

Subject:	Fertility and Preservation Services		
Policy Number:	PO-RE-117v1		
Effective Date:	01/01/2025	Last Approval Date:	09/23/2026

I. Policy Description

This reimbursement policy outlines Healthfirst's reimbursement requirements for infertility and fertility preservation services. Reimbursement is based on the member's benefit plan, line of business (LOB), applicable authorization requirements, provider contract, and accurate submission of claims using valid CPT®, HCPCS, and ICD-10-CM codes.

This policy identifies infertility and fertility preservation services that are eligible for reimbursement, services that are not eligible for reimbursement, and applicable billing requirements.

The information below applies to the following lines of business:

• Medicaid Managed Care (MMC)	• Essential Plan (EP)
• Medicare Advantage HMO	• Integrated Benefit Dual Plan (IB-Dual)
• Personal Wellness Plan (PWP)/Health & Recovery (HARP)	• Medicaid Advantage Plus/MAP (CompleteCare)
• Qualified Health Plan (QHP)	• Medicare PPO

Policy Scope

Infertility is defined as a disease or condition characterized by the inability to impregnate another person or to conceive. This is determined after:

- The failure to establish pregnancy after 12 months of regular, unprotected sexual intercourse or therapeutic donor insemination, or
- After six (6) months of regular, unprotected sexual intercourse or therapeutic donor insemination for a female thirty-five (35) years of age or older.

Iatrogenic Infertility is defined as an impairment of fertility by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes.

When determining coverage under this benefit, Healthfirst does not discriminate based on age, marital status, expected length of life, race, degree of medical dependency, perceived quality of life,

other health conditions, gender identity including status of being transgender, sexual orientation, creed, religion, present or predicted physical or mental disability including gender dysphoria, source of payment, type of illness or condition, need for health services, place of origin, with regard to the Capitation Rate the Plan will receive (when applicable), or if they are homeless.

Reimbursement Guidelines

1. Coverage Scope

A. Essential Plan (EP) and Qualified Health Plan (QHP)

Healthfirst reimburses covered services for the diagnosis and treatment of infertility, including prescription drugs, referred to as Basic Infertility Treatment, subject to the exclusions and limitations outlined in this policy.

B. Medicare Advantage HMO, Medicare PPO and CompleteCare (MAP-CC)

Healthfirst reimburses covered infertility services in accordance with the Medicare Benefit Policy Manual, CMS guidance, and applicable Medicare coverage requirements.

C. Medicaid Managed Care (MMC), Health and Recovery Plan (HARP) and I/B Dual

Healthfirst reimburses covered medical and surgical services for the diagnosis and treatment of infertility.

For IB-Dual members, services covered by Medicare are subject to the applicable Medicare coverage and billing requirements. Additional infertility and fertility preservation benefits available through the member's Medicaid IB-Dual coverage are subject to the applicable Medicaid benefit, authorization, and reimbursement requirements described in this section.

Infertility benefits for MMC and HARP members are limited to three (3) treatment cycles per lifetime.

For MMC and HARP members, infertility is defined as failure to establish a clinical pregnancy after:

- Twelve (12) months of regular, unprotected sexual intercourse for individuals ages 21 through 34; or
- Six (6) months of regular, unprotected sexual intercourse for individuals ages 35 through 44.

2. Basic Infertility Services

The following services may be reimbursed when covered under the member's benefit plan:

- Initial evaluation
- Semen analysis

- Laboratory evaluation
- Evaluation of ovulatory function
- Postcoital testing
- Endometrial biopsy
- Pelvic ultrasound
- Hysterosalpingogram
- Sono hysteroqram
- Testis biopsy
- Blood testing
- Treatment of ovulatory dysfunction

3. Comprehensive Infertility Services

The following services may be reimbursed when covered under the members' benefit plan:

- Ovulation induction and monitoring
- Pelvic ultrasound
- Artificial insemination
- Hysteroscopy
- Laparoscopy and
- Laparotomy

4. Fertility Preservation Services

Healthfirst reimburses covered fertility preservation services when available under the member's benefit plan.

