



CLINICAL POLICY AND PROCEDURE MANUAL

Policy Number: PA.251.CC
Last Review Date: 11/21/2024
Effective Date: 12/01/2024

PA.251.CC Fertility Preservation for Iatrogenic Infertility

Summary

Public Act 100-1102 requires the Department of Healthcare and Family Services (HFS) to cover medically necessary expenses for standard fertility preservation services when related to iatrogenic infertility, which may be directly or indirectly caused by a necessary medical treatment.

“Iatrogenic infertility” means an impairment of fertility by surgery, radiation, chemotherapy, gonadotoxic medications or other medical treatment affecting reproductive organs or processes.

“May directly or indirectly cause” means the likely possibility that treatment will cause a side effect of infertility, based upon current evidence-based standards of care established by the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or other national medical associations that follow current evidence-based standards of care.

Policy

CountyCare Health Plan will cover medically necessary fertility preservation services for participants ages 14 through 45 due to iatrogenic infertility. Services will be limited to office visits, pelvic ultrasounds, sperm and oocyte cryopreservation and storage, medications/injectables and laboratory testing.

Covered procedures will require prior authorization.

Clinical Criteria

Medical notes documenting the following, when applicable:

- Initial history and physical
- All clinical notes including rationale for proposed treatment plan
- All ovarian stimulation sheets
- All operative reports
- Laboratory report FSH, AMH, estradiol, and any other pertinent information
- Ultrasound report antral follicle count and any other pertinent information

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- Hysterosalpingography (HSG) report
- Semen analysis
- Genetic testing
- Testicular biopsies

Limitations & Exclusions

Medically necessary fertility preservation services are limited to:

- Participants ages 14 through 45
- Office visits
- Pelvic ultrasounds
- Sperm and oocyte cryopreservation and storage
- Medications/injectables
- Laboratory testing
- Fertility preservation services for members who have undergone voluntary sterilization procedures are considered not medically necessary and not eligible for reimbursement.
- Cryopreservation and storage of testicular tissue (CPT Code 55899, 89335, 89344, 89398) or ovarian tissue (CPT Codes 58999, 89344, 89398) is considered investigational and not eligible for reimbursement
- Other limitations as outlined per Department of Healthcare and Family Services (HFS)

Codes

- These codes are not intended to be all inclusive and are included for informational purposes only.
- Inclusion or exclusion of any codes does not guarantee coverage.
- Providers should reference the Department of Healthcare and Family Services (HFS) for professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
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
89253	Assisted embryo hatching, micro techniques (any method)

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89254	Oocyte identification from follicular fluid
89258	Cryopreservation, embryo(s) (freezing services, not storage)
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 oocytes/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
89320	Semen analysis; volume, count motility and differential
89337	Cryopreservation, mature oocyte(s)
89342	Storage, (per year); embryo(s)
89343	Storage, (per year); sperm/semens
89346	Storage, (per year); oocyte(s)
99000	Handling and/or conveyance of specimen for transfer from office to a laboratory
99001	Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)
99070	Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)
99078	Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services in a group setting (e.g., prenatal, obesity, or diabetic instructions)
S0122	Injection, menotropins, 75 IU
S0126	Injection, follitropin alfa, 75 IU
S0128	Injection, follitropin beta, 75 IU
S0132	Injection, ganirelix acetate 250 mcg
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

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S4022	Assisted oocyte fertilization, case rate
S4030	Sperm procurement and cryopreservation services; initial visit
S4031	Sperm procurement and cryopreservation services; subsequent visit
ICD-10 Code	Description
Z31.84	Encounter for fertility preservation procedure
Z31.62	Encounter for fertility preservation counseling

References

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Revision History

Revision	Date
Policy Created	02/2023
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Annual Review of Policy – edited causes, added additional exclusions; updates to Reference section including addition of Reference #14	11/21/2024

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Disclaimer

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