



OFFICE OF THE UNDER SECRETARY OF WAR  
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PERSONNEL AND  
READINESS

The Honorable Mike D. Rogers  
Chairman  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

DEC 17 2025

Dear Mr. Chairman:

The Department's response to House Report 118-125, page 209, accompanying H.R. 2670, the National Defense Authorization Act for Fiscal Year 2024, "Report on Improving Fertility Support Services for Geographically Distant Service Members."

This report provides a review of the number of Service members that have accessed fertility care both within and outside military medical treatment facilities (MTFs), the cost of these services, information about commercial entities that provide fertility services, and potential savings that could be realized if fertility services were available without the need for travel. While the Department acknowledges that military service may confer unique family building challenges, it offers a number of ways to assist Service members and their dependents in their family building efforts, including reducing financial and logistical challenges by offering significantly discounted artificial reproductive technology (ART) services through specific MTF graduate medical education programs, authorizing administrative absences for eligible Service members to pursue non-covered ART, and providing travel and transportation allowances when timely access to ART is not available locally.

Thank you for your continued strong support for the health and well-being of our Service members.

Sincerely,

A large black rectangular redaction box covering the signature area.

Sean O'Keefe  
Deputy Under Secretary of War for Personnel  
and Readiness

Enclosure:  
As stated

cc:  
The Honorable Adam Smith  
Ranking Member

# **Report to Committee on Armed Services of the House of Representatives**



## **Improving Fertility Support Services for Geographically Distant Service Members**

**December 2025**

The estimated cost of this report or study for the Department of War is approximately \$13,000 in Fiscal Years 2024-2026. This includes \$7,000 in expenses and \$5,860 in DoW labor.

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## I. Summary

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This report is in response to House Report 118–125, page 209, accompanying H.R. 2670, the National Defense Authorization Act for Fiscal Year 2024, which requests that the Secretary of Defense provide a report on: (1) the number of Service members who have accessed fertility care at military medical treatment facilities (MTFs) and those who have received care outside of these facilities, broken down by geographic location; (2) an estimate of the total cost spent by the Department on fertility services, both within and outside of MTFs, and a review of the outcomes achieved; (3) an analysis of the commercial entities that provide fertility services, including a list of the services they offer, the outcomes they achieve, and estimated costs compared to Department costs; and (4) an estimate of the potential savings that Service members could realize if fertility services were available without the need for travel.

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## II. Background

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The TRICARE Basic (i.e., medical) benefit cost-shares for medically necessary and appropriate private sector care to diagnose and treat the underlying physical causes of infertility. It does not cover assisted reproductive technologies (ART), including in-vitro fertilization (IVF), because such services do not diagnose or treat the underlying physical causes of infertility.

The Department of War (DoW) provides Service members and covered beneficiaries ART services at a reduced cost and on a limited basis through eight MTFs that have reproductive endocrinology and infertility (REI) programs in support of obstetrics and gynecology graduate medical education (GME).

Separately, Service members who have incurred a serious or severe illness or injury (SII) on active duty are eligible for extended benefits under the Supplemental Health Care Program (SHCP) that reduce the disabling effects of their underlying condition. DoW offers such qualifying Service members (and their TRICARE-enrolled designees, if applicable) cost-free ART under the SHCP extended benefit if their SII results in their inability to procreate without the use of ART.<sup>1</sup>

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## III. Elements of the Report

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*(1) The number of service members who have accessed fertility care at MTFs and those who have received care outside of these facilities, broken down by geographic location.*

Between Calendar Year (CY) 2013 and CY 2023, there were more than 545,000 encounters for fertility care across the Military Health System (MHS) (direct care (DC) and private sector care (PSC)).<sup>2</sup> Note, these counts reflect individual active duty Service members

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<sup>1</sup>See <https://media.defense.gov/2024/Mar/11/2003410399/-1/-1/0/amended-policy-for-assisted-reproductive-services-for-the-benefit-of-seriously-or-severely-ill-injured-category-ii-or-ii-active-duty-service-members.pdf>.

