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BENEFIT COVERAGE GUIDELINE – 4.02.503

Infertility and Assisted Reproduction Services

BCBSA Ref. Policy 4.02.04

Effective Date:	Nov. 1, 2026	RELATED GUIDELINES / POLICIES:
Last Revised:	Oct. 12, 2026	None
Replaces:	4.02.04	

Select a hyperlink below to be directed to that section.

COVERAGE GUIDELINE | CODING | RELATED INFORMATION | REFERENCES | HISTORY

∞ Clicking this icon returns you to the hyperlinks menu above.

Introduction

Infertility is a problem or problems with the reproductive system that affects the ability to conceive. Different types of reproductive problems affect men and women, but the end result is the inability to conceive or complete a pregnancy. There are many reasons for infertility and many different types of treatments. Even though an infertility treatment exists, it does not mean it is covered; the member's contract determines this. (Services to diagnose infertility are covered as a medical benefit.) This benefit coverage guideline lists types of services that may be allowed if a member's contract covers infertility treatments.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Coverage Guideline

Services	Coverage Guideline
Diagnostic services to evaluate potential infertility	**Services to evaluate potential infertility are covered under the standard medical benefit. The services in the Diagnostic Services to Evaluate Potential Infertility table may be**

Services	Coverage Guideline
	considered medically necessary when performed solely to establish the underlying etiology (cause) of infertility.
Infertility treatments	Once an infertility diagnosis has been established, infertility treatments may be allowed, dependent on the member's contract. Infertility treatments may also be allowed, dependent on the member's contract, for members undergoing or scheduled to undergo medical or surgical treatment with a significant likelihood of causing infertility. Listing of a service in the Assisted Fertilization Services tables does not imply it is covered. Coverage is determined by the member's contract. Refer to the member contract language for benefit determination.
Sterilization reversal services	Sterilization reversal services are generally excluded in the member's infertility benefit and may only be allowed if indicated in the member's contract. Listing of a service in the Sterilization Reversal Services table does not imply it is covered. Coverage is determined by the member's contract. Refer to the member contract language for benefit determination.

Coding

Code	Description
Diagnostic Services to Evaluate Potential Infertility	
CPT	
54500	Biopsy of testis, needle (separate procedure)
54505	Biopsy of testis, incisional (separate procedure)
54800	Biopsy of epididymis, needle
55200	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)
55300	Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral

Code	Description
Diagnostic Services to Evaluate Potential Infertility	
55550	Laparoscopy, surgical, with ligation of spermatic veins for varicocele
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography
58350	Chromotubation of oviduct, including materials
58540	Hysteroplasty, repair of uterine anomaly (Strassman type)
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)
58740	Lysis of adhesions (salpingolysis, ovariolysis)
58752	Tubouterine implantation
58770	Salpingostomy (salpingoneostomy)
58920	Wedge resection or bisection of ovary, unilateral or bilateral
74740	Hysterosalpingography, radiological supervision and interpretation
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed
83001	Gonadotropin; follicle stimulating hormone (FSH)
83002	Gonadotropin; luteinizing hormone (LH)
89300	Semen analysis; presence and/or motility of sperm including Huhner test (post coital)
89310	Semen analysis; motility and count (not including Huhner test)
89320	Semen analysis; volume, count, motility, and differential
89321	Semen analysis; sperm presence and motility of sperm, if performed
89322	Semen analysis; volume, count, motility, and differential using strict morphologic criteria (e.g., Kruger)
89325	Sperm antibodies
89329	Sperm evaluation; hamster penetration test
89330	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test
89331	Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)

Code	Description
Diagnostic Services to Evaluate Potential Infertility	
HCPCS	
G0027	Semen analysis; presence and/or motility of sperm excluding Huhner
Q0115	Postcoital direct, qualitative examinations of vaginal or cervical mucous
S3655	Antisperm antibodies test (immunobead)

Assisted Fertilization Services

If there is a difference between the information listed in the tables below and the member's contract, the member's contract prevails.

Code	Description
Ovulation Induction	
HCPCS	
J0725	Injection, chorionic gonadotropin, per 1,000 USP units
J3355	Injection, urofollitropin, 75 IU
S0122	Injection, menotropins, 75 IU
S0126	Injection, follitropin alfa, 75 IU
S0128	Injection, follitropin beta, 75 IU
S0132	Injection, ganirelix acetate, 250 mcg
S4022	Assisted oocyte fertilization, case rate
S4042	Management of ovulation induction (interpretation of diagnostic tests and studies, non face-to-face medical management of the patient), per cycle
Intrauterine Insemination	
CPT	
58321	Artificial insemination; intra-cervical
58322	Artificial insemination; intra-uterine
58323	Sperm washing for artificial insemination
89260	Sperm isolation; simple prep (e.g., sperm wash and swim-up) for insemination or diagnosis with semen analysis

