IVF & Fertility Billing Code Guide

The ART cycle and lab codes fertility clinics get wrong most often, and the global period rules that decide reimbursement.

Core ART cycle codes (CPT 58970–58976)

CODE RANGE	COVERS
58970	Follicle puncture for oocyte retrieval, any method.
58974	Embryo transfer, intrauterine.
58976	Gamete, zygote, or embryo intrafallopian transfer, any method.

Embryology lab codes (CPT 89250–89280)

CODE RANGE	COVERS
89250–89253	Culture of oocyte/embryo, with or without co-culture or assisted hatching.
89268–89272	Sperm identification/isolation from testis tissue, cryopreservation.
89280–89281	Assisted oocyte fertilization, micro-technique (ICSI), per oocyte.

Top billing mistakes we see

MISTAKE	FIX
Lab codes assumed bundled	Many embryology lab services are separately billable outside the ART global period — verify per payer rather than assuming bundling.
PGT billed inside the cycle	Preimplantation genetic testing is typically billed and coordinated separately through the reference lab, not inside the ART global period.
Benefit manager auth skipped	Progyny, Maven, and WINFertility each run separate authorization workflows — underlying insurance auth doesn't cover this automatically.
State mandate rules ignored	NY, MA, and other states have fertility coverage mandates that change what's billable — check per patient's plan and state.

Benefit manager note: If your patient has coverage through Progyny, Maven, or WINFertility, treat it as a separate authorization and claims workflow from their standard commercial insurance — not an add-on step to the same process.

Sources: American Medical Association, Current Procedural Terminology (CPT) code set (ama-assn.org). American Society for Reproductive Medicine (asrm.org). This guide is for general informational purposes and does not replace payer-specific verification.

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