<sup>2</sup> As evaluation of infertility generally includes a history, physical examination, and consultation/ordering and interpretation of laboratory and/or imaging results for both partners (not just the ADSM), this report also includes other eligible beneficiaries.

(ADSMs) or other eligible beneficiaries who many have been treated in 1 or more years, in one or more locations, in either the DC or PSC components of the MHS. More than half of the encounters (68 percent) were in an MTF, across the Defense Health Networks (DHNs) shown in the table below.<sup>3</sup>

**Table 1: Number of ADSMs and Eligible Beneficiaries Who Accessed Fertility Services by Geographic Location, CY2013-2023**

<b>DHN</b>	<b>DC</b>	<b>PSC</b>	<b>Total</b>
<b>Atlantic</b>	51,163	25,786	76,949
<b>Central</b>	50,872	21,772	72,644
<b>Continental</b>	37,940	21,000	58,940
<b>East</b>	51,200	18,767	69,967
<b>Europe</b>	20,372	3,153	23,525
<b>Indo-Pacific</b>	40,376	3,302	43,678
<b>National Capital Region</b>	37,246	7,180	44,426
<b>Pacific Rim</b>	44,332	7,016	51,348
<b>West</b>	37,711	5,888	43,599
<b>Other - CONUS</b>	3,875	58,029	61,904
<b>Other - OCONUS</b>	101	262	363
<b>Total</b>	375,188	172,155	547,343

- See Appendix 1C for detailed methodology.  
 - Note, if a person was treated in the same year, but in a different location or source (i.e., DC or PSC), they would be counted more than once.  
 - For example, a person treated in DC in May 2013 in the ATLANTIC DHN, then again in DC in the CENTRAL DHN in June 2013, and then in PSC in the ATLANTIC DHN in July 2013 would be counted once in each of those three locations.  
 - As such, the Total column in does not reflect a unique number of individual ADSMs or other eligible beneficiaries treated.

(2) *An estimate of the total cost spent by the DOD on fertility services, both within and outside of MTFs, and a review of the outcomes achieved.*

Between CYs 2013 and 2023, the MHS spent more than \$400 million dollars on fertility care/services for which the Department is authorized to cover or provide under specific circumstances for ADSMs and other eligible beneficiaries. This figure includes costs associated with infertility diagnosis(es) and/or any fertility treatment procedure(s), including laboratory costs and pharmacy/drug costs, as detailed in the Appendix.

<sup>3</sup> A listing of MTFs, by DHN, can be found online: <https://www.health.mil/About-MHS/Defense-Health-Networks>.

There are no DC cost data for MHS GENESIS data for any years. This is not a decline in MTFs offering services, but rather the inability of MTFs to report cost data for a period of time after transitioning to MHS GENESIS. DoW continues to refine the historical DC cost data given the transformation and consolidation of electronic health records — through MHS GENESIS implementation — across the MHS. Presently, DC costs are underrepresented. The column ‘Percent of MTFs Utilizing MHS GENESIS’ shows the decline in data availability.

