blood test are done to ensure that there are no follicles on the ovaries. If everything looks good, ovulation stimulation is started.</p> <p><b>I. Ovulation stimulation and monitoring</b>  During ovulation stimulation, the woman continues the GnRH agonist injections and starts ovulation drugs to stimulate the ovaries to produce multiple eggs rather than the single egg that normally develops each month. Ovulation drugs include clomiphene citrate, human menopausal gonadotropins (hMG), follicle stimulating hormone (FSH), and recombinant FSH and LH. Clomiphene citrate is administered orally, while the other medications are given by injection. Drug type and dosage vary depending on a number of factors.</p> <p>Ovulation drugs are given over a period of 8 to 14 days. During this time, the woman is monitored for follicle development with frequent transvaginal ultrasounds and blood tests to measure response to the drugs. When the follicles are ready, hCG (human chorionic gonadotropin) is given. hCG replaces the woman's natural LH surge and helps the eggs mature so they are capable of being fertilized. The eggs are retrieved before ovulation occurs, usually 36 hours after the hCG injection is given.</p> <p><b>II. Egg retrieval</b>  Retrieval is usually accomplished by ultrasound guided aspiration performed in the infertility specialist's office or in an ambulatory surgical center. Anesthesia is generally administered. After the eggs are retrieved, they are examined in the laboratory. The best quality eggs are placed in IVF culture medium and transferred to an incubator to await fertilization.</p> <p><b>III. In vitro fertilization</b>  Prepared sperm from the male partner or donor are then placed together with the eggs and stored in an incubator. Fertilization occurs when the sperm penetrates the egg, usually within hours.</p>		<ul style="list-style-type: none"> <li>• Egg assessment and incubation</li> <li>• Semen/sperm processing and preparation for insemination, and temporary storage if necessary (donor sperm from sperm bank is reimbursed separately)</li> <li>• Thawing of cryopreserved embryos and/or sperm/semens</li> <li>• Insemination and fertilization</li> <li>• Embryo culture and temporary storage</li> <li>• Embryo preparation and transfer</li> <li>• Facility charges, such as operating room and recovery room services and supplies</li> <li>• Charges for ancillary services, including, but not limited to, embryology and urology services, anesthesia, venipuncture and drug administration charges</li> </ul>

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<p><b>IV. Embryo culture</b> Two days after fertilization, a fertilized egg becomes a 2-to 4-cell embryo. By the third day, the embryo will contain approximately six to 10 cells. By the fifth day, a fluid cavity forms in the embryo, and the placenta and fetal tissues begin to develop. An embryo at this stage is called a blastocyst.</p> <p><b>V. Embryo transfer</b> Embryos may be transferred to the uterus at any time between one to six days after egg retrieval. One or more embryos are drawn into a transfer catheter. The physician guides the tip of the transfer catheter through the cervix and places the fluid containing the embryos into the uterine cavity. If development continues in the uterus, the embryo hatches and implants into the lining of the uterus.</p> <p>A pregnancy test will be done twelve to fourteen days after the transfer.</p>		
<p><b>Incomplete cycle (IVF, GIFT or ZIFT) – treatment cancelled before stimulation, global</b></p> <p>A cycle might be cancelled for a variety of reasons prior to ovulation stimulation.</p>	S4017	<p>Services included in the global payment:</p> <ul style="list-style-type: none"> <li>• Office visits throughout the cycle</li> <li>• Non-self-administered drugs</li> <li>• Radiology services, such as transvaginal ultrasounds</li> <li>• Laboratory tests, such as estradiol, progesterone and LH</li> <li>• Facility charges, such as operating room and recovery room services and supplies</li> <li>• Charges for ancillary services, including, but not limited to, embryology and urology services, anesthesia, venipuncture and drug administration charges</li> </ul>