Code	Description
89261	Sperm isolation; complex prep (e.g., Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis
89268	Insemination of oocytes
HCPCS	
S4035	Stimulated intrauterine insemination (IUI), case rate
Advanced Reproductive/Fertilization Services	
CPT	
58970	Follicle puncture for oocyte retrieval, any method
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 (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
89264	Sperm identification from testis tissue, fresh or cryopreserved
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)

Code	Description
89353	Thawing of cryopreserved; sperm/semen, each aliquot
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian
89356	Thawing of cryopreserved; oocytes, each aliquot
HCPCS	
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, 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
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
S4040	Monitoring and storage of cryopreserved embryos, per 30 days
CPT	
58976	Gamete, zygote, or embryo intrafallopian transfer, any method
HCPCS	
S4014	Complete cycle, zygote intrafallopian transfer (ZIFT), case rate
Gamete Intra-Fallopian Transfer (GIFT)	
S4013	Complete cycle, gamete intrafallopian transfer (GIFT), case rate
Cryopreserved Embryo Transfers	

Code	Description
HCPCS	
S4037	Cryopreserved embryo transfer, case rate
S4018	Frozen embryo transfer procedure cancelled before transfer
Intracytoplasmic Sperm Injection (ICSI); or Ovum Microsurgery	
CPT	
55870	Electroejaculation
89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes
89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes

Sterilization Reversal Services

If there is a difference between the information listed in the tables below and the member's contract, the member's contract prevails.

Code	Description
Sterilization Reversal Services	
CPT	
55400	Vasovasostomy, vasovasorrhaphy
58750	Tubotubal anastomosis
58760	Fimbrioplasty
58672	Laparoscopy, surgical; with fimbrioplasty
58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)

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Related Information

Definition of Terms

Impaired fecundity: A woman is physically able to have a child but is unable to conceive a pregnancy or carry a pregnancy to live birth.[1]

Infertility: "Not being able to get pregnant (conceive) after one year of unprotected sex."[2] Infertility is "… the result of a disease (an interruption, cessation, or disorder of body functions, systems, or organs) of the male or female reproductive tract which prevents the conception of a child or the ability to carry a pregnancy to delivery."[3]

The rates of impaired fecundity and infertility in the United States in 2015-2019 of women aged 15–49, reported by the National Center for Health Statistics: [1]

- Infertility rate among married women: 8.5%
- Impaired fecundity among all women: 13.4%

Description

A variety of techniques are available to establish a viable pregnancy for couples who have been diagnosed with infertility and for whom assisted insemination has been unsuccessful.

Background

Infertility

Infertility can be due either to female factors (i.e., pelvic adhesions, ovarian dysfunction, endometriosis, or prior tubal ligation), male factors (i.e., abnormalities in sperm production, function, or transport, or prior vasectomy), a combination of male and female factors, or other unknown causes.

Treatment

Various reproductive techniques are available to establish a viable pregnancy; different techniques are used depending on the reason for infertility. Assisted reproductive technologies (ARTs), as defined by the Centers for Disease Control and Prevention (CDC) and other organizations, refer to fertility treatments in which eggs or embryos are handled to help achieve

pregnancy [3]. Not included in ART is assisted insemination (artificial insemination) using sperm from either a woman's partner or a sperm donor. In most instances, ART will involve in vitro fertilization (IVF), a procedure in which oocytes harvested from the female are inseminated in vitro with sperm harvested from the male. Following the fertilization procedure, the zygote is cultured and ultimately transferred back into the female's uterus or fallopian tubes. In some instances, the oocyte and sperm are collected, but no IVF takes place, and the gametes are reintroduced into the fallopian tubes. Examples of ARTs include, but are not limited to, gamete intrafallopian transfer (GIFT), transuterine fallopian transfer (TUFT), natural oocyte retrieval with intravaginal fertilization (NORIF), pronuclear stage tubal transfer (PROST), tubal embryo transfer (TET), zygote intrafallopian transfer (ZIFT), gamete and embryo cryopreservation, oocyte and embryo donation, and gestational surrogacy.

The various components of ART and implantation into the uterus can be broadly subdivided into oocyte harvesting procedures, which are performed on the female partner; sperm collection procedures, which are performed on the male partner; and the in vitro component, (i.e., the laboratory procedures), which are performed on the collected oocyte and sperm. The final step is the implantation procedure.

Regulatory Status

There are no medical devices or diagnostic tests related to ARTs that require US Food and Drug Administration approval or clearance.