**Table 2: Fertility Care Cost Among ADSMs and Eligible Beneficiaries by Year  
CY2013-2023**

CY	DC Cost			PSC Cost		Total
	Estimated Cost	Percent of MTFs Utilizing MHS GENESIS	DC Pharmacy	PSC Paid Claims	PSC Pharmacy	
2013	\$23,072,000	-	\$3,612,000	\$5,148,000	\$10,470,000	\$42,302,000
2014	\$23,430,000	-	\$4,492,000	\$5,038,000	\$11,175,000	\$44,136,000
2015	\$20,565,000	-	\$5,083,000	\$4,591,000	\$11,855,000	\$42,094,000
2016	\$22,385,000	-	\$5,785,000	\$4,043,000	\$10,780,000	\$42,993,000
2017	\$23,262,000	3%	\$8,086,000	\$4,046,000	\$10,036,000	\$45,430,000
2018	\$20,993,000	4%	\$7,557,000	\$4,126,000	\$9,459,000	\$42,135,000
2019	\$19,906,000	4%	\$7,095,000	\$4,288,000	\$9,366,000	\$40,654,000
2020	\$15,589,000	13%	\$6,875,000	\$4,125,000	\$9,087,000	\$35,677,000
2021	\$9,580,000	30%	\$7,281,000	\$4,848,000	\$9,958,000	\$31,667,000
2022	-	75%	\$6,862,000	\$4,597,000	\$8,991,000	\$20,451,000
2023	-	99%	\$7,782,000	\$4,242,000	\$9,439,000	\$21,463,000
<b>Total</b>	<b>\$178,782,000</b>	<b>-</b>	<b>\$70,511,000</b>	<b>\$49,092,000</b>	<b>\$110,615,000</b>	<b>\$409,000,000</b>

- DC costs are estimated; the Estimated Cost column utilizes a single fiscal year (FY) (2023) for estimated costs, whereas all other costs are related to specific costs.
- DC costs these were calculated using workload compiled for ART services (Work and Practice Expense Relative Value Units). The average of 2023 FY standardized rates were adjusted for Geographic locations were used to apply to workload units for all years.
- DC costs are also severely limited and underrepresented per explanation provided above.
- PSC costs are based on paid claims.
- Pharmacy data includes direct, retail, and mail order.
- All costs have been rounded to the nearest 1,000. Cost totals may not add up exactly due to rounding.

Within the United States, ART outcomes are monitored under the guidance of the Fertility Clinic Success Rate and Certification Act of 1992, which mandates that clinics performing ART annually provide data for all procedures performed to the Centers for Disease Control and Prevention (CDC). For the eight MTFs providing ART services through their REI Obstetrics and Gynecology (OB/GYN) GME programs, the data are provided to CDC and reported in National ART Surveillance System (NASS). Note, NASS is a composite database that includes the MTFs' external collaborative partners' private patients, as well as ADSMs and eligible beneficiaries utilizing services. Outcomes for these programs are described in Element 3 below.

*(3) An analysis of the commercial entities that provide fertility services, including a list of the services they offer, the outcomes they achieve, and estimated costs compared to DOD costs.*

In the United States, there are more than 500 fertility clinics (i.e., entities providing ART services). The number of fertility clinics operating worldwide is unavailable. There is no single, comprehensive data set that accounts for the available services, outcomes, and costs for every fertility clinic. However, some of the services typically available at fertility clinics include infertility assessments and counseling, imaging services (e.g., ultrasounds), hormone therapies, fertility medications, surgical procedures (e.g., sterilization reversal), ART services (e.g., IVF), cryopreservation (e.g., freezing oocytes/eggs, sperm, or embryos), and/or oocyte/egg or embryo donation.

For fertility clinics in the United States, under the Fertility Clinic Success Rate and Certification Act of 1992, each clinic provides data on procedures performed to the CDC, which, in turn, reports and publishes clinic-specific success rates through the NASS. As discussed above, the Department's outcomes are combined with those of the commercial entities with which the eight MTFs with REI OB/GYN GME programs collaborate to offer ART services. As a result, outcomes for ADSMs or beneficiaries cannot be distinguished from the composite population of the external collaborative partner. Overall, ART services as reported in the NASS report that approximately 238,126 patients had 413,776 ART cycles performed at 453 reporting clinics in the United States during 2021, resulting in 91,906 live births (deliveries of one or more living infants) and 97,128 live-born infants.

