

QUICK TIPS:

Progyny Patients + Third Party Services

Coverage for third party services will vary based on eligibility. Prior to all treatment, please ensure that the Progyny patient has been in touch with their Patient Care Advocate (PCA) to review their coverage and out of pocket costs. Clinics may reach out to their dedicated Provider Relations Team (PRT) Representative or reference the Enterprise Benefit Summary to review coverage.

Intended Parent Services:

Whether using autologous or donor tissue, services for intended parents who are covered by Progyny will be outlined by the clinic fee schedule. Covered services for intended parents include the initial workup, embryology services, FDA labs, etc. Intended parent services are authorized separately and in addition to donor services or tissue purchase.

Donor Tissue Purchase when covered:

Donor Oocytes: Patients may choose one of two methods.

- CPT S4023- Typically 1 Smart Cycle deduction for one cohort (6-8 oocytes):
 1. Self-pay: Patients will pay the donor bank directly for a cohort of donor oocytes and submit the receipts to Progyny for reimbursement.
 2. Progyny partnering Donor Bank: Progyny has contracted with select donor banks. If the patient uses one of these banks, they will not need to pay upfront costs for tissue and shipping. Progyny will authorize the service and reimburse the donor bank directly.

Donor Sperm: Patients may choose one of two methods (for known and anonymous donors).

- CPT S4026- Typically 1/4 Smart Cycle deduction for 4 vials:
 1. Self-pay: Patients will pay the donor bank directly for sperm sample and submit the receipts to Progyny for reimbursement.
 2. Progyny partnering Donor Bank: Progyny has contracted with select donor banks. If the patient
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chooses one of these banks, they will not need to pay upfront costs for tissue and shipping. Progyny will authorize the service and reimburse the donor bank directly.

Live Donor Services when covered:

Live Donor Retrieval prior to a Fresh Transfer: One of two methods depending on your clinic fee schedule.

- CPT S4023-52- Typically 1 Smart Cycle deduction, which will cover donor screening, work-up, FDA labs and monitoring through retrieval:
 1. Letter of Agreement (LOA): Progyny and the clinic will work to determine a rate of reimbursement for all covered donor services performed at the clinic. LOA will be required for each donor cycle and is executed by both parties. Clinic will bill Progyny for the services listed on the LOA.
 2. Contracted on clinic fee schedule: New and amended Progyny contracts include a rate for S4023-52, please note that while this code may be on your fee schedule coverage does vary.

Intended Parent Services following Live Donor Fresh Cycle:

- CPT S4037-22- Donor Egg with Fertilization includes monitoring of covered member (recipient), fertilization, transfer, and cryopreservation of any balance of embryos. Includes one year of storage.
- CPT S4025- Donor Egg and Donor Sperm with Fertilization includes monitoring of covered member (recipient), fertilization, transfer, cryopreservation of any balance of embryos. Includes one year of storage.

Live Donor Retrieval prior to a Freeze-all: One of two methods depending on your clinic fee schedule.

- CPT S4023-99- Typically 1/2 Smart Cycle deduction which will cover donor screening, work up, FDA labs and monitoring through retrieval:
 1. Letter of Agreement (LOA): Progyny and the clinic will work to determine a rate of reimbursement for all covered donor services performed at the clinic. LOA will be required for each donor cycle and is executed by both parties. Clinic will bill Progyny for the services listed on the LOA.
 2. Contracted on clinic fee schedule: New and amended Progyny contracts include a rate for S4023-52, please note that while this code may be on your fee schedule coverage does vary.

Intended Parent Services following Live Donor Freeze All Cycle:

- CPT S4011-59- Donor egg thaw fertilization with intended parent sperm (including sperm prep/wash), embryo culture, embryo freeze, and one year of storage.
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- CPT S4025-52- Donor egg thaw (if applicable), fertilization/ICSI with donor sperm (including sperm prep/wash), embryo culture, PGT-A biopsy, embryo freeze, and one year storage.
- CPT S4037- Embryo thaw and transfer to intended parent.

PLEASE NOTE: Outside monitoring services are not a regularly covered expense for live donor cycles. Progyny patients will pay the clinic for non-covered services. Other non-covered services for donor cycles include clinic administrative fees, donor agency fees, donor medication, and donor compensation. Please reach out to your PRT Representative with any questions.

Surrogacy Services when covered:

- Some patients may have additional funds set aside by their employer specifically for their Financial Assistance Program (FAP) to be used toward gestational carrier related services.
 - Eligible services may include the gestational carrier's work-up, legal fees, escrow funding, psychological assessment, and/or FET cycle related services.
- Services for surrogacy and gestational carrier are always handed through reimbursement. Progyny patients will pay in full to the clinic and submit receipts for covered services to Progyny.



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