PROCEDURE/SERVICE	CODES	DESCRIPTION
<p><b>Incomplete cycle (IVF, GIFT or ZIFT) – procedure cancelled before aspiration (egg retrieval), global</b></p> <p>The woman is receiving ovulation stimulation drugs or has elected to pursue a natural cycle and is being monitored for follicle development.</p> <p>Egg retrieval is not attempted and cycle is cancelled. Reasons for cancellation at this point may include low response or exaggerated response to the ovulation stimulation drugs, medical problems, catastrophic events and/or personal reasons.</p>	S4020	<p>Services included in the global payment:</p> <ul style="list-style-type: none"> <li>• Office visits throughout the cycle</li> <li>• Non-self-administered drugs</li> <li>• Transvaginal ultrasounds</li> <li>• Laboratory tests, such as estradiol, progesterone and LH</li> <li>• Ovulation stimulation and monitoring</li> <li>• Facility charges, such as operating room and recovery room services and supplies</li> <li>• Charges for ancillary services, including, but not limited to, embryology and urology services, anesthesia, venipuncture and drug administration charges</li> </ul>
<p><b>Incomplete cycle (IVF, GIFT or ZIFT) – cancelled after aspiration (egg retrieval), global</b></p> <p>The woman has received ovulation stimulation drugs or has elected to pursue a natural cycle. Egg retrieval is completed, but embryo transfer or egg and sperm transfer (in the case of GIFT) is not possible and the cycle is cancelled.</p> <p>Termination of a cycle at this point may be due, but not limited to, the quality of the egg or sperm, partner unable to produce a sperm specimen, or no embryos resulted after fertilization. Termination may also be due to medical problems, catastrophic events and/or personal reasons.</p> <p>ZIFT/GIFT termination may be due to the discovery of abnormalities in the fallopian tubes.</p>	S4021	<p>Services included in the global payment:</p> <ul style="list-style-type: none"> <li>• Office visits throughout the cycle</li> <li>• Non-self-administered drugs</li> <li>• Transvaginal ultrasounds</li> <li>• Laboratory tests, such as estradiol, progesterone and LH</li> <li>• Ovulation stimulation and monitoring</li> <li>• Egg retrieval, including professional and facility charges, sedation and/or anesthesia, and recovery room charges</li> <li>• Egg assessment and incubation</li> <li>• Semen/sperm processing and preparation for insemination, and temporary storage if necessary (procurement of donor sperm from sperm bank is reimbursed separately)</li> <li>• Thawing of cryopreserved embryos and/or sperm/semens</li> <li>• Insemination and fertilization</li> <li>• Embryo culture and temporary storage</li> </ul>

PROCEDURE/SERVICE	CODES	DESCRIPTION
		<ul style="list-style-type: none"> <li>• Facility charges, such as operating room and recovery room services and supplies</li> <li>• Charges for ancillary services, including, but not limited to, embryology and urology services, anesthesia, venipuncture and drug administration charges</li> </ul>
<p><b>Intracytoplasmic sperm injection (ICSI), also known as assisted oocyte fertilization (AOF), global</b></p> <p>ICSI is procedure in which a single sperm is injected directly into the cytoplasm of an egg using a microinjection pipette. This procedure may be repeated with several sperm and eggs during an IVF or ZIFT cycle. This process increases the likelihood of fertilization when there are abnormalities in the number, quality or function of sperm.</p>	S4022	<p>ICSI is performed in conjunction with IVF or ZIFT to enhance the probability of fertilization.</p> <p>ICSI is reimbursed separately with each IVF/ZIFT cycle. Submit code S4022 for ICSI with global IVF or global ZIFT.</p> <p>S4022 may only be billed once with each IVF/ZIFT cycle regardless of how many eggs are fertilized during the cycle.</p>
<p><b>Preimplantation genetic diagnosis (PGD)</b></p> <p>PGD is a procedure in which embryonic DNA is biopsied and analyzed in the laboratory, permitting deselection of embryos harboring a genetic defect prior to embryo transfer.</p> <p>Typically, embryos are biopsied on post-retrieval day 3. A biopsy pipette is inserted into the embryo and a single cell is extracted. The cell is then screened for genetic defects using either polymerase chain reaction (PCR) or fluorescent in situ hybridization (FISH).</p> <p>PCR is most commonly used to detect single gene mutations, such as cystic fibrosis, Tay-Sachs or Sickle Cell Anemia,</p>	<p>89290 89291</p> <p>83890 - 83912</p> <p>88271 - 88275</p>	<p>There is no specific CPT or HCPCS code for PGD.</p> <p>The CPT codes for PCR include 83890-83912.</p> <p>The CPT codes for FISH include 88271-88275.</p> <p>The CPT codes submitted for PGD will vary depending on which genetic disorder is being tested for.</p> <p>Embryo biopsy and PGD (PCR or FISH) are reimbursed separately. Submit code(s):</p> <ul style="list-style-type: none"> <li>• 89290 or 89291 for biopsy of the</li> </ul>

