



Infertility Diagnosis, Treatment and Fertility Preservation

Overview

This Medical Policy applies to all SAMBA members enrolled in the High Option and Standard Option Plans as of January 1, 2024. Please refer to the 2024 SAMBA Health Benefit Plan Brochure for detailed information regarding prior authorizations and specialty medications.

Definitions

Infertility

Infertility is defined as not being able to conceive after 1 year (or longer) of egg sperm contact. Because infertility in females (or individuals with female reproductive organs) is known to decline steadily with age, some providers evaluate and treat individuals aged 35 or older after 6 months of egg sperm contact. Infertility may also be established through an evaluation based on medical history and diagnostic testing.

Artificial Insemination

Artificial Insemination (AI) is an infertility procedure where specially prepared sperm are inserted into the woman's uterus. Sometimes the woman is also treated with medicines that stimulate ovulation before the procedure. AI is often used to treat mild male factor infertility and couples with unexplained infertility.

Artificial Insemination includes the following procedures: Intrauterine insemination (IUI), Intravaginal insemination (IVI), and Intracervical insemination (ICI).

Coverage Policy

SAMBA covers the following services related to the diagnosis and treatment of infertility and fertility preservation.

- Initial diagnostic tests and procedures rendered only to identify the cause of infertility.
- Medical or surgical procedures rendered to create or enhance fertility.
- Artificial insemination (AI) procedures limited to:
 - Intravaginal insemination (IVI)
 - Intracervical insemination (ICI)
 - Intrauterine insemination (ICI)
- Prescription drugs for the treatment of infertility.
- Coverage for In vitro fertilization (IVF) is limited to IVF related drugs, up to three (3) cycles per person, per calendar year.
- Fertility preservation procedures (retrieval of and freezing of eggs or sperm) for members facing the possibility of infertility caused by chemotherapy, pelvic radiotherapy, other gonadotoxic therapies, ovary or testicle removal for treatment of disease, or medical or surgical gender transition treatment. Benefits are limited to \$1,000 per person/per calendar year/\$5,000 per lifetime under the High Option and \$800 per person/per calendar year/\$3,500 per lifetime under the Standard Option. Prior approval is required. If prior authorization is not obtained, no benefits will be payable for these services and the claims will be denied.

SAMBA excludes coverage for the following services related to the diagnosis and treatment of infertility and fertility preservation.

- Infertility services after voluntary sterilization
- Assisted reproductive technology (ART) procedures and related services and supplies related to any fertility treatments in which eggs or embryos are manipulated. These treatments include: -
 - In vitro fertilization (IVF), except IVF related drugs up to three (3) cycles per person per year as listed above.
 - Embryo transfer and gamete intra-fallopian transfer (GIFT)
 - Zygote intra-fallopian transfer (ZIFT)
 - Any procedure, service or supply involving the handling of eggs or embryos
- Cost of donor sperm or egg
- Expenses for sperm collection and storage, except as listed above.
- Elective preservation for reasons other than listed above
- Surrogacy (host uterus/gestational carrier)
- Preimplantation genetic diagnosis (PGD) Commercially available over-the-counter home ovulation prediction test kits or pregnancy test kits

Coding for Covered Services

The following services are considered Medically Necessary for the diagnosis of infertility.

CPT** Codes	Description
49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
54500	Biopsy of testis, needle (separate procedure)
54505	Biopsy of testis, incisional (separate procedure)
55110	Scrotal exploration
55870	Electroejaculation
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography
58350	Chromotubation of oviduct, including materials
58555	Hysteroscopy, diagnostic (separate procedure)
74440	Vasography, vesiculography, or epididymography, radiological supervision and interpretation

74740	Hysterosalpingography, radiological supervision and interpretation
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation
76830	Ultrasound, transvaginal
76831	Saline infusion sonohysterosonography (SIS), including color flow Doppler, when performed
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete
76870	Ultrasound, scrotum and contents
76872	Ultrasound, transrectal
81015	Urinalysis; microscopic only
82670	Estradiol; total
82671	Estrogens; fractionated
82672	Estrogens; total
82679	Estrone
82757	Fructose, semen
83001	Gonadotropin; follicle stimulating hormone (FSH)
83002	Gonadotropin; luteinizing hormone (LH)
84144	Progesterone
84146	Prolactin
84402	Testosterone; free
84403	Testosterone; total
84410	Testosterone; bioavailable, direct measurement (eg, differential precipitation)
84443	Thyroid stimulating hormone (TSH)
84830	Ovulation tests, by visual color comparison methods for human luteinizing hormone
88280	Chromosome analysis; additional karyotypes, each study
89257	Sperm identification from aspiration (other than seminal fluid)
89260	Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis
89261	Sperm isolation; complex prep (e.g., Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis

89264	Sperm identification from testis tissue, fresh or cryopreserved
89300	Semen analysis; presence and/or motility of sperm including Huhner test (post coital)
89310	Semen analysis; motility and count (not including Huhner test)
89320	Semen analysis; volume, count, motility, and differential
89321	Semen analysis; sperm presence and motility of sperm, if performed
89322	Semen analysis; volume, count, motility, and differential using strict morphologic criteria (e.g., Kruger)
89325	Sperm antibodies
89330	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test
89331	Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)

The following services are considered Medically Necessary for the treatment of infertility.

