

Fertility Solutions

Infertility Procedure Codes Requiring Authorization

IVF Non-Case Rate:

58970 – Follicle puncture for
 58974 – Embryo transfer, intrauterine
 76948 – Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation
 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 89254 – Oocyte identification from follicular fluid
 89254 – Oocyte identification from follicular fluid
 89255 – Preparation of embryo for transfer (any method) 89257 – Sperm ident 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 (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis
 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
 89353 – Thawing of cryopreserved; sperm/semens, each aliquot

FET Non-Case Rate:

58974 – Embryo transfer, intrauterine
 89253 – Assisted embryo hatching, microtechniques (any method)
 89255 – Preparation of embryo for transfer (any method)
 89352 – Thawing of cryopreserved; embryo(s)
 89356 – Thawing of cryopreserved; oocytes, each aliquot

Male Only Codes Non-Case Rate:

89257 – Sperm ident from aspiration (other than seminal fluid)
 89259 – Cryopreservation; sperm
 89264 – Sperm identification from testis tissue, fresh or cryopreserved
 89335 – Cryopreservation, reproductive tissue, testicular

Cryopreservation Non-Case Rate:

89258 – Cryopreservation; embryo
 89337 – Cryopreservation, mature oocyte(s)
 89342 – Storage, (per year); embryo(s)
 89343 – Storage, (per year); sperm/semens
 89344 – Storage, (per year); reproductive tissue, testicular/ovarian
 89346 – Storage, (per year); oocyte(s)

Donor Services Non-Case Rate:

58970 – Follicle puncture for oocyte retrieval, any method
 76948 – Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation
 89254 – Oocyte identification from follicular fluid
 89268 – Insemination of oocytes

PGT-A PGT-M/SR:

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

AI/IUI Non-Case Rate:

58321 – Artificial insemination; intra-cervical 58322 – Artificial insemination; intra-uterine 58323 – Sperm washing for artificial insemination
 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
 89353 – Thawing of cryopreserved; sperm/semens, each aliquot
Bundled Codes/Case Rate for use by eligible Optum Facilities only:
 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
 S4015 – Complete in vitro fertilization cycle, not otherwise specified
 S4016 – Frozen in vitro fertilization cycle, case rate
 S4023 – Donor egg cycle, incomplete, case rate
 S4035 – Stimulated intrauterine insemination (IUI), case rate
Additional Infertility Procedure Codes Requiring Authorization:
 52402- Cystourethroscopy w/ transurethral resection or incision of ejaculatory ducts
 54500 – Biopsy of testis, needle (separate procedure)
 54505 – Biopsy of testis, incisional (separate procedure)
 55550 – Laparoscopy, surgical, with ligation of spermatic veins for varicocele
 55870 – Electroejaculation
 58140 – Myomectomy, 1-4,Wt < 251g 58145 – Myomectomy,1-4,Wt < 251g
 58146 – Myomectomy 5 Or GT UT WT GT249G;Adominal Approach
 58345 – Transcervical introduction of fallopian tube catheter for diagnosis and/or reestablishing patency (any method), with or without hysterosalpingography
 58545 – Laparoscopic MYOMECTOMY<5
 58546 – Laparoscopy, surgical myomectomy (5 or more myomas OR greater than 250 g)
 58660 – Laparsocopy,Surg,Lysis Of Adhesions(Separate Proc)
 58662 – Laparsocopy,Surg,Fulg/Exc Lesions/Ovary,Peritoneum
 58670 – Laparoscopy,Surg W/Fulgur
 58672 – Laparoscopy,Surg,W/Fimbrioplasty
 58673 – Laparoscopy Surg
 58740 – Lysis of adhesions (salpingolysis, ovariolysis)
 58752 – Tubouterine Implanation
 58760 – Fimbrioplasty
 58770 – Salpingostomy (salpingoneostomy)
 89354 – Thawing of cryopreserved; reproductive tissue, testicular/ovarian
 89398 – Unlisted reproductive medicine laboratory procedure
 S4013 – Complete cycle, gamete intrafallopian transfer (GIFT), case rate
 S4014 – Complete cycle, zygote intrafallopian transfer (ZIFT), case rate
 S4022 – Assisted oocyte fertilization
 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)
 S4030 – Sperm procurement and cryopreservation services; initial visit
 S4031 – Sperm procurement and cryopreservation services; subsequent visit
 S4037 – Cryopreserved embryo transfer, case rate