

**SPERM & OOCYTE RETRIEVAL AND STORAGE**

Effective Date: November 17, 2004

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5/04, 11/04, 10/05, 10/06, 10/07, 10/08, 10/09, 10/10,  
10/11, 10/12, 10/13, 11/14, 11/15, 11/16, 11/17, 11/18,  
11/19, 11/20, 11/21

Date of Origin: July 30, 1991

Status: Current

**I. POLICY/CRITERIA**

- A. Care and services related to Assisted Reproduction and Artificial Insemination are not a covered benefit unless the group/member has purchased a rider or supplemental coverage for these services.
- B. All services for retrieval, preservation, storage or thawing of semen, oocytes, or ovaries are not covered.
- C. The retrieval and storage of semen, oocytes or ovarian tissue prior to cancer treatment are not a covered benefit.

**II. MEDICAL NECESSITY REVIEW**

- Required                       Not Required                       Not Applicable

**III. APPLICATION TO PRODUCTS**

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS) and/or the Evidence of Coverage (EOC); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_42542\\_42543\\_42546\\_42551-159815--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html). If there is a discrepancy between this*

*policy and the Michigan Medicaid Provider Manual located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_5100-87572--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html), the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

#### **IV. DESCRIPTION**

The retrieval, preservation and storage of semen, oocytes (eggs), or ovaries may be done as part of assisted reproduction or artificial insemination or done prior to cancer treatment (e.g. chemotherapy, radiation, or surgery).

#### **V. CODING INFORMATION**

**ICD-10 Codes** that apply to this policy:

- Z52.810 Egg (Oocyte) donor under age 35, anonymous recipient
- Z52.811 Egg (Oocyte) donor under age 35, designated recipient
- Z52.812 Egg (Oocyte) donor age 35 and over, anonymous recipient
- Z52.813 Egg (Oocyte) donor age 35 and over, designated recipient
- Z52.819 Egg (Oocyte) donor, unspecified

- Z31.81 Encounter for male factor infertility in female patient
- Z31.83 Encounter for assisted reproductive fertility procedure cycle
- Z31.84 Encounter for fertility preservation procedure
- Z31.89 Encounter for other procreative management
- Z31.9 Encounter for procreative management, unspecified

**CPT/HCPCS Codes**

*Basic services billed with the above diagnoses are not covered including but not limited to: Office Visits, Surgery, Medicine services, Anesthesia, Lab/Pathology, Pharmacy, and Radiology*

**The following services are Not Covered:**

- 55870 Electroejaculation
- 58970 Follicle puncture for oocyte retrieval, any method
  
- 89250 Culture of oocyte(s)/embryo(s), less than 4 days;
- 89251 Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos
- 89258 Cryopreservation; embryo(s)
- 89259 Cryopreservation; sperm
- 89264 Sperm identification from testis tissue, fresh or cryopreserved
- 89268 Insemination of oocytes
- 89272 Extended culture of oocyte(s)/embryo(s), 4-7 days
- 89335 Cryopreservation, reproductive tissue, testicular
- 89337 Cryopreservation, mature oocyte(s)
- 89342 Storage, (per year); embryo(s)

89343	Storage, (per year); sperm/semen
89344	Storage, (per year); reproductive tissue, testicular/ovarian
89346	Storage, (per year); 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
S4027	Storage of previously frozen embryos
S4030	Sperm procurement and cryopreservation services; initial visit
S4031	Sperm procurement and cryopreservation services; subsequent visit
S4037	Cryopreserved embryo transfer, case rate
S4040	Monitoring and storage of cryopreserved embryos, per 30 days

**Special Notes:** This policy was previously titled “Sperm Banking”  
See also *Infertility Diagnosis and Treatment/Assisted  
Reproduction/Artificial Conception* medical policy #91163.

**AMA CPT Copyright Statement:**

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