

Infertility CPT-4 (S Codes)

S4011

IVF Cancelled Prior to Transfer (“Freeze-all” IVF cycle)

<u>S4011 Valid CPT-4 Codes</u>	IVF Cancelled Prior to Transfer Procedure Description	Number of Encounters
58970	Follicle Puncture For Oocyte Retrieval, Any Method	1
58974-52	Mock Embryo Transfer	1
76830, 76856, 76857	Ultrasound, Transvaginal (codes can be used interchangeable but not to exceed a total of 8)	8
76948	Ultrasonic Guidance For Aspiration Of Ova, Imaging And Interpretation	1
82670	Estradiol	10
83001	Gonadotropin- Follicle Stimulating Hormone (fsh)	10
83002	Gonadotropin- Luteinizing Hormone (lh)	10
84144	Progesterone	10
84702	Gonadotropin, Chorionic (hcg)- Quantitative	2
89250 or 89251	Culture Of Oocyte(s)/Embryo(s), Less Than 4 Days or culture of embryo with co-culture	1
89254	Oocyte Identification From Follicular Fluid	1
89260	Sperm Isolation, Simple Prep (eg, Sperm Wash And Swim-Up) For Inseminati	1

89261	Sperm Isolation- Complex Prep (eg, Per Col Gradient,Albumin Gradient) Fo	1
89268	Insemination of oocytes	1
89272	extended culture	1
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	5
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	5

99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	5
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	5

99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	5
A	ANESTHESIA	
<p>S4013</p> <p>Complete IVF (Gift)</p>		
<u>S4013 Valid CPT-4 Codes</u>	Complete IVF (Gift) Procedure Description	Number of Encounters
58970	Follicle Puncture For Oocyte Retrieval, Any Method	1
58974-52	Mock Embryo Transfer	1
58976	Gamete, Zygote, or Embryo intrafallopian transfer any method	1
76700	Ultrasound, Abdominal, B-Scan And/Or Real Time With Image Documentation-	1
76705	Ultrasound for embryo transfer	1
76815, 76817	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Limited (codes can be used interchangeable but not to exceed 1)	1

76816, 76817	Ultrasound Pregnant Uterus, Real Time With Image Documentation, Follow-U (codes can be used interchangeable but not to exceed 2)	2
76830, 76856,76857	Ultrasound, Transvaginal (codes can be used interchangeable but not to exceed a total of 10)	10
76948	Ultrasonic Guidance For Aspiration Of Ova, Imaging And Interpretation	1
82670	Estradiol	10
83001	Gonadotropin- Follicle Stimulating Hormone (fsh)	10
83002	Gonadotropin- Luteinizing Hormone (lh)	10
84144	Progesterone	13
84702	Gonadotropin, Chorionic (hcg)- Quantitative	5
89250 or 89251	Culture Of Oocyte(s)/Embryo(s), Less Than 4 Days or culture of embryo with co-culture	1
89254	Oocyte Identification From Follicular Fluid	1
89255	Preparation Of Embryo For Transfer (any Method)	1
89260	Sperm Isolation, Simple Prep (eg, Sperm Wash And Swim-Up) For Inseminati	1
89261	Sperm Isolation- Complex Prep (eg, Per Col Gradient,Albumin Gradient) Fo	1
89268	Insemination Of Oocytes	1
89272	Extended Culture Of Oocyte(s)/Embryo(s), 4-7 Days	1
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	8

99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	8
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	8

<p>99214</p>	<p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.</p>	<p>8</p>
<p>99215</p>	<p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.</p>	<p>8</p>
<p>A</p>	<p>ANESTHESIA</p>	
<p>S4014</p> <p>Complete IVF (Zift)</p>		
<p><u>S4014 Valid CPT-4 Codes</u></p>	<p>Complete IVF (Zift) Procedure Description</p>	<p>Number of Encounters</p>