PROCEDURE/SERVICE	CODES	DESCRIPTION
<p>when one or both parents are known carriers. In order to carry out PCR, the exact gene defect must be known.</p> <p>FISH is a specialized process used to study chromosomes. The contents of the cell are transferred to a glass slide and labeled with fluorescent stains. FISH allows direct visualization of the chromosomes to determine the number or absence of chromosomes, gender determination or to identify chromosomal translocations.</p> <p>In general, it takes 24-48 hours to get the results of testing. Most embryo transfers following PGD take place on post-retrieval day 4 or 5.</p>		<p>embryo(s), and</p> <ul style="list-style-type: none"> <li>• 83890-83912 for molecular diagnostics (PCR), or</li> <li>• 88271-88275 for molecular cytogenetics (FISH)</li> </ul>
<p><b>Sperm procurement and cryopreservation services, global</b></p> <p>A variety of conditions can cause male factor infertility, including spinal cord injuries and obstruction of the male reproductive tract (obstructive azoospermia) not amenable to repair, such as congenital bilateral absence of vas deferens.</p> <p>The sperm retrieval techniques that must be used to obtain sperm from these men very rarely produces enough motile sperm for IUI or standard IVF -- ICSI with IVF or ZIFT is used in almost all cases. Sperm retrieval may be performed prior to or simultaneously with the female partner's egg retrieval.</p> <p>For spinal cord injuries, vibratory stimulation or electroejaculation may be used to obtain semen samples. When there is an absence of sperm due to obstructed or absent ejaculatory ducts, sperm may be retrieved from the male reproductive organs either percutaneously through a needle or with a surgical incision.</p> <p>Percutaneous epididymal sperm aspiration (PESA) is the least invasive sperm retrieval procedure. PESA involves the aspiration of sperm from the epididymis using a small</p>	<p>S4030 S4031</p>	<p>Sperm procurement for ICSI with IVF or ZIFT is reimbursed separately. Some techniques may only produce enough sperm for one cycle. S4030 should be submitted for the first sperm procurement/ICSI cycle and is limited to once per lifetime. S4031 may be billed with each cycle thereafter in which sperm retrieval is necessary.</p> <p>Submit code S4030 or S4031 for vibratory stimulation, electroejaculation or PESA, with S4022 for ICSI and global IVF or global ZIFT. (For MESA and TESE, use S4028.)</p> <p>Services included in the global payment include:</p> <ul style="list-style-type: none"> <li>• Sperm/semen procurement, processing and temporary storage or cryopreservation</li> <li>• Professional charges</li> <li>• Facility charges, such as operating room and recovery room services and supplies</li> <li>• Charges for ancillary services, including, but not limited to, embryology and urology services, anesthesia, venipuncture and drug</li> </ul>

