MEDICAL POLICY

Excellus
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Medical Policy Title	**Assisted Reproductive Technologies**
Policy Number	**4.01.05**
Current Effective Date	**April 15, 2026**
Next Review Date	**December 2026**

Our medical policies are based on the assessment of evidence based, peer-reviewed literature, and professional guidelines. Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract. (Link to Product Disclaimer)

Additional coverage for MEDICAID MANAGED CARE/HARP MEMBERS is addressed at the end of this document.

POLICY STATEMENT(S)

All Assisted Reproductive Technologies (ART), including but not limited to, in vitro fertilization (IVF) and artificial insemination, are contract dependent. All ART services must be provided by health care professionals who are qualified to provide such services, in accordance with the guidelines established and adopted by the American Society for Reproductive Medicine.

I. IVF, a type of ART, is considered **medically appropriate** when the following criteria are met:

   A. A diagnosis of infertility has been made, as defined by NYS Insurance Law §4303 (see Description V); **and**

   B. For individuals younger than 35 years of age, when a successful pregnancy has not been achieved after six to 12 cycles of assisted insemination (e.g., artificial insemination or therapeutic donor insemination);

   OR

   C. For individuals 35 years or older, when a successful pregnancy has not been achieved after three to six cycles of assisted insemination (e.g., artificial insemination or therapeutic donor insemination); **and**

   D. Failure of other reasonable, less expensive, and medically appropriate infertility treatments have not resulted in a successful pregnancy (e.g., treatment of ovulatory dysfunction, surgical treatment, etc.).

II. ART are **not medically necessary** for members who have undergone permanent birth control procedures (e.g. bilateral tubal ligation or vasectomy) as they do not meet the definition of infertility (refer to Policy Guideline VII).

III. ART are **not medically necessary** when the reversal of an elective sterilization does not restore fertility (e.g., a male member who remains azoospermic following the reversal of a prior elective sterilization), or either partner has undergone an elective sterilization in the past.

IV. IVF cycles initiated for the sole purpose of embryo banking are considered **not medically necessary**.

V. The following are considered **investigational**:

A. Assisted embryo hatching; (CPT 89253)

B. Hyaluronan binding assay (HBA);

C. Co-culture of embryos; (CPT 89251)

D. Sperm DNA integrity tests (e.g., sperm chromatin structure assay [SCSA], sperm chromatin dispersion test [SCD], sperm DNA fragmentation assay [SDFA], deoxynucleotidyl transferase-mediated deoxyuridine triphosphate-biotin nick end labeling [TUNEL], single cell electrophoresis assay [COMET]); **and**

E. Reproductive medicine (endometrial receptivity analysis [ERA]), RNA gene expression profile, 238 genes by next-generation sequencing, endometrial tissue, predictive algorithm reported as endometrial window of implantation (e.g., pre-receptive, receptive, post-receptive).

RELATED POLICIES

Corporate Medical Policy

4.01.03 Prenatal Genetic Testing

11.01.03 Experimental or Investigational Services

POLICY GUIDELINE(S)

I. A cycle of assisted insemination consists of:

1. Monitoring for ova production and ovulation (e.g., lab tests and ultrasound);
2. Monitoring the uterine lining prior to insemination (e.g., ultrasound);
3. Preparation of fresh or frozen semen;
4. Intracervical (ICI) or intrauterine (IUI) insemination.

II. IVF is considered a cycle of treatment rather than a procedure at a single point in time.

A. An IVF cycle consists of:

1. taking medication to stimulate production of ova;
2. retrieval of ova;
3. fertilization of ova with sperm to create embryo(s);
4. fertilized embryo(s) transferred to the uterus;

OR

5. taking medication to prepare the endometrium
6. thawing and transfer of previously cryopreserved embryo(s)

III. All cryopreserved embryos that are suitable for transfer must be transferred prior to initiating another ovarian stimulation. Each transfer of an embryo(s) (either fresh or cryopreserved) is considered the completion of an IVF cycle.

IV. If a member undergoes ovarian stimulation, ova retrieval and fertilization, that does not result in any viable embryos, this will still constitute an IVF cycle.

V. Preimplantation genetic testing is not an indication for IVF.

VI. Peer-reviewed, published studies and professional society guidelines do not provide data concerning the appropriate number of cycles. Therefore, based upon specialty clinician input, when coverage is available for ART services and cycle limitations are not stipulated in the member's subscriber contract, the following will be considered medically appropriate:

A. Artificial insemination is limited to a lifetime maximum of six (6) cycles; and

B. IVF is limited to a lifetime maximum of three cycles. A "cycle" is considered all treatment that starts when: preparatory medications are administered with the intent of undergoing IVF with embryo transfer.