References

1. Centers for Disease Control and Prevention. National Centers for Health Statistics, Reproductive Health, Infertility. Last Reviewed June 24, 2026. **https://www.cdc.gov/nchs/fastats/infertility.htm**. Accessed September 30, 2026.
2. Center for Disease Control and Prevention. Reproductive Health. Infertility: Frequently asked questions. May 15, 2024. Available at: **https://www.cdc.gov/reproductive-health/infertility-faq/?CDC_AAref_Val=https://www.cdc.gov/reproductivehealth/Infertility/index.htm**. Accessed September 30, 2026.
3. Centers for Disease Control. What is Assisted Reproductive Technology? December 10, 2024. Available at: **https://www.cdc.gov/art/about/?CDC_AAref_Val=https://www.cdc.gov/art/whatis.html**. Accessed September 30, 2026.
4. American Society for Reproductive Medicine. Infertility: Frequently asked questions. Available at **https://www.reproductivefacts.org/browse-resources/frequently-asked-questions/faq-about-infertility/** Accessed September 30, 2026.

History

Date	Comments
11/10/14	New policy, add to Reproduction section. Services to evaluate potential infertility are covered under the standard medical benefit; infertility treatments are not covered under a standard benefit plan.
01/07/15	Coding update. CPT code 89322 added to the list of those codes covered through services of evaluate potential infertility.
03/13/15	Coding update. HCPCS code S4040 added to policy under "Services to Evaluate Potential Infertility".
03/30/15	Correction: HCPCS code S4040 moved to "Infertility Treatments or Assisted Reproductive Services" coding section; it was incorrectly placed in the "Services to Evaluate Potential Infertility" section.
05/01/15	Coding update. CPT codes 0058T, 0357T and 89398 added to the coding section within the to "Infertility Treatments or Assisted Reproductive Services" table.
05/08/15	Coding update. CPT codes 58672, 58673, 58540, 58560, 58700, 58740, 58920, 76831, 74740, 89330 and 89331; and, HCPCS code S3655 added to the coding section within the "Services to Evaluate Potential Infertility" section.
07/14/15	Annual Review. Language in Coverage Guideline provides additional clarity that testing to evaluate potential infertility is covered under a standard medical benefit, whereas coverage of treatments is dependent on the member's contract. Coding tables reorganized to clarify types of assisted fertilization services which may be covered under a member's contract.
01/12/16	Annual Review. Policy updated to indicate that sterilization reversals will be allowed dependent on member benefit; codes added to support this indication.
02/01/17	Annual review, approved January 10, 2017. Moved to new format. No changes in Coverage Guidelines. Updated infertility statistics and reference 1.
02/07/17	Coding update. CPT codes 76856-76857 removed from policy.
09/01/17	Interim review, approved August 22, 2017. No changes to coverage guidelines.
06/01/18	Annual Review, approved May 3, 2018. Added clarifying statement regarding fertility treatments for members undergoing or scheduled to undergo medical or surgical treatment with a significant likelihood of causing infertility. Updated infertility statistics and reference 1.
10/01/18	Coding update, removed CPT code 89290 and 89291. Added CPT codes 54800, 89337, and 0357T.
04/01/19	Annual Review, approved March 19, 2019. Guideline statement unchanged.

Date	Comments
11/21/19	Coding update, HCPCS code S3655 removed from Intrauterine Insemination section (remains in the Diagnostic Services to Evaluate Potential Infertility section). HCPCS code Q0115 moved from Ovulation Induction section to Diagnostic Services to Evaluate Potential Infertility section. CPT codes 89325 and 89329 moved from Advanced Reproductive/Fertilization Services section to Diagnostic Services to Evaluate Potential Infertility section.
04/01/20	Annual Review, approved March 3, 2020. Benefit coverage guideline reviewed. Guideline statements unchanged. Removed CPT codes 58679, 69990, and 89398.
03/01/21	Annual Review, approved February 18, 2021. Benefit coverage guideline reviewed. Guideline statements unchanged.
02/01/22	Annual Review, approved January 24, 2022. Benefit coverage guideline reviewed. Reference added. Guideline statements unchanged. Title changed from Infertility and Reproductive Services to Infertility and Assisted Reproduction Services.
07/01/23	Coding update. Deleted expired CPT codes 0357T and 0058T (expired in 2020). Changed header above S4013 to indicate that it is a HCPCS code (not a CPT code as previously labeled).
10/01/23	Annual Review, approved September 25, 2023. Benefit coverage guideline reviewed. Reference updated. Guideline statements unchanged.
09/01/24	Annual Review, approved August 26, 2024. Benefit coverage guideline reviewed. References updated. Guideline statements unchanged.
09/11/24	Minor update. Added BCBSA reference policy 4.02.04 Reproductive Techniques.
11/01/25	Annual Review, approved October 13, 2025. Benefit Guideline Reviewed. Guideline statements unchanged.
06/01/26	Annual Review, approved May 11, 2026. Benefit coverage guideline reviewed. Reference updated. Guideline statements unchanged.
11/01/26	Interim Review, approved October 12, 2026. Policy reviewed, references updated. Policy statements unchanged.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2026 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member

benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.