PROCEDURE/SERVICE	CODES	DESCRIPTION
<p>(21-23 gauge butterfly) needle. No skin incision is required and the procedure is usually performed with local anesthesia and sedation. One drawback to PESA is that the epididymal tubules may be damaged by the needle.</p> <p>PESA is usually performed on the same day as ICSI and any viable sperm are cryopreserved for future cycles.</p> <p>If sperm collection fails with PESA or because of the nature of the obstruction, more invasive procedures may be necessary. (See Microsurgical Epididymal Sperm Aspiration (MESA) and Testicular Sperm Extraction (TESE) below.)</p>		<p>administration charges</p> <p>Many sperm procurement procedures are performed by a urologist. In these situations, FCHP will reimburse the ART provider, and the ART provider will reimburse the urologist.</p>
<p><b>Microsurgical epididymal sperm aspiration (MESA), global</b></p> <p><b>Use also for testicular sperm extraction (TESE)</b></p> <p>These techniques are used for men with obstructions in the male reproductive tract. Sperm can be obtained from the epididymis, or if the epididymis itself is blocked or absent, sperm can be extracted from the testicles. These procedures are performed with local anesthesia and sedation or with general anesthesia. These procedures produce larger numbers of sperm than percutaneous aspiration; hence the need for repeat procedures is reduced or eliminated.</p> <p>MESA: a scrotal skin incision is made and the testis and epididymis are exposed. Using an operating microscope, a single epididymal tubule is opened and sperm is aspirated.</p> <p>In a small percentage of men, sperm retrieval with MESA is not possible because the epididymis itself is blocked or</p>	<p>S4028</p>	<p>S4028 is reimbursed separately. Submit code S4028 with S4022 for ICSI and global IVF or global ZIFT.</p> <p>Services included in the global payment include:</p> <ul style="list-style-type: none"> <li>• MESA or TESE, including sperm/seminal processing and temporary storage or cryopreservation</li> <li>• Professional charges</li> <li>• Facility charges, such as operating room and recovery room services and supplies</li> <li>• Charges for ancillary services, including, but not limited to, embryology and urology services, anesthesia, venipuncture and drug administration charges</li> </ul> <p>Many sperm procurement procedures are performed by a urologist. In these situations, FCHP will reimburse the ART</p>

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<p>absent, in these cases, sperm can be obtained from the testicle itself. Urologists previously used testis biopsy for diagnostic purposes only. Now sperm procurement has become an indication for this procedure. Critical to the success of testicular sperm extraction (TESE) is the determination that the testis is making mature sperm. Current practice is to perform a small diagnostic biopsy prior to proceeding with testicular sperm extraction (TESE). If mature sperm with complete tails are present TESE is feasible.</p> <p>TESE: a scrotal incision is made and a small piece of tissue is cut out of the testicle (biopsy). Sperm are extracted from the seminiferous tubules where they are produced.</p>		<p>provider, and the ART provider will reimburse the urologist.</p>
<p><b>Assisted hatching, (any method)</b></p> <p>Embryo hatching is an obligatory step in the process of embryo implantation. Assisted hatching is a technique performed to enhance the likelihood that the transferred embryo will implant in the uterus and establish a viable pregnancy.</p> <p>Assisted hatching involves the disruption of the zona pellucida surrounding the embryo, either mechanically or chemically. The procedure is performed selectively on embryos of women who have a decreased incidence of implantation after embryo transfer.</p> <p>The routine use of assisted hatching in all IVF cycles is not medically necessary</p>	<p>89253</p>	<p>Assisted hatching is performed in conjunction with IVF or ZIFT to enhance the probability of implantation.</p> <p>Assisted hatching is reimbursed separately with each cycle. Submit code 89253 for assisted hatching with S4015 (global IVF) or S4014 (global ZIFT).</p>