According to Forbes, the average cost of an IVF cycle can range from \$15,000 to 30,000;<sup>4</sup> however, this estimate varies widely depending on how the cost is calculated (e.g., whether it is inclusive of diagnosis(es), ultrasounds, oocyte retrieval(s), embryology, and/or cycle transfer(s)). Other studies estimate the cost per cycle at approximately \$20,000-\$25,000, and the cost per live birth can exceed \$60,000.<sup>5</sup> As there is no standard calculation of cost, there is no way to directly compare costs to DoW costs currently.

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<sup>4</sup> <https://www.forbes.com/health/womens-health/how-much-does-ivf-cost/>.

<sup>5</sup> Peipert, B.J., Montoya, M.N., Bedrick, B.S. *et al.* Impact of in vitro fertilization state mandates for third party insurance coverage in the United States: a review and critical assessment. *Reprod Biol Endocrinol* 20, 111 (2022). <https://doi.org/10.1186/s12958-022-00984-5>.

*(4) An estimate of the potential savings that service members could realize if fertility services were available without the need for travel.*

The location where an ADSM chooses to receive fertility care/services is often complex and multifactorial, with consideration given to services, distance, cost, personal diagnosis(es) or medical condition(s), and patient preference. With respect to services meant to diagnose or treat the underlying causes of infertility, Service members may receive those locally through DC or PSC without the need for travel. Certain basic fertility services are also available at most MTFs. However, ART is not a TRICARE benefit, therefore there is no data on wait time. MTFs with capacity for ART through an OB/GYN GME program are constrained by their program capabilities and not subject to TRICARE referral timelines. ADSMs and their dependents are eligible to request and receive authorized travel and transportation allowances to access non-covered ART services at the closest available, capable medical facility for the non-covered ART service. However, these costs are paid for by the Military Departments, and as such, the DHA does not have a means of estimating potential savings available for ADSMs if ART were available without the need for travel, particularly since travel and transportation allowances may be provided.

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## **IV. Summary**

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The Department is committed to ensuring that Service members and their families are afforded the time and flexibility to make private health care decisions and offers several ways to assist ADSMs and their dependents in their family building efforts. The Department recognizes that military service introduces unique challenges to obtaining fertility care, including unpredictable separations between partners, disruptions to treatment due to relocation and/or deployment, and challenges accessing care due to duty station location and lack of potential treatment coverage. The Department covers services and supplies required to diagnose and treat the underlying causes of infertility, can provide basic infertility services (e.g., intrauterine insemination) at most MTFs, offers significantly discounted ART services at eight MTFs with OB/GYN GME programs, REI services, such as ART services at a reduced out of pocket cost to the beneficiary. These programs also serve the SII beneficiaries eligible for SHCP, including fertility preservation services, cryopreservation of gametes, for those whose treatment includes therapy or medications that may damage or remove ability to reproduce (gonadotoxic therapy). The Department also affords ADSMs, and their dependents funded travel for non-covered reproductive health care to the extent that such travel is necessary for them to obtain ART or other reproductive healthcare services.

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## V. Appendix

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### Fertility Diagnosis Inclusion Criteria

