I. POLICY/CRITERIA

A. Care and services related to Assisted Reproduction and Artificial Insemination are not covered by Priority Health.

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); 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 in 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.
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, Radiology

The following services are Not Covered:

- 55870  Electroejaculation
- 58321  Artificial insemination; intra-cervical
- 58322  Artificial insemination; intra-uterine
- 58323  Sperm washing for artificial insemination
- 58970  Follicle puncture for oocyte retrieval, any method
- 58974  Embryo transfer, intrauterine
- 58976  Gamete, zygote, or embryo intrafallopian transfer, 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
- 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 (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
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
89335  Cryopreservation, reproductive tissue, testicular
89337  Cryopreservation, mature oocyte(s)  \textit{(code effective 1/1/2015)}
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

G0027  Semen analysis; presence and/or motility of sperm excluding huhner

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
S4027  Storage of previously frozen embryos
S4028  Microsurgical epididymal sperm aspiration (MESA)
S4030  Sperm procurement and cryopreservation services; initial visit
S4031  Sperm procurement and cryopreservation services; subsequent visit
S4035  Stimulated intrauterine insemination (IUI), case rate
S4037  Cryopreserved embryo transfer, case rate
S4040  Monitoring and storage of cryopreserved embryos, per 30 days
S4042  Management of ovulation induction (interpretation of diagnostic tests and studies, nonface-to-face medical management of the patient), per cycle
Special Notes: This policy was previously titled “Sperm Banking”
See also Infertility Diagnosis and Treatment/Assisted Reproduction/Artificial Conception medical policy #91163.

VI. REFERENCES

AMA CPT Copyright Statement:
All Current Procedure Terminology (CPT) codes, descriptions, and other data are copyrighted by the American Medical Association.

This document is for informational purposes only. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Eligibility and benefit coverage are determined in accordance with the terms of the member’s plan in effect as of the date services are rendered. Priority Health’s medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion.

Priority Health’s medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan’s ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

The name “Priority Health” and the term “plan” mean Priority Health, Priority Health Managed Benefits, Inc., Priority Health Insurance Company and Priority Health Government Programs, Inc.