Standard fertility preservation services include:

- Collection of sperm
- Collection of ova (oocytes)
- Cryopreservation of sperm
- Cryopreservation of ova
- Thawing of cryopreserved reproductive tissue
- Storage of sperm and ova when covered under the applicable line of business

Coverage and reimbursement for fertility preservation services vary by line of business.

5. Prior Authorization Requirements

Service	MMC/HARP/IB-Dual	QHP/EP	MA HMO, MCR PPO, /MAP-CC
Blood Testing	No Authorization Required	No Authorization Required	No Authorization Required

Service	MMC/HARP/IB-Dual	QHP/EP	MA HMO, MCR PPO, /MAP-CC
Office Visits	No Authorization Required	No Authorization Required	No Authorization Required
Semen Analysis	No Authorization Required	No Authorization Required	No Authorization Required
Hysterosalpingograms	No Authorization Required	No Authorization Required	No Authorization Required
Pelvic Ultrasounds	No Authorization Required	Authorization Required (eviCore, when applicable)	Authorization Required (eviCore, when applicable)
Artificial Insemination	Authorization Required	Authorization Required	Authorization Required
Cryopreservation Services	Not Covered	Authorization Required	Not Covered

6. Non-Covered Services for Medicare Advantage HMO, Medicare PPO, and CompleteCare (MAP-CC)

The following services are not eligible for reimbursement under Medicare products:

- Infertility resulting from a previous elective vasectomy or tubal ligation
- Inoculation of women with partner's white cells
- Microdissection of the zona or sperm microinjection
- Services related to post-menopausal infertility
- Reversal of a previous elective vasectomy or tubal ligation
- Treatment requiring donor ova for female sterility
- Infertility treatment excluded under Medicare coverage requirements
- Fertility-promoting medications excluded under Medicare coverage requirements

7. Documentation Requirements

Providers must maintain and furnish upon request:

- Documentation identifying the etiology of infertility
- Medical records supporting services billed
- Prior authorization approval, when required
- Documentation supporting fertility preservation services, when applicable

Failure to provide requested documentation may result in claim denial, adjustment, recoupment, or audit findings.

8. Medicare Coverage Administration

In the absence of a Local Coverage Determination (LCD) applicable to the service area, Healthfirst may utilize CMS national coverage guidance and applicable Medicare coverage determinations when administering Medicare infertility benefits.

Healthfirst may also rely upon LCD precedent from another Medicare Administrative Contractor jurisdiction when no LCD exists within the applicable service area.

9. Exclusions and Limitations

The following services are not eligible for reimbursement:

- In vitro fertilization (IVF)
- Gamete intrafallopian transfer (GIFT)
- Zygote intrafallopian transfer (ZIFT)
- Pronuclear stage tubal transfer (PROST)
- Tubal embryo transfer (TET)
- Costs associated with donor ova
- Costs associated with donor sperm
- Sperm and ova storage except when covered as fertility preservation services
- Sperm and ova storage for MCR and MAP-CC members
- Cryopreservation and storage of embryos
- Ovulation predictor kits
- Reversal of tubal ligations
- Reversal of vasectomies
- Costs related to surrogate motherhood (maternity services remain eligible for reimbursement for members acting as surrogate mothers)
- Cloning procedures
- Experimental or investigational procedures

All services must be rendered by appropriately qualified providers and billed in accordance with applicable coding and billing requirements.

10. Adjudication and Appeal Process

- Healthfirst reimburses infertility and fertility preservation services in accordance with:
 - The member's benefit plan
 - Applicable authorization requirements
 - Provider contract provisions

Fertility preservation services are not reimbursable for members whose coverage has terminated.