VII. There may be certain clinical situations where IVF could be considered first-line therapy for infertility (e.g., azoospermia, hysterosalpingogram demonstrating blocked fallopian tubes). These scenarios will be reviewed on a case-by-case basis for determination of medical necessity.

VIII. Methods of permanent birth control (e.g., bilateral tubal ligation or vasectomy) will not be considered causes of infertility.

IX. Infertility treatments for a partner who is not a member of the Health Plan are **ineligible for coverage.**

X. Gestational Carrier/Surrogacy/Use of Host Uterus: Ovarian stimulation and the retrieval of eggs are covered for individuals with a known medical cause of infertility, who meet the criteria for IVF, and have IVF benefit coverage. The implantation of eggs, donor sperm, or embryo(s) into a gestational carrier/surrogate/host uterus, regardless of their Health Plan member status is not covered. A Health Plan member's pregnancy, as a result of acting as a gestational carrier/surrogate/host uterus, would be covered per the gestational carrier/surrogate/host uterus Health Plan member's benefit contract.

XI. Reciprocal IVF: In cases where both the egg donor and gestational carrier are both uterus and/or ovary bearing individuals and intended parents, ovarian stimulation and egg retrieval are covered dependent on the egg donor's IVF benefit contract. Both the egg donor and gestational carrier must meet criteria in policy statement I to proceed with IVF unless failure of other medically appropriate infertility treatments have not resulted in a successful pregnancy (e.g., treatment of ovulatory dysfunction, surgical treatment, use of donor sperm for assisted insemination, etc.).

XII. Fertility Preservation: Refer to Description V.B.

XIII. Clinical contraindications to infertility treatment include:

A. Use of prescription medication detrimental to or contraindicated for pregnancy; or

B. Any coexisting medical conditions that place the patient and/or fetus at unacceptable risk (e.g., uncontrolled diabetes mellitus, poorly controlled hypertension, clinically severe obesity).

XIV. Contract Exclusions and Limitations:

A. IVF and other forms of ART are contract-dependent. Please refer to the terms of the member's contract or service agreement prior to review.

B. The following services may be **ineligible for coverage**:

1. Procurement of donor sperm or ova;
2. Cryopreservation of eggs, sperm or semen, embryo, oocyte, testicular or ovarian reproductive tissue.
3. Monitoring and storage of cryopreserved eggs, embryo, oocyte, sperm or semen, testicular or ovarian reproductive tissue or previously frozen embryos;
4. Thawing of cryopreserved eggs, embryo, oocyte, sperm or semen, testicular or ovarian reproductive tissue;
5. Cloning services and procedures;
6. Reversal of tubal ligations;
7. Reversal of vasectomies;
8. Travel expenses.

DESCRIPTION

The American Society for Reproductive Medicine (ASRM, 2023) has defined infertility as a "disease, condition, or status characterized by the inability to achieve a successful pregnancy based on a patient's medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination of those factors; or the need for medical intervention, including, but not limited to, the use of donor gametes or donor embryos in order to achieve a successful pregnancy either as an individual or with a partner; or in patients having regular, unprotected intercourse and without any known etiology for either partner suggestive of impaired reproductive ability, evaluation should be initiated at 12 months when the female partner is under 35 years of age and at six months when the female partner is 35 years of age or older. Nothing in this definition shall be used to deny or delay treatment to any individual, regardless of relationship status or sexual orientation."

I. There are many causes of infertility, and may include:

A. Ovulatory dysfunctions such as: amenorrhea, oligoovulation, oligomenorrhea, or hyperprolactinemia;

B. Uterine anomalies and abnormalities, such as unicornate, septate or bicornate uteri, endometrial polyps, submucous myomas, or synechiae;

C. Peritoneal factors, such as endometriosis or pelvic/adnexal adhesions;

D. Anatomic tubal damage or disease;

E. Cervical factors, such as abnormal cervical mucus production or poor sperm-mucous interaction;

F. Azoospermia - the absence of spermatozoa/sperm;

G. Oligospermia - low sperm count;

H. Low sperm motility; and

I. Teratospermia - abnormal semen morphology.

II. ART procedures involve the laboratory handling of human ova, sperm and embryos in response to diagnosed infertility. ART procedures include, but are not limited to, the following:

A. Assisted insemination procedures in which fertilization takes place within the human body:

1. Artificial Insemination - a process involving the non-coital introduction of sperm into the cervical canal (intracervical) or uterine cavity (intrauterine), to produce conception. Intrauterine insemination can be used with ovulation stimulation.