#### *Inclusion Criteria for Women:*

1. Two infertility diagnoses (see Appendix 1A for list of diagnosis codes) in an outpatient facility, in the first or second diagnostic code position (hereinafter first or second), or one infertility diagnosis in an inpatient facility in the first position in the year of interest, specifically:
  - a. Pull from CY 2013-CY 2023 Comprehensive Ambulatory/Professional Encounter Record (CAPER)/MHS GENESIS encounters/TRICARE Encounter Data – Non-Institutional (TEDNI) looking at just outpatient records, keeping if there is an infertility diagnosis code in the first or second position, and the person must have two records.
  - b. Pull Standard Inpatient Data Record (SIDR)/MHS GENESIS admission/TRICARE Encounter Data – Institutional (TEDI) looking at just inpatient records, keeping if there is an infertility diagnosis in the first position, and the person only must have one record.
2. OR Infertility diagnosis (see Appendix 1A for list of diagnosis codes) in the first position in either inpatient or outpatient facility, in any prior year, with at least one infertility diagnosis, in any position, in the year of interest.
  - a. For example, one infertility record in 2017 (in first position of outpatient) and then another in 2020 (in any position of inpatient or outpatient).
3. OR Fertility treatment Current Procedural Terminology (CPT) code (see Appendix 1B for list of CPT codes) in an outpatient facility in any procedure code position.
  - a. Limited to outpatient facilities based on previous “DHA Costs for ART Services” documentation provided by requestor. Note that Comprehensive Ancillary Data Record Extract (CADRE) Radiology and MHS GENESIS Radiology data was not included in this analysis as the procedure codes given are not Radiology procedures.
4. In addition to the criteria above, the data will be filtered based on the following:
  - a. Sponsor Service = Army, Air Force, Navy, Marine, or Space Force (A, F, N, M, S)
  - b. Beneficiary Category = Active Duty (ACT), or other eligible beneficiary (Dependent of Active Duty (DA), Dependent of Retired (DR), Dependent of Survivor (DS), Guard/Reserve (GRD), Dependent of Inactive Guard (IDG), Inactive Guard/Reserve (IGR), NATO (NAT), Other (OTH), Retired (RET), or Unknown (Z)).

- c. Electronic Data Interchange-Personal Identifier (EDIPN) not blank
- d. Patient Sex = Female (F)
- e. Patient Age = 17-51
- f. CY = 2013-2023

***Inclusion Criteria for Men:***

1. Infertility diagnosis (see Appendix 1A for list of diagnosis codes) in the first position in either inpatient or outpatient facility, in the year of interest, specifically:
  - a. Pull from CY 2013-CY 2023 CAPER, SIDR, MHS GENESIS encounters, MHS GENESIS admission, TEDI, and TEDNI with an infertility diagnosis code in the first position.
2. OR Infertility diagnosis (see Appendix 1A for list of diagnosis codes) in the first position in either inpatient or outpatient facility, in any prior year, with at least one infertility diagnosis, in any position, in the year of interest.
  - a. Item #1 should capture all these types of occurrences.
3. OR Fertility treatment CPT code (see Appendix 1B for list of CPT codes) in an outpatient facility in any procedure code position.
  - a. Limited to outpatient facilities based on previous “DHA Costs for ART Services” documentation provided by requestor. Note that CADRE Radiology and MHS GENESIS Radiology data was not included in our analysis as the procedure codes given are not Radiology procedures.
4. In addition to the criteria above, the data will be filtered based on the following:
  - a. Sponsor Service = Army, Air Force, Navy, Marine, or Space Force (A, F, N, M, S)
  - b. Beneficiary Category = Active Duty (ACT), or other eligible beneficiary (Dependent of Active Duty (DA), Dependent of Retired (DR), Dependent of Survivor (DS), Guard/Reserve (GRD), Dependent of Inactive Guard (IDG), Inactive Guard/Reserve (IGR), NATO (NAT), Other (OTH), Retired (RET), or Unknown (Z)).
  - c. EDIPN not blank
  - d. Patient Sex = Male (M)
  - e. Patient Age = 17+
  - f. CY = 2013-2023

## Appendix 1A: International Classification of Diseases (ICD)-9/ICD-10 Diagnosis Codes

The following ICD9/ICD 10 diagnosis codes were identified as those most associated with a diagnosis of infertility. This data set is consistent with previous reports by the Department. While there are other diagnosis codes that may sometimes be associated with increased risks of infertility (e.g., polycystic ovary syndrome, fibroids, etc.) that have costs associated with treatment to improve an individual's fertility, only individuals medically diagnosed with infertility (see codes below) are included in this report.