58970	Follicle Puncture For Oocyte Retrieval, Any Method	1
58974-52	Mock Embryo Transfer	1
58976	Gamete, Zygote, or Embryo intrafallopian transfer any method	1
76700	Ultrasound, Abdominal, B-Scan And/Or Real Time With Image Documentation-	1
76705	Ultrasound for embryo transfer	1
76815, 76817	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Limited (codes can be used interchangeable but not to exceed 1)	1
76816, 76817	Ultrasound Pregnant Uterus, Real Time With Image Documentation, Follow-U (codes can be used interchangeable but not to exceed 2)	2
76830, 76856,76857	Ultrasound, Transvaginal (codes can be used interchangeable but not to exceed a total of 10)	10
76948	Ultrasonic Guidance For Aspiration Of Ova, Imaging And Interpretation	1
82670	Estradiol	10
83001	Gonadotropin- Follicle Stimulating Hormone (fsh)	10
83002	Gonadotropin- Luteinizing Hormone (lh)	10
84144	Progesterone	13
84702	Gonadotropin, Chorionic (hcg)- Quantitative	5
89250 or 89251	Culture Of Oocyte(s)/Embryo(s), Less Than 4 Days or culture of embryo with co-culture	1
89254	Oocyte Identification From Follicular Fluid	1
89255	Preparation Of Embryo For Transfer (any Method)	1
89260	Sperm Isolation, Simple Prep (eg, Sperm Wash And Swim-Up) For Inseminati	1

89261	Sperm Isolation- Complex Prep (eg, Per Col Gradient,Albumin Gradient) Fo	1
89268	Insemination Of Oocytes	1
89272	Extended Culture Of Oocyte(s)/Embryo(s), 4-7 Days	1
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	8
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	8

<p>99214</p>	<p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.</p>	<p>8</p>
<p>99215</p>	<p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.</p>	<p>8</p>
<p>A</p>	<p>ANESTHESIA</p>	
<p>S4015 Complete IVF</p>		

<u>S4015 Valid CPT-4 Codes</u>	Complete IVF Procedure Description	Number of Encounters
58970	Follicle Puncture For Oocyte Retrieval, Any Method	1
58974	Embryo Transfer, Intrauterine	1
58974-52	Mock Embryo Transfer	1
76700	Ultrasound, Abdominal, B-Scan And/Or Real Time With Image Documentation-	1
76705	Ultrasound for embryo transfer	1
76815, 76817	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Limited (codes can be used interchangeable but not to exceed 1)	1
76816, 76817	Ultrasound Pregnant Uterus, Real Time With Image Documentation, Follow-U (codes can be used interchangeable but not to exceed 2)	2
76830, 76856,76857	Ultrasound, Transvaginal (codes can be used interchangeable but not to exceed a total of 10)	10
76948	Ultrasonic Guidance For Aspiration Of Ova, Imaging And Interpretation	1
82670	Estradiol	10
83001	Gonadotropin- Follicle Stimulating Hormone (fsh)	10
83002	Gonadotropin- Luteinizing Hormone (lh)	10
84144	Progesterone	13
84702	Gonadotropin, Chorionic (hcg)- Quantitative	5
89250 or 89251	Culture Of Oocyte(s)/Embryo(s), Less Than 4 Days or culture of embryo with co-culture	1
89254	Oocyte Identification From Follicular Fluid	1
89255	Preparation Of Embryo For Transfer (any Method)	1
89260	Sperm Isolation, Simple Prep (eg, Sperm Wash And Swim-Up) For Inseminati	1

89261	Sperm Isolation- Complex Prep (eg, Per Col Gradient,Albumin Gradient) Fo	1
89268	Insemination Of Oocytes	1
89272	Extended Culture Of Oocyte(s)/Embryo(s), 4-7 Days	1
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	8
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	8
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	8

99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	8
A	ANESTHESIA	
<p>S4016</p> <p>Frozen Embryo</p>		
<u>S4016 Valid CPT-4 Codes</u>	Frozen Embryo Procedure Description	Number of Encounters
58974	Embryo Transfer, Intrauterine	1
58974-52	Mock Embryo Transfer	1
76705	Ultrasound, Abdominal, B-Scan And/Or Real Time With Image Documentation-	1
76815, 76817	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Limited (codes can be used interchangeable but not to exceed 1)	1
76816, 76817	Ultrasound Pregnant Uterus, Real Time With Image Documentation, Follow-U (codes can be used interchangeable but not to exceed 2)	2