- Claims submitted by providers that do not adhere to this policy will be denied or rejected. It is the responsibility of the provider to ensure claims are coded accurately.
- This policy applies only to the line(s) of business (LOB) identified at the beginning of the policy and does not apply to other LOBs. For policies applicable to other lines of business, please visit www.hfproviders.org.
- This policy is a provider resource for understanding Healthfirst's reimbursement guidelines. It does not guarantee coverage or payment. Final reimbursement decisions depend on benefit coverage, state/federal mandates, medical necessity, and provider contract.
- Claims submissions will be subject to timely filing requirements, as set forth in the provider contract with Healthfirst and in the Healthfirst Provider Manual. Refer to: Healthfirst Provider Manual Subsection 17, "Billing & Claims Processing".

II. Applicable Codes

Code	Description	Comment
Diagnostic and Surgical Services		
49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	
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 (eg, Fowler-Stephens)	
54699	Unlisted laparoscopy procedure, testis	
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	
55110	Scrotal exploration	
55400	Vasovasostomy, vasovasorrhaphy	
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	
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	
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	
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	
58400	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)	
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	
58555	Hysteroscopy, diagnostic (separate procedure)	
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	
58562	Hysteroscopy, surgical; with removal of impacted foreign body	
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent	

	implants	
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	
58970	Follicle puncture for oocyte retrieval, any method	
Artificial Insemination		
58321	Artificial insemination; intra-cervical	
58322	Artificial insemination; intra-uterine	
58323	Artificial insemination; intra-uterine	
Imaging Services		

72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	
74440	Vasography, vesiculography, or epididymography, radiological supervision and interpretation	
74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	
74740	Hysterosalpingography, radiological supervision and interpretation	
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation	
76830	Ultrasound, transvaginal	
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	
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)	
76870	Ultrasound, scrotum and contents	
76872	Ultrasound, transrectal;	
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	
Laboratory and Diagnostic Testing		
81015	Urinalysis; microscopic only	
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T	

	analysis (eg, male infertility)	
81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)	
82166	Anti-mullerian hormone (AMH)	
82670	Estradiol; total	
82671	Estrogens; fractionated	
82672	Estrogens; total	
82679	Estrone	
82681	Estradiol; free, direct measurement (eg, equilibrium dialysis)	
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	
Reproductive Medicine and Fertility Preservation		
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)	
89257	Sperm identification from aspiration (other than seminal fluid)	
89258	Cryopreservation; embryo(s)	
89259	Cryopreservation; sperm	
89260	Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis	
89261	Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis	
89264	Sperm identification from testis tissue, fresh or cryopreserved	
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	
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 (eg, Kruger)	
89325	Sperm antibodies	
89329	Sperm evaluation; hamster penetration test	
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)	
89335	Cryopreservation, reproductive tissue, testicular	
89337	Cryopreservation, mature oocyte(s)	
89352	Thawing of cryopreserved; embryo(s)	
89353	Thawing of cryopreserved; sperm/semen, each aliquot	
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	
89356	Thawing of cryopreserved; oocytes, each aliquot	
G0027	Semen analysis; presence and/or motility of sperm excluding Huhner	
S3655	Antisperm antibodies test (immunobead)	
S4030	Sperm procurement and cryopreservation services; initial visit	
S4031	Sperm procurement and cryopreservation services; subsequent visit	

Inclusion of a code in this policy does not guarantee reimbursement. Reimbursement is subject to member benefits, line of business requirements, authorization requirements, claim editing, provider contract provisions, and applicable Healthfirst reimbursement policies.

III. Definitions

Term	Meaning

IV. Related Policies

Policy Number	Policy Description
N/A	N/A

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Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

Health Insurance Coverage for Infertility Services, Fertility Preservation Services, and Health Care Services Related to Surrogacy Department of Financial Services (ny.gov)
New York State Medicaid Update - June 2019 Volume 35 - Number 7 (ny.gov)

VI. Revision History

Revision Date	Summary of Changes

Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.