2. Therapeutic Donor insemination- a process that requires the use of donor sperm, for assisted insemination.

B. Procedures in which fertilization takes place outside the human body:

1. In-Vitro Fertilization (IVF) - a process in which mature ova are removed from the ovaries by various methods, placed in a laboratory medium with sperm, and incubated. The embryo(s) are then placed into the uterus through the cervix.

2. Cryopreserved Embryo Transfer (CET) - the transfer of embryo(s) that were previously cryopreserved (frozen) in the laboratory, thawed, and then transferred into the uterus.

3. Intracytoplasmic Sperm Injection (ICSI) - the micromanipulation of sperm performed in a laboratory, and involving the injection of a single sperm directly into the cytoplasm of a mature ovum using a microinjection pipette.

C. Natural oocyte retrieval (NORIVF) - the harvesting of ova from the ovary following natural ovulation (ovulation without hormone therapy).

III. Co-culture of embryos involves an effort to improve the culture media for embryos, so that a greater proportion of embryos will reach the blastocyst stage and, hopefully, improve the implantation and pregnancy rate. In the co-culture procedure, “helper” cells are grown along with the developing embryo. A variety of co-culture techniques have been investigated, involving the use of feeder cell layers derived from a range of tissues (e.g., human oviducts, fetal bovine uterine or oviduct cells), to established cell lines.

IV. Assisted hatching involves a procedure intended to thin or perforate the zona pellucida. It has been investigated as a method of improving the implantation and subsequent pregnancy rates following IVF. Several techniques have been used to mechanically or chemically weaken the zona pellucida, including drilling, dissection, application of acid solutions or proteinases, and laser energy.

V. New York Insurance Law §4303 defines infertility as "a disease or condition characterized by the incapacity to impregnate another person or to conceive, due to the failure to establish a clinical pregnancy after 12 months of regular, unprotected sexual intercourse or therapeutic donor insemination, or after six months of regular unprotected sexual intercourse or therapeutic donor insemination for a female 35 years of age or older." The law also mandates the following benefits for treatment of infertility, under most insured managed care and indemnity health plans.

   A. Policies that provide coverage of hospital care or surgical and medical care must cover the following services:

      1. Services in relation to surgical and medical procedures to correct malformation, disease or dysfunction resulting in infertility; and
      2. Services in relation to diagnostic tests and procedures necessary:
         a. to determine infertility; or
         b. in connection with any surgical or medical treatments or prescription drug coverage included in the mandate.

   B. In 2020, the law was expanded to require coverage of the following fertility preservation services under most insured managed care and indemnity health plans.

      1. Standard fertility preservation services when a medical treatment is necessary to correct malformation, disease or dysfunction that may, directly or indirectly, cause iatrogenic infertility; or when fertility is impaired by surgery, radiation, chemotherapy or other medical treatment affecting reproductive organs or processes. Standard fertility preservation services include the collecting, preserving, and storage of ova or sperm.
      2. Basic infertility treatments (e.g., intrauterine insemination procedures) must be provided to individuals who are unable to conceive due to their sexual orientation or gender identity.
      3. Standard fertility preservation services will be covered for individuals whose medical treatment for gender dysphoria will directly or indirectly result in iatrogenic infertility.
      4. Cryopreservation will be covered in connection with an intended IVF procedure if medically necessary, until the three covered IVF cycles are provided.

      Under the statute, fertility preservation services solely for the purpose of delaying reproduction are not eligible for coverage. The statute does not require coverage of procedures to reverse a previous voluntary sterilization procedure or infertility treatment for a person in connection with such reversal.

C. Policies providing coverage for prescription drugs that also cover hospital or medical/surgical services must provide coverage for FDA approved drugs for the diagnosis and treatment of infertility.

1. Also excluded from the mandate are medical or surgical services or procedures that are deemed experimental in accordance with the guidelines and standards of the American College of Obstetricians and Gynecologists (ACOG) and the American Society for Reproductive Medicine (ASRM), which state: "A procedure for the treatment of infertility is considered experimental until there is adequate scientific evidence of safety and efficacy from appropriately designed, peer-reviewed, published studies by different investigator groups."
2. The diagnosis of infertility must be made, and treatment must be prescribed by a physician and documented in plan of care.
3. The determination of appropriate candidates for the treatment of infertility, and the identification of the required training, experience and other standards for health care providers who wish to diagnose and treat infertility, are governed by the standards and guidelines adopted by ACOG and ASRM.

VI. Endometrial Receptivity Analysis (ERA)-ERA has been proposed for women with repeat implantation failures. The goal of ERA is to identify an individual's window of implantation (WOI) during an IVF transfer cycle. This requires a biopsy of the endometrium during a mock transfer cycle of IVF, where the individual undergoes the preparatory steps of IVF, including medications. No transfer of embryos occurs at this time. After endometrial biopsy, the receptivity is measured by the presence of exogenous and/or endogenous progesterone after oestradiol priming and is analyzed through next-generation sequencing to identify each endometrial stage: proliferative, pre-receptive, receptive, and post-receptive. The identification of the receptive stage might push forward or back the date of embryo transfer.

VII. Surrogacy/Gestational Carrier/Host Uterus- Traditional surrogacy is defined as the use of an individual who has a biological connection to the intended parents to receive eggs, or donor sperm to have a biologically related child when infertility is diagnosed. This can be accomplished through assisted insemination or IVF. A gestational carrier is a third-party individual without any familial/biological connection to intended parents who are infertile, who agrees to act as a host uterus, to receive eggs, donor sperm, or embryo(s) to achieve and carry a pregnancy. This is typically accomplished via IVF, unless the gestational carrier also provides the donor eggs, which would allow for attempts at assisted insemination.

VIII. Reciprocal IVF is a process that allows two uterus-bearing people to participate biologically in a pregnancy in which both the egg donor and gestational carrier are the intended parents.

SUPPORTIVE LITERATURE

This policy is based upon Health Plan contract benefits and is intended to clarify those benefits.

Assisted Hatching (AH)

The AH procedure has been utilized by clinicians, but this practice is not strongly supported by the evidence. In 2012, Carney et al published an update of a 2009 Cochrane systematic review and meta-analysis on AH, to determine the effect of AH of embryos from assisted conception on live birth and multiple pregnancy rates. Randomized, controlled trials (RCTs) of AH (mechanical, chemical or laser disruption of the zona pellucida prior to embryo replacement) versus no AH that reported live birth or clinical pregnancy were reviewed for quality assessments and data extraction. Thirty-one trials reported clinical pregnancy data, including 1992 clinical pregnancies in 5728 women. The authors concluded that, while AH does appear to offer a significantly increased chance of achieving a clinical pregnancy, the extent to which it may do so only just reaches statistical significance; the "take home" baby rate was still not proven to be increased by AH; and the included trials provided insufficient data to investigate the impact of AH on several important outcomes and most trials still failed to report on live birth rates. The current data do not support the use of AH as a routine practice to improve IVF outcomes.

A 2021 Cochrane review, by Lacey et al, was conducted to determine the effects of AH of embryos services from assisted conception on live birth and multiple pregnancies. The review included 39 RCTs, comprised of 7,249 women and 2,486 clinical pregnancies. Authors concluded that routine use of AH is not supported by strong evidence. The effects of AH on live birth rates are uncertain and AH may lead to increased risk of multiple pregnancy. AH may offer a slightly increased chance of achieving a clinical pregnancy, but data quality was low grade.

Alteri et al (2024) published a randomized controlled trial that evaluated whether laser-mediated assisted hatching performed on vitrified/warmed blastocysts before embryo transfer can improve live birth rate. 698 participants met the inclusion criteria and were randomized: 352 patients were assigned to the AH arm and 346 to the control arm. Inclusion criteria were women at oocyte retrieval aged greater than or equal to 40 years, first or second frozen cycle using vitrified blastocysts, first or second oocyte retrieval, and collapsed blastocysts vitrified after laser-assisted artificial shrinkage. Patients transferring frozen blastocysts obtained from frozen oocytes could be included. Patients were not enrolled in the presence of any of the following exclusion criteria: preimplantation genetic testing cycle, body mass index (BMI) of >35 kg/m2, uterine abnormalities (e.g., adenomyosis, submucous myoma, septate uterus, and endometrial polyps), unoperated hydrosalpinx, and severe male factor (use of surgically retrieved spermatozoa). The primary outcome was the live birth rate. Secondary end points included clinical pregnancy, miscarriage, multiple pregnancies, preterm births, obstetric and neonatal complications, and congenital anomalies. Of the participants, 105 (29.8%) and 101 (29.2%), respectively, achieved a live birth after treatment. The relative risk of live birth in patients with vitrified/warmed blastocysts treated with AH was 1.02 (95% confidence interval, 0.86–1.19). Exploratory subgroup analyses for women's age, recruiting centers, indications for in vitro fertilization, method of insemination, blastocyst quality, and days of blastocyst development failed to highlight any clinical situation that could benefit from AH in thawed blastocysts. Authors concluded, in patients undergoing frozen embryo transfer with vitrified/warmed blastocysts, laser AH does not improve the live birth rate. Further studies are required to rule out milder but potentially interesting benefits in specific subgroups of patients.

The most recently updated guideline from the American Society of a Reproductive Medicine that addresses AH (2022) states, “In studies evaluating pregnancy rates in an unselected patient population, there is moderate evidence that live birth rates are not significantly different between embryos that have undergone AH vs. those that have not. In patients with a poor prognosis, the data are mixed regarding improvement in live birth rates with laser-AH.” The data is insufficient to make recommendations regarding the use of laser-AH in frozen embryo transfer cycles (Strength of evidence: B; strength of recommendation: moderate).

Co-Culture of Embryos

There is no standardized method of co-culture, and few clinical trials have evaluated outcomes. Most studies have not found improved implantation or pregnancy rates after co-culture. One 2015 randomized, controlled trial reported on a novel co-culture method, and an interim analysis of the trial found a higher clinical pregnancy rate with co-culture than with standard practice control group. Additional studies are needed to evaluate this novel co-culture technique. No studies have reported on the impact of co-culture on live birth rates.

ERA

To date, only one RCT has been identified comparing ERA (personalized embryo transfer [pET]) with IVF conducted with frozen (FET) or fresh embryo transfer (ET) (Simon et al 2020). The study included 458 patients over 16 centers, who were less than 37 years of age undergoing IVF with blastocyst transfer. The study reported significantly higher cumulative pregnancy and live birth rates but there were several limitations. The intention to treat analysis demonstrated comparable clinical outcomes across the three transfer types, individuals with repeated infertility failures were excluded, and there was a 50% drop out rate causing the study to be underpowered. The evidence does not demonstrate that personalized embryo transfer utilizing the ERA test improves the net health outcome.

PROFESSIONAL GUIDELINE(S)

The American Urological Association (AUA), in collaboration with the American Society for Reproductive Medicine, released the 2024 Male Infertility Guideline. This guideline provides a comprehensive framework for evaluating and managing the male partner in an infertile couple. It emphasizes the importance of obtaining a thorough history and conducting a physical examination, followed by appropriate diagnostic testing when necessary. The guideline also covers medical treatments, surgical techniques, and the use of intrauterine insemination and assisted reproductive technologies to ensure optimal patient care.

The American Society for Reproductive Medicine (ASRM) has several committee opinions that address assistive reproductive technologies (see reference section). ASRM does not recommend ERA, AH or co-culture of embryos for routine IVF patients.

The American College of Obstetricians and Gynecologists (ACOG) committee opinion number 671 (reaffirmed 2020) does not recommend ERA, AH, or co-culture for routine IVF patients. Their guidance focuses on patient safety and counseling rather than endorsing adjunctive lab techniques.

REGULATORY STATUS

The United States Food and Drug Administration (FDA) is responsible for ensuring the safety, efficacy, and quality of drugs sold in the United States. This includes both prescription and over-the-counter medications. Refer to the FDA Drug website. Available from: https://www.fda.gov/drugs [accessed 2025 Nov 6]

The FDA maintains information for consumers and health professionals on new drug warnings and other safety information, drug label changes, and shortages of medically necessary drug products. Available from: Drug Safety and Availability [accessed 2025 Nov 6]

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

CPT Codes

Code	Description
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 (E/I)	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos
89253 (E/I)	Assisted embryo hatching, microtechniques (any method)
89254	Oocyte identification from follicular fluid
89255	Preparation of embryo for transfer (any method)

Code	Description
89257	Sperm identification from aspiration (other than seminal fluid)
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, greater than 10 oocytes
0253U (E/I)	Reproductive medicine (endometrial receptivity analysis), RNA gene expression profile, 238 genes by next-generation sequencing, endometrial tissue, predictive algorithm reported as endometrial window of implantation (e.g., pre-receptive, receptive, post-receptive) (ERA, Igenomix)
89258	Cryopreservation; embryo(s)
89259	Cryopreservation; sperm
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)
89353	Thawing of cryopreserved; sperm/semen, each aliquot
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian
89356	Thawing of cryopreserved; oocytes, each aliquot

Code	Description
89398	Unlisted reproductive medicine laboratory procedure

HCPCS Codes

Code	Description
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
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
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 embryo
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

Code	Description
S4040	Monitoring and storage of cryopreserved embryos, per 30 days
S4042	Management of ovulation induction (interpretation of diagnostic tests and studies, non-face-to-face medical management of the patient), per cycle

ICD10 Codes

Code	Description
E23.0	Hypopituitarism
N46.01-N46.9	Male infertility (code range)
N97.0-N97.9	Female infertility (code range)
Z31.83	Encounter for assisted reproductive fertility procedure cycle

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- ASRM Standard Embryo Transfer Protocol Template: A Committee Opinion. 2017 Nov.
- Blastocyst Culture and Transfer in Clinical-Assisted Reproduction: A Committee Opinion. 2018 Dec.
- Definition Of Infertility: A Committee Opinion. 2023 Dec

- Fertility Evaluation of Infertile Women: A Committee Opinion. 2021 Nov.
- Diagnostic Evaluation of Sexual Dysfunction in the Male Partner in the Setting of Infertility. 2023 Nov.
- Diagnosis and Treatment of Infertility in Men: AUA/ASRM Guideline Part I And II. 2021 Jan
- Guidance on the Limits to the Number of Embryos to Transfer: A Committee Opinion. 2021 Sept.
- Intracytoplasmic Sperm Injection (ICSI) for Non-Male Factor Indications: A Committee Opinion. 2020 Aug.
- In Vitro Maturation. 2021 Feb.
- Optimizing Natural Fertility: A Committee Opinion. 2022 Jan.
- Recommendations for Practices Using Gestational Carriers. 2022 Jul.
- Minimum Standards for Practices Offering Assisted Reproductive Technologies: A Committee Opinion. 2020 Mar.
- The Role of Assisted Hatching in In Vitro Fertilization: A Guideline. 2022 Jun.

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SEARCH TERMS

Not Applicable

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Effective October 1, 2019, Medicaid Managed Care (MMC) and Health and Recovery Plan (HARP) benefits will include medically necessary ovulation enhancing drugs and medical services related to prescribing and monitoring the use of such drugs for individuals 21 through 44 years of age experiencing infertility.

For Medicaid purposes, infertility is a condition characterized by the incapacity to conceive, defined by the failure to establish a clinical pregnancy after:

1. Twelve months of regular, unprotected sexual intercourse for individuals 21 through 34 years of age, or
2. Six months for individuals 35 through 44 years of age.

Infertility benefits include:

1. Office visits;
2. Hysterosalpingograms;
3. Pelvic ultrasounds;
4. Blood testing;
5. Ovulation enhancing drugs.

The ovulation enhancing drugs included in the Medicaid formulary are:

1. Bromocriptine;
2. Clomiphene Citrate ;
3. Letrozole;
4. Tamoxifen.

Benefits will be limited to coverage for three (3) cycles of treatment per lifetime.

October 2019 Medicaid Update Bulletin. Available from: https://www.health.ny.gov/health_care/medicaid/program/update/2019/2019-06.htm#ovulation [accessed 2025 Nov 06].

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.

- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, medical policy criteria apply to the benefit.
- If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.
- If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.
- If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY HISTORY/REVISION	
Committee Approval Dates	
07/02/01, 08/22/02, 07/24/03, 06/24/04, 08/25/05, 08/31/06, 08/23/07, 08/28/08, 04/23/09, 06/24/10, 06/24/11, 06/28/12, 06/27/13, 06/26/14, 06/25/15, 06/22/16, 10/26/17, 10/25/18, 10/24/19, 12/10/20, 06/24/21, 12/16/21, 09/15/22, 06/22/23, 12/21/23, 12/19/24, 12/18/25	
Date	**Summary of Changes**
12/18/25	• Annual Update; New policy title: Assisted Reproductive Technologies. Addition of diagnosis of infertility as criteria for IVF. New policy guideline stating, “Preimplantation genetic testing is not an indication for IVF.” New guideline added for fertility preservation.
01/01/25	• Summary of changes tracking implemented.
06/20/01	• Original effective date