

U-5 Assisted Fertilization Table Attachments

Table A: Assisted Fertilization Procedures

NOTE: This is not an all-inclusive list. The coverage of these procedures may vary according to group specific benefits.

Procedure Code	Description
55870	Electroejaculation
58321	Artificial insemination; intracervical (AI)
58322	Artificial insemination; intrauterine (AI)
58323	Sperm washing for artificial insemination
58970	Follicle puncture for oocyte retrieval, any method (e.g., laparoscopy, colposcopy)
58974	Embryo transfer, intrauterine (IVF)
58976	Gamete, zygote, or embryo intrafallopian transfer, any method (GIFT, ZIFT)
76948	Ultrasonic guidance for aspiration of ova
84702	Gonadotropin, chorionic; qualitative (i.e., implantation monitoring - HCG assay)
89250	Culture of oocyte(s)/embryo(s), less than 4 days
89253	Assisted embryo hatching
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., per co 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 preimplantation genetic diagnosis); ≤ 5 embryos
89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for preimplantation genetic diagnosis); ≥ 5 embryos
89337	Cryopreservation; Mature Oocyte(s)
S4028	Microsurgical Epididymal Sperm Aspiration (MESA)
S4035	Stimulated Intrauterine (IUI), Case Rate
*S4042	Ovulation induction/cycle management (interpretation of diagnostic tests/studies, non face-to-face medical management of patient)
* May also be used in the diagnosis/treatment of infertility outside of an assisted fertilization program.	

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Table B: Laboratory Services

Lab or Test (CPT Code)	Natural monitoring	Clomid monitoring	Clomid IUI	Inj Monthly Cycle	Inj IUI	IVF	GIFT	FET	PM
Transvaginal ultrasound (76830)	2	6	6	8	10	n/a	n/a	n/a	n/a
Estradiol (82670)	2	6	6	8	10	10	10	10	n/a
FSH (83001)	2	6	6	8	10	10	10	10	n/a
LH (83002)	2	6	6	8	10	10	10	10	n/a
Progesterone (84144)	2*	2*	2*	8	10	10	10	10	3
hCG (84702)	2	2	2	2	2	2	2	2	3

Key:

IUI: intra-uterine insemination

Inj: injection

IVF: in-vitro fertilization

GIFT: gamete intra-fallopian transfer

FET: frozen embryo transfer

PM: pregnancy monitoring

FSH: follicle stimulating hormone

LH: luteinizing hormone

hCG: human chorionic gonadotropin

***Note:**

More than 2 progesterone measurements may be considered for infertile women with irregular and prolonged menstrual cycles.

For infertile women with regular menstrual cycles, a mid-luteal serum measurement (day 21 of a 28-day cycle) may be considered medically necessary.

For infertile women with irregular menstrual cycles, this test would need to be repeated at the mid-luteal phase and weekly thereafter until the next menstrual cycle starts.