

SPERM & OOCYTE RETRIEVAL AND STORAGE

Effective Date: November 17, 2004

Review Dates: 1/93, 2/97, 12/99, 12/01, 6/02, 6/03,
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. 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, 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.

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