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<p><b>Cryopreservation; embryos</b></p> <p>Extra embryos remaining after embryo transfer may be cryopreserved (frozen) for future use.</p> <p>Cryopreservation makes future ART cycles simpler and less expensive than the initial IVF cycle, because the woman does not need to undergo ovarian stimulation or egg retrieval. However, not all embryos survive the freezing and thawing process, and the livebirth rate is slightly lower with cryopreserved embryo transfer.</p> <p>Couples should decide if they are going to cryopreserve extra embryos, before beginning IVF. In the event that a successful pregnancy is established following a fresh or subsequent embryo thaw cycle, the couple will determine the disposition of the remaining frozen embryos.</p>	89258	<p>Cryopreservation of embryos for members in active infertility treatment is reimbursed separately.</p> <p>Cryopreservation of embryos (89258) includes the process of cryopreservation regardless of the stage of embryo development. It does not include storage of embryos. If embryos are cryopreserved on more than one day during an ART cycle (i.e., pronuclear stage, cleavage stage or blastocyst stage), it is appropriate to submit this code for each separate day.</p>
<p><b>Cryopreservation; sperm</b></p> <p>When sperm/semens are retrieved prior to egg retrieval, they may be cryopreserved for future use.</p>	89259	<p>Do not bill this code in conjunction with S4030 or S4031. (S4030 and S4031 include cryopreservation)</p>
<p><b>Storage of embryos or sperm/semens, (per year)</b></p> <p>Cryopreserved embryos and sperm/semens may be stored for future use.</p>	89342 89343	<p>FCHP covers storage of embryos and sperm/semens with active infertility treatment.</p> <p>These codes should not be billed for the temporary storage of embryos or sperm/semens during an ART cycle. Temporary storage is included in the global IVF/GIFT/ZIFT reimbursement.</p> <p>89342 and 89343 can only be billed once per calendar year.</p>

PROCEDURE/SERVICE	CODES	DESCRIPTION
<p><b>GIFT cycle – complete, global</b></p> <p>GIFT and ZIFT are variations of a typical IVF cycle. GIFT and ZIFT are only an option for women who have at least one normal fallopian tube.</p> <p>GIFT consists of ovarian stimulation and egg retrieval similar to IVF. On the day of egg retrieval, the male provides a semen sample a few hours before the procedure (or in some cases, previously frozen sperm may be used). A laparoscopy is performed under general anesthesia. The eggs, along with sperm, are loaded into a special catheter in the laboratory under a microscope. The eggs and sperm are injected into the fallopian tube through the surgical incision. Fertilization occurs inside the fallopian tube.</p> <p>A major drawback of the GIFT procedure is that it does not allow for confirmation of fertilization because it occurs inside the body.</p> <p>GIFT is performed infrequently in the U.S.</p>	<p>S4013</p>	<p>Services included in the global payment:</p> <ul style="list-style-type: none"> <li>• Office visits throughout the cycle</li> <li>• Radiology services, such as transvaginal ultrasounds</li> <li>• Laboratory tests, such as estradiol, progesterone and LH</li> <li>• Non-self-administered drugs</li> <li>• Ovulation stimulation and monitoring</li> <li>• Egg retrieval, including professional and facility charges, sedation and/or anesthesia, and recovery room charges</li> <li>• Egg processing and preparation</li> <li>• Semen/sperm processing and preparation for insemination, and temporary storage if necessary (donor sperm from sperm bank is reimbursed separately)</li> <li>• Laparoscopy and/or other surgical procedure and associated charges.</li> <li>• Facility charges, such as operating room and recovery room services and supplies</li> <li>• Charges for ancillary services, including, but not limited to, embryology and urology services, anesthesia, venipuncture and drug administration charges</li> </ul> <p>For incomplete GIFT cycle cancelled prior to stimulation, bill S4017.  For an incomplete GIFT cycle cancelled prior to egg retrieval, bill S4020.  For an incomplete GIFT cycle cancelled after egg retrieval, bill S4021.</p>