Diagnosis Code	Description
6280	INFERTILITY, FEMALE, ASSOCIATED WITH ANOVULATION
6282	INFERTILITY, FEMALE, OF TUBAL ORIGIN
6281	INFERTILITY, FEMALE, OF PITUITARY-HYPOTHALAMIC ORIGIN
6284	INFERTILITY, FEMALE, OF CERVICAL OR VAGINAL ORIGIN
6288	INFERTILITY, FEMALE, OF OTHER SPECIFIED ORIGIN
6289	INFERTILITY, FEMALE, OF UNSPECIFIED ORIGIN
6060	AZOOSPERMIA
6061	OLIGOSPERMIA
6068	INFERTILITY DUE TO EXTRATESTICULAR CAUSES
6069	MALE INFERTILITY, UNSPECIFIED
N970	FEMALE INFERTILITY ASSOCIATED WITH ANOVULATION
N971	FEMALE INFERTILITY OF TUBAL ORIGIN
N978	FEMALE INFERTILITY OF OTHER ORIGIN
N979	FEMALE INFERTILITY, UNSPECIFIED
N46	MALE INFERTILITY
N460	AZOOSPERMIA
N4601	ORGANIC AZOOSPERMIA
N4602	AZOOSPERMIA DUE TO EXTRATESTICULAR CAUSES
N46021	AZOOSPERMIA DUE TO DRUG THERAPY
N46022	AZOOSPERMIA DUE TO INFECTION
N46023	AZOOSPERMIA DUE TO OBSTRUCTION OF EFFERENT DUCTS
N46024	AZOOSPERMIA DUE TO RADIATION
N46025	AZOOSPERMIA DUE TO SYSTEMIC DISEASE
N46029	AZOOSPERMIA DUE TO OTHER EXTRATESTICULAR CAUSES
N461	OLIGOSPERMIA
N4611	ORGANIC OLIGOSPERMIA
N4612	OLIGOSPERMIA DUE TO EXTRATESTICULAR CAUSES
N46121	OLIGOSPERMIA DUE TO DRUG THERAPY
N46122	OLIGOSPERMIA DUE TO INFECTION
N46123	OLIGOSPERMIA DUE TO OBSTRUCTION OF EFFERENT DUCTS
N46124	OLIGOSPERMIA DUE TO RADIATION
N46125	OLIGOSPERMIA DUE TO SYSTEMIC DISEASE
N46129	OLIGOSPERMIA DUE TO OTHER EXTRATESTICULAR CAUSES
N469	MALE INFERTILITY, UNSPECIFIED
N468	OTHER MALE INFERTILITY

## Appendix 1B: CPT Codes

The following CPT procedure codes were identified as those most associated with infertility treatment/services. This data set is consistent with previous reports by the Department. While there are other procedure codes that may sometimes be associated with infertility treatment/services, only those listed below are included in this report.

CPT 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	CULTURE OF OOCYTE(S)/EMBRYO(S), LESS THAN 4 DAYS; WITH CO-CULTURE OF OOCYTE(S)/EMBRYOS
89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)
89254	OOCYTE IDENTIFICATION FROM FOLLICULAR FLUID
89255	PREPARATION OF EMBRYO FOR TRANSFER (ANY METHOD)
89257	SPERM IDENTIFICATION FROM ASPIRATION (OTHER THAN SEMINAL FLUID)
89258	CRYOPRESERVATION; EMBRYO(S)
89259	CRYOPRESERVATION; SPERM
89260	SPERM ISOLATION; SIMPLE PREP (EG, SPERM WASH AND SWIM-UP) FOR INSEMINATION OR DIAGNOSIS WITH SEMEN ANALYSIS
89261	SPERM ISOLATION; COMPLEX PREP (EG, PER COL 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, MICROTECHNIQUE; GREATER THAN 10 OOCYTES
89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS
89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS
89300	SEMEN ANALYSIS; PRESENCE AND/OR MOTILITY OF SPERM INCLUDING HUHNER TEST
89310	SEMEN ANALYSIS: MOTILITