SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

of the Professional Provider Office Manual

5.43 FERTILITY PRESERVATION SERVICES

This is a subsection of Section 5: Billing and Reimbursement Guidelines of the *Professional Provider Office Manual*. If Blue Cross and Blue Shield of Louisiana (Louisiana Blue) makes any procedural changes, in our ongoing efforts to improve our service to you, we will update the information in this subsection and notify our network providers. For complete *Professional Provider Office Manual* information, please refer to the other sections of this manual. Contact information for all manual sections is available in the Manual Reference Section.

For member eligibility, benefits or claims status information, we encourage you to use iLinkBlue (www.lablue.com/ilinkblue), our online self-service provider tool. Additional provider resources are available on our Provider page at www.lablue.com/providers.

This manual is provided for informational purposes only and is an extension of your Professional Provider Agreement. You should always directly verify member benefits prior to performing services. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent. The Member Contract/Certificate contains information on benefits, limitations and exclusions, and managed care benefit requirements. It also may limit the number of days, visits or dollar amounts to be reimbursed.

As stated in your agreement: This manual is intended to set forth in detail our policies. Louisiana Blue retains the right to add to, delete from and otherwise modify the *Professional Provider Office Manual* as needed. This manual and other information and materials provided are proprietary and confidential and may constitute trade secrets.

FERTILITY PRESERVATION SERVICES

Fertility Preservation Services include the extraction, cryopreservation and storage of sperm, oocyte, testicular or ovarian tissue. These services are considered to be Fertility Preservation Services when they are provided to preserve a member's fertility when the member is planning to undergo medically necessary services that may lead to iatrogenic infertility (e.g., removal of reproductive organs for the treatment of cancer.)

All Fertility Preservation Services (e.g., office visits, lab tests, etc.) must be submitted with Modifier FP to help ensure appropriate benefits are applied.

Louisiana Blue will provide coverage for the following services and costs associated with storage of oocytes and sperm:

- The extraction of both sperm and eggs
- The cryopreservation (for up to three years)

Please always verify the member's eligibility, benefits and limitations prior to providing services. To do this, use iLinkBlue.

Fertility preservation services include the following for sperm, testicular or ovarian tissue. These codes must be submitted with Modifier FP when they are used to report services meeting the definition of fertility preservation services:

- Extraction
  - S4028: Sperm procurement using Microsurgical epididymal sperm aspiration (MESA)
  - S4030: Sperm procurement and cryopreservation, initial visit*
  - S4031: Sperm procurement and cryopreservation, subsequent visit*
  - 53899 or 55899: Unlisted code that may be used for sperm procurement performed by methods not encompassed by S4028.

  **Codes S4030 and S4031 should only be reported when the billing provider is delivering both the procurement and cryopreservation service.*
- Cryopreservation (freezing) for sperm, oocyte, testicular or ovarian tissue.
  - 89259: Sperm**
  - 89335: Testicular reproductive tissue
  - 89398: Unlisted reproductive laboratory procedure code that can be used to report cryopreservation of Ovarian tissue.

  ***Code 89259 should not be submitted with S4030 or S4031.*
- Storage for sperm, testicular or ovarian tissue. Codes represent one year of storage.
  - 89343: Sperm/semen
  - 89344: Reproductive tissue

Sperm procurement is only eligible for separate reimbursement if clinical extraction must be performed by a healthcare professional.

Storage claims will deny if the cryopreservation claim is not received first. Denied storage claims will be considered for reimbursement upon receipt of the associated claim or upon appeal.

Beginning Jan. 1, 2026, oocyte extraction and preservation must be billed as a single bundled code. Instances where a cycle is not completed will be billed using Modifiers V1 or V2 to indicate which portion of the cycle was completed.

A complete cycle includes:

- Stage 1: Initial consultation and diagnostic testing
- Stage 2: Cycle monitoring (e.g., ultrasounds, labs) and ovarian stimulation medications
- Stage 3: Oocyte retrieval procedure, oocyte identification/preparation for cryopreservation and oocyte cryopreservation for 3 years

The reimbursement bundle includes all professional and facility services associated with the cycle (e.g., anesthesia, facility fees).

Code	Modifier 1	Modifier 2	Final Stage Completed	Example
S4023	V1	FP	Stage 1	This code will be billed if the initial consultation and diagnostic imaging occurred without moving forward to Stage 2.
S4023	V2	FP	Stage 2	This code will be billed if the initial consultation, diagnostic testing, cycle monitoring and ovarian stimulation medications occurred without moving forward with performing the oocyte retrieval procedure.
S4025	FP		Stage 3	This code will be billed if the entire cycle is completed.

Fertility Preservation Services will be covered for members who are undergoing medically necessary treatment that may directly or indirectly cause iatrogenic infertility. In order for the benefit to apply, the service code must be submitted with a diagnosis code that represents the underlying condition that led to the medically necessary services that carry the risk of iatrogenic infertility. The most common clinical scenarios that place a patient at risk for iatrogenic infertility involve the treatment of cancer. Therefore, the below diagnosis codes will be eligible for reimbursement when the claim is initially processed. Other diagnosis codes may be considered for reimbursement during the appeals process.

- C01–C43.99
- C4A–C96
- D46
- Z85.00–Z85.821
- Z85.830–Z85.9
- Z15.01–Z15.81