PROCEDURE/SERVICE	CODES	DESCRIPTION
<p><b>ZIFT cycle – complete, global</b></p> <p>ZIFT is a variation of a typical IVF cycle. ZIFT is only an option for women who have at least one normal fallopian tube.</p> <p>Zygote intrafallopian transfer (ZIFT) differs from GIFT in that fertilization takes place in the lab rather than the fallopian tube(s), but is similar in that the fertilized egg is transferred to the fallopian tube rather than the uterus. This procedure requires a laparoscopy.</p> <p>ZIFT is performed infrequently in the U.S.</p>	<p>S4014</p>	<p>Includes all services included above in <b>IVF Cycle – complete</b>, plus</p> <ul style="list-style-type: none"> <li>• Laparoscopy and/or other surgical procedure and associated charges.</li> </ul> <p>For incomplete ZIFT cycle cancelled prior to stimulation, bill S4017.  For an incomplete ZIFT cycle cancelled prior to egg retrieval, bill S4020.  For an incomplete ZIFT cycle cancelled after egg retrieval, bill S4021.</p>
<p><b>Egg donor services – complete, global</b></p> <p>During IVF, GIFT or ZIFT with an egg donor, both the recipient and the egg donor will be placed on injectable and/or oral medications to synchronize menstrual cycles. Once appropriate, the egg donor will start on injectable fertility drugs, and the recipient will take oral estrogen. As the egg donor is being stimulated, the recipient’s cycle is adjusted in order to coordinate it with the donor’s cycle.</p> <p>At the appropriate time, the eggs are retrieved from the ovary of the donor. The resulting embryo(s) or eggs and sperm are transferred to the recipient. Transfer can be performed through IVF, GIFT or ZIFT.</p>	<p>S4025</p>	<p>Services included in the global payment:</p> <ul style="list-style-type: none"> <li>• Office visits throughout the IVF cycle</li> <li>• Radiology services, such as transvaginal ultrasounds</li> <li>• Laboratory tests, such as estradiol, progesterone and LH</li> <li>• Non-self-administered drugs</li> <li>• Ovulation stimulation and monitoring</li> <li>• Egg retrieval, including professional and facility charges, sedation and/or anesthesia, and recovery room charges</li> </ul> <p>Use this code to bill for egg donor services for IVF, GIFT or ZIFT in conjunction with S4013, S4014 or S4015.</p> <p>FCHP does not reimburse any other services related to egg donation, including, but not limited to fees, compensation, recruitment costs, hotels, transportation, or prescription drugs.</p> <p>FCHP does not cover costs related to any complications the donor may experience related to the egg donor services, unless the donor is a plan</p>

PROCEDURE/SERVICE	CODES	DESCRIPTION
		<p>member.</p> <p>Do not use this code to bill for donor sperm.</p>
<p><b>Donor egg cycle – incomplete, global</b></p> <p>Donor egg cycles may be cancelled due to failure to retrieve donor eggs or poor egg quality or other medical problems.</p>	<p>S4023</p>	<p>Services included in the global payment:</p> <ul style="list-style-type: none"> <li>• Office visits throughout the IVF cycle</li> <li>• Radiology services, such as transvaginal ultrasounds</li> <li>• Laboratory tests, such as estradiol, progesterone and LH</li> <li>• Non-self-administered drugs</li> <li>• Ovulation stimulation and monitoring</li> <li>• Egg retrieval, including professional and facility charges, sedation and/or anesthesia, and recovery room charges</li> </ul> <p>Use this code to bill for an incomplete IVF, GIFT or ZIFT donor egg cycle.</p>
<p><b>Frozen embryo transfer – complete, global</b></p> <p>Frozen embryo transfer (FET) is much less involved and less costly than the process of egg retrieval and in vitro fertilization through a fresh IVF cycle.</p> <p>The frozen embryo is thawed and then transferred to the uterus during a natural ovulatory cycle or synthetic cycle. The exact timing will depend upon the stage at which the embryos were frozen. The patient has endocrine monitoring to synchronize the lining of the uterus with the age of the embryo. Frozen embryo transfer usually takes place 2 to 6 days after ovulation.</p>	<p>S4016</p>	<p>Services included in the global payment:</p> <ul style="list-style-type: none"> <li>• Office visits throughout the cycle</li> <li>• Radiology services, such as transvaginal ultrasounds</li> <li>• Laboratory tests, such as estradiol, progesterone and LH</li> <li>• Non-self-administered drugs</li> <li>• Ovulation stimulation and monitoring</li> <li>• Thawing of cryopreserved embryos</li> <li>• Embryo preparation and transfer</li> <li>• Facility charges, such as operating room and recovery room services and supplies</li> <li>• Charges for ancillary services, including, but not limited to, embryology and urology services, anesthesia, venipuncture and drug administration charges</li> </ul>

PROCEDURE/SERVICE	CODES	DESCRIPTION
<p><b>Frozen embryo transfer – Incomplete, global</b></p> <p>Frozen embryo is thawed, but transfer cannot be made during a natural ovulatory cycle or synthetic cycle.</p>	<p>S4018</p>	<p>Services included in the global payment:</p> <ul style="list-style-type: none"> <li>• Office visits throughout the cycle</li> <li>• Radiology services, such as transvaginal ultrasounds</li> <li>• Laboratory tests, such as estradiol, progesterone and LH</li> <li>• Non-self-administered drugs</li> <li>• Ovulation stimulation and monitoring</li> <li>• Thawing of cryopreserved embryos</li> <li>• Embryo preparation</li> <li>• Charges for ancillary services, including, but not limited to, embryology and urology services, anesthesia, venipuncture and drug administration charges</li> </ul>
<p><b>Artificial insemination (AI) – global</b></p> <p>Artificial insemination (AI) is a term that covers a range of techniques of placing sperm into the female genital tract. Intrauterine insemination (IUI) is the most commonly used method of AI (a less commonly used method of insemination is intracervical insemination). The IUI procedure involves direct placing of sperm inside the uterus around the time of ovulation. The male partner's sperm or donor sperm can be used for IUI. Only washed and prepared sperm are used for IUI. The aim of washing and preparation of the sperm are to separate sperm from seminal plasma, remove bacteria and other debris and chemicals that may cause infection and irritation and improve sperm capacitation (this increases sperm ability to penetrate and fertilize an egg). Sperm can be extracted from seminal plasma by a number of different methods. The swim up technique is most commonly used. The swim up technique separates the good motile sperm by allowing them to swim up into a layer of sterile culture medium, following which they are centrifuged and re-suspended in a clean sterile medium. The process of swim up and washing increases the chances of fertilization.</p>	<p>58321 58322</p>	<p>Services included in the global payment:</p> <ul style="list-style-type: none"> <li>• Office visits throughout the cycle</li> <li>• Radiology services, such as transvaginal ultrasounds</li> <li>• Laboratory tests, such as estradiol, progesterone and LH</li> <li>• Non-self-administered drugs</li> <li>• Semen/sperm processing and preparation for insemination, and temporary storage if necessary (donor sperm from sperm bank is reimbursed separately)</li> <li>• Insemination</li> <li>• Facility charges, such as operating room and recovery room services and supplies</li> <li>• Charges for ancillary services, including, but not limited to, embryology and urology services, anesthesia, venipuncture and drug administration charges</li> </ul>

PROCEDURE/SERVICE	CODES	DESCRIPTION
<p><b>Stimulated intrauterine insemination – global</b></p> <p>Most IUI cycles are stimulated, meaning that the patient receives ovulation inducing drugs. These medications stimulate the development of ovarian follicles each of which contains an egg. Patients are monitored throughout the stimulation with ultrasound and estradiol measurements. Once the eggs mature, an injection of HCG is given to stimulate ovulation 36 hours later. Insemination occurs around the time of ovulation or shortly thereafter.</p> <p>A sperm sample is collected from the partner or frozen sperm from a donor is prepared. Prepared sperm are then placed directly into the uterus using a catheter.</p>	S4035	<p>Services included in the global payment:</p> <ul style="list-style-type: none"> <li>• Office visits throughout the cycle</li> <li>• Radiology services, such as transvaginal ultrasounds</li> <li>• Laboratory tests, such as estradiol, progesterone and LH</li> <li>• Non-self-administered drugs</li> <li>• Ovarian stimulation and monitoring</li> <li>• Semen/sperm processing and preparation for insemination, and temporary storage if necessary (donor sperm from sperm bank is reimbursed separately)</li> <li>• Insemination</li> <li>• Facility charges, such as operating room and recovery room services and supplies</li> <li>• Charges for ancillary services, including, but not limited to, embryology and urology services, anesthesia, venipuncture and drug administration charges</li> </ul>

***place of service***

This policy applies to an outpatient or office setting.

***policy implementation***

Policy number: ADM0031  
 Origination: 05/08/02  
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