76830, 76856,76857	Ultrasound, Transvaginal (codes can be used interchangeable but not to exceed a total of 10)	10
82670	Estradiol	6
84144	Progesterone	8
84702	Gonadotropin, Chorionic (hcg)- Quantitative	5
89255	Preparation Of Embryo For Transfer (any Method)	1
89250 or 89251	Culture Of Oocyte(s)/Embryo(s), Less Than 4 Days or culture of embryo with co-culture	1
89272	Extended Culture Of Oocyte(s)/Embryo(s), 4-7 Days	1
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	5
83001	FSH	2
83002	LH	2
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	5

99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	5
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	5

99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	5
S4017 IVF Cancelled Prior to Stimulation		
<u>S4017 Valid CPT-4 Codes</u>	IVF Cancelled Prior to Stimulation Procedure Description	Number of Encounters
58974-52	Mock Embryo Transfer	1
76830, 76856,76857	Ultrasound, Transvaginal (codes can be used interchangeable but not to exceed a total of 2)	2
82670	Estradiol	1
83001	Gonadotropin- Follicle Stimulating Hormone (fsh)	1
83002	Gonadotropin- Luteinizing Hormone (lh)	1
84144	Progesterone	1

84702	Gonadotropin, Chorionic (hcg)- Quantitative	1
89261	Sperm Isolation- Complex Prep (eg, Per Col Gradient,Albumin Gradient) Fo	1
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	1
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	1

99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	1
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	1

<p>99215</p>	<p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.</p>	<p>1</p>
<p>S4018</p> <p>Frozen Embryo Cancelled before transfer</p>		
<p><u>S4018 Valid CPT-4 Codes</u></p>	<p>Frozen Embryo Cancelled before transfer</p> <p>Procedure Description</p>	<p>Number of Encounters</p>
<p>58974-52</p>	<p>Mock Embryo Transfer</p>	<p>1</p>
<p>76830, 76856, 76857</p>	<p>Ultrasound, Transvaginal (codes can be used interchangeable but not to exceed a total of 5)</p>	<p>5</p>
<p>82670</p>	<p>Estradiol</p>	<p>2</p>
<p>89250 or 89251</p>	<p>Culture Of Oocyte(s)/Embryo(s), Less Than 4 Days or culture of embryo with co-culture</p>	<p>1</p>
<p>84144</p>	<p>Progesterone</p>	<p>1</p>

84702	Gonadotropin, Chorionic (hcg)- Quantitative	1
89272	Extended Culture Of Oocyte(s)/Embryo(s), 4-7 Days	1
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	4
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	4
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	4

<p>99214</p>	<p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.</p>	<p>4</p>
<p>99215</p>	<p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.</p>	<p>4</p>
<p>S4020</p> <p>IVF Cancelled Prior to Aspiration</p>		
<p><u>S4020 Valid CPT-4 Codes</u></p>	<p>IVF Cancelled Prior to Aspiration Procedure Description</p>	<p>Number of Encounters</p>

58974-52	Mock Embryo Transfer	1
76830, 76856,76857	Ultrasound, Transvaginal (codes can be used interchangeable but not to exceed a total of 10)	10
82670	Estradiol	6
83001	Gonadotropin- Follicle Stimulating Hormone (fsh)	6
83002	Gonadotropin- Luteinizing Hormone (lh)	6
84144	Progesterone	4
84702	Gonadotropin, Chorionic (hcg)- Quantitative	2
89261	Sperm Isolation- Complex Prep (eg, Per Col Gradient,Albumin Gradient) Fo	1
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	6
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	6

<p>99213</p>	<p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.</p>	<p>6</p>
<p>99214</p>	<p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.</p>	<p>6</p>
<p>99215</p>	<p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.</p>	<p>6</p>

S4021**IVF Cancelled After Aspiration**

<u>S4021 Valid CPT-4 Codes</u>	IVF Cancelled After Aspiration Procedure Description	Number of Encounters
58970	Follicle Puncture For Oocyte Retrieval, Any Method	1
58974-52	Mock Embryo Transfer	1
76830, 76856, 76857	Ultrasound, Transvaginal (codes can be used interchangeable but not to exceed a total of 10)	10
76948	Ultrasonic Guidance For Aspiration Of Ova, Imaging And Interpretation	1
82670	Estradiol	8
83001	Gonadotropin- Follicle Stimulating Hormone (fsh)	10
83002	Gonadotropin- Luteinizing Hormone (lh)	10
84144	Progesterone	10
84702	Gonadotropin, Chorionic (hcg)- Quantitative	2
89250 or 89251	Culture Of Oocyte(s)/Embryo(s), Less Than 4 Days or culture of embryo with co-culture	1
89254	Oocyte Identification From Follicular Fluid	1
89260	Sperm Isolation, Simple Prep (eg, Sperm Wash And Swim-Up) For Inseminati	1
89261	Sperm Isolation- Complex Prep (eg, Per Col Gradient, Albumin Gradient) Fo	1
89268	Insemination Of Oocytes	1
89272	Extended Culture Of Oocyte(s)/Embryo(s), 4-7 Days	1

99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	8
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	8
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	8

<p>99214</p>	<p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.</p>	<p>8</p>
<p>99215</p>	<p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.</p>	<p>8</p>
<p>A</p>	<p>ANESTHESIA</p>	
<p><u>S4022</u></p> <p>Intra-cytoplasmic sperm injection (ICSI)-</p>		

<u>S4022 Valid CPT-4 Codes</u>	Intra-cytoplasmic sperm injection (ICSI)	Number of Encounters
89280, 89281	Intra-cytoplasmic sperm injection (ICSI) (codes can be used interchangeable but not to exceed 1 code billed per episode of care which is one cycle of treatment)	1
S4023		
Donor Recipient Only		
<u>S4023 Valid CPT-4 Codes</u>	Donor Recipient Only Procedure Description	Number of Encounters
58974	Embryo Transfer, Intrauterine	1
58974-52	Mock Embryo Transfer	1
76705	Ultrasound, Abdominal, B-Scan And/Or Real Time With Image Documentation-	1
76815, 76817	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Limited (codes can be used interchangeable but not to exceed 1)	1
76816, 76817	Ultrasound Pregnant Uterus, Real Time With Image Documentation, Follow-U (codes can be used interchangeable but not to exceed 2)	2
76830, 76856,76857	Ultrasound, Transvaginal (codes can be used interchangeable but not to exceed a total of 6)	6
82670	Estradiol	6

83001	FSH	2
83002	LH	2
84144	Progesterone	8
84702	Gonadotropin, Chorionic (hcg)- Quantitative	5
89250 or 89251	Culture Of Oocyte(s)/Embryo(s), Less Than 4 Days-or culture of embryo with co-culture	1
89254	Oocyte identification from follicular fluid	1
89255	Preparation Of Embryo For Transfer (any Method)	1
89260	Sperm Isolation, Simple Prep (eg, Sperm Wash And Swim-Up) For Inseminati	1
89261	Sperm Isolation- Complex Prep (eg, Per Col Gradient,Albumin Gradient) Fo	1
89268	insemination of oocytes	1
89272	Culture Of Oocyte(s)/Embryo(s), > Than 4 Days if requested	1
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	5

<p>99212</p>	<p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.</p>	<p>5</p>
<p>99213</p>	<p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.</p>	<p>5</p>

<p>99214</p>	<p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.</p>	<p>5</p>
<p>99215</p>	<p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.</p>	<p>5</p>
<p>S4025</p> <p>Complete Donor Cycle</p>		

<u>S4025 Valid CPT-4 Codes</u>	Complete Donor Cycle Procedure Description	Number of Encounters
58970	Follicle Puncture For Oocyte Retrieval, Any Method	1
58974	Embryo Transfer, Intrauterine	1
58974-52	Mock Embryo Transfer	1
76700	Ultrasound, Abdominal, B-Scan And/Or Real Time With Image Documentation-	1
76705	Ultrasound for embryo transfer	1
76815, 76817	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Limited (codes can be used interchangeable but not to exceed 1)	1
76816, 76817	Ultrasound Pregnant Uterus, Real Time With Image Documentation, Follow-U (codes can be used interchangeable but not to exceed 2)	2
76830, 76856,76857	Ultrasound, Transvaginal (codes can be used interchangeable but not to exceed a total of 10)	10
76948	Ultrasonic Guidance For Aspiration Of Ova, Imaging And Interpretation	1
82670	Estradiol	10
83001	Gonadotropin- Follicle Stimulating Hormone (fsh)	10
83002	Gonadotropin- Luteinizing Hormone (lh)	10
84144	Progesterone	13
84702	Gonadotropin, Chorionic (hcg)- Quantitative	5
89250 or 89251	Culture Of Oocyte(s)/Embryo(s), Less Than 4 Days-or culture of embryo with co-culture	1
89254	Oocyte Identification From Follicular Fluid	1
89255	Preparation Of Embryo For Transfer (any Method)	1
89260	Sperm Isolation, Simple Prep (eg, Sperm Wash And Swim-Up) For Inseminati	1

89261	Sperm Isolation- Complex Prep (eg, Per Col Gradient,Albumin Gradient) Fo	1
89268	Insemination Of Oocytes	1
89272	Extended Culture Of Oocyte(s)/Embryo(s), 4-7 Days	1
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	8
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	8
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	8

99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	8
A	ANESTHESIA	
S4035 Artificial Insemination Menotropin		
<u>S4035 Valid CPT-4 Codes</u>	Artificial Insemination Menotropin Procedure Description	Number of Encounters
58321 or 58322	Artificial Insemination Intra-cervical or Artificial Insemination-Intra-Uterine (not to exceed 2)	2
58323	Sperm Washing For Artificial Insemination (codes can be used interchangeable but not to exceed 2)	2
76815, 76817	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Limited (codes can be used interchangeable but not to exceed 1)	1
76816, 76817	Ultrasound Pregnant Uterus, Real Time With Image Documentation, Follow-U (codes can be used interchangeable but not to exceed 2)	2

76830, 76856,76857	Ultrasound, Transvaginal (codes can be used interchangeable but not to exceed a total of 10)	10
82670	Estradiol	10
83001	Gonadotropin- Follicle Stimulating Hormone (fsh)	10
83002	Gonadotropin- Luteinizing Hormone (lh)	10
84144	Progesterone	13
84702	Gonadotropin, Chorionic (hcg)- Quantitative	5
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	6
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	6
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with	6

	the patient and/or family.	
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	6
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	6
89260 or 89261		

58322

Intrauterine Insemination

<u>58322 Valid CPT-4 Codes</u>	Intrauterine Insemination Procedure Description	Number of Encounters
58321 or 58322	Artificial Insemination Intra-cervical or Artificial Insemination-Intra-Uterine (codes can be used interchangeable but not to exceed 2)	2
58323	Sperm Washing For Artificial Insemination (codes can be used interchangeable but not to exceed 2)	2
76830, 76856,76857	Ultrasound, Transvaginal (codes can be used interchangeable but not to exceed a total of 6)	6
82670	Estradiol	6
83001	Gonadotropin- Follicle Stimulating Hormone (fsh)	6
83002	Gonadotropin- Luteinizing Hormone (lh)	6
84144	Progesterone	2
84702	Gonadotropin, Chorionic (hcg)- Quantitative	2
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	6

99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	6
89260 or 89261		

**Ancillary Infertility
Treatment codes (these
are fee for service codes; not
S-codes)**

Valid CPT-4 Codes	Intrauterine Insemination Procedure Description	Number of Encounters
89253	(AH) Assisted Embryo Hatching, Microtechniques (any method)	1
89258	Cryopreservation; embryos	1
89342	Storage, (per year); Embryo(s)	1
89337	Cryopreservation, Mature Oocytes (eggs)	1
89352	Thawing of Cryopreserved; Embryo(s)	1
89290, 89291	Biopsy, Oocyte polar body or embryo blastomere, microtechnique (PGD and/or PGS)	1