CPT® * Codes	Description
10004	Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)
10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion
10006	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)
10021	Fine needle aspiration biopsy; without imaging guidance; first lesion
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural road mapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (e.g., congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)
49321	Laparoscopy, surgical; with biopsy (single or multiple)
52402	Cystourethroscopy with transurethral resection or incision of ejaculatory ducts
54500	Biopsy of testis, needle (separate procedure)
54505	Biopsy of testis, incisional (separate procedure)
54640	Orchiopexy, inguinal or scrotal approach
54650	Orchiopexy, abdominal approach, for intra-abdominal testis (e.g., Fowler Stephens)
54800	Biopsy of epididymis, needle

54840	Excision of spermatocele, with or without epididymectomy
54860	Epididymectomy; unilateral
54861	Epididymectomy; bilateral
54900	Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral
54901	Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral
55500	Excision of hydrocele of spermatic cord, unilateral (separate procedure)
55530	Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)
55535	Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach
55540	Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair
55550	Laparoscopy, surgical, with ligation of spermatic veins for varicocele
55870	Electroejaculation
58140	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach
58145	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach
58146	Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach
58321	Artificial insemination; intra-cervical
58322	Artificial insemination; intra-uterine
58323	Sperm washing for artificial insemination
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)

58561	Hysteroscopy, surgical; with removal of leiomyomata
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)
58672	Laparoscopy, surgical; with fimbrioplasty
58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)
58740	Lysis of adhesions (salpingolysis, ovariolysis)
58752	Tubouterine implantation
58760	Fimbrioplasty
58770	Salpingostomy (salpingoneostomy)
58800	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach
58805	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach
58920	Wedge resection or bisection of ovary, unilateral or bilateral
58925	Ovarian cystectomy, unilateral or bilateral
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation
76830	Ultrasound, transvaginal
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation
82670	Estradiol, total
83001	Gonadotropin; follicle stimulating hormone (FSH)
83002	Gonadotropin; luteinizing hormone (LH)
84144	Progesterone
84830	Ovulation tests, by visual color comparison methods for human luteinizing hormone
89257	Sperm identification from aspiration (other than seminal fluid)

89260	Sperm isolation; simple prep (e.g., sperm wash and swim-up) for insemination or diagnosis with semen analysis
89261	Sperm isolation; complex prep (e.g., Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis
89264	Sperm identification from testis tissue, fresh or cryopreserved
HCPCS Codes	Description
S4035	Stimulated intrauterine insemination (IUI), case rate

The following cryopreservation services are covered according to the benefit limitations listed above for Fertility Preservation.

CPT* Codes	Description
89258	Cryopreservation; embryo(s)
89259	Cryopreservation; sperm
89337	Cryopreservation, mature oocyte(s)
89342	Storage (per year); embryo(s)
89343	Storage, (per year); sperm/semen
89346	Storage, (per year); oocyte(s)
89352	Thawing of cryopreserved; embryo(s)
89353	Thawing of cryopreserved; sperm/semen, each aliquot
89356	Thawing of cryopreserved; oocytes, each aliquot
HCPCS Codes	Description
S4027	Storage of previously frozen embryos
S4030	Thawing of cryopreserved; sperm/semen, each aliquot
S4031	Sperm procurement and cryopreservation services; subsequent visit
S4040	Monitoring and storage of cryopreserved embryos, per 30 days
S4030	Sperm procurement and cryopreservation services; initial visit
S4031	Sperm procurement and cryopreservation services; subsequent visit

Coding for Non Covered Services

The following services are not covered according to the benefit limitations listed above for Infertility Diagnosis, Treatment and Fertility Preservation.

CPT** Codes	Description
55400	Vasovasostomy, vasovasorrhaphy
58970	Follicle puncture for oocyte retrieval, any method
58974	Embryo transfer, intrauterine
58976	Gamete, zygote, or embryo intrafallopian transfer, any method
74440	Vasography, vesiculography, or epididymography, radiological supervision and interpretation
89250	Culture of oocyte(s)/embryo(s), less than 4 days
89253	Assisted embryo hatching, microtechniques (any method)
89254	Oocyte identification from follicular fluid
89255	Preparation of embryo for transfer (any method)
89268	Insemination of oocytes
89272	Extended culture of oocyte(s)/embryo(s), 4-7 days
89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes
89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes
89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos
89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos
89335	Cryopreservation, reproductive tissue, testicular
89344	Storage, (per year); reproductive tissue, testicular/ovarian
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian
HCPCS Codes	Description
S4011	In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development
S4013	Complete cycle, gamete intrafallopian transfer (GIFT), case rate
S4014	Complete cycle, zygote intrafallopian transfer (ZIFT), case rate

S4015	Complete in vitro fertilization cycle, not otherwise specified, case rate
S4016	Frozen in vitro fertilization cycle, case rate
S4017	Incomplete cycle, treatment cancelled prior to stimulation, case rate
S4018	Frozen embryo transfer procedure cancelled before transfer, case rate
S4020	In vitro fertilization procedure cancelled before aspiration, case rate
S4021	In vitro fertilization procedure cancelled after aspiration, case rate
S4022	Assisted oocyte fertilization, case rate
S4023	Donor egg cycle, incomplete, case rate
S4025	Donor services for in vitro fertilization (sperm or embryo), case rate
S4026	Procurement of donor sperm from sperm bank
S4028	Microsurgical epididymal sperm aspiration (mesa)
S4037	Cryopreserved embryo transfer, case rate
S4042	Management of ovulation induction (interpretation of diagnostic tests and studies, non face-to-face medical management of the patient), per cycle

Note: Other services not listed above that are considered experimental, investigational, or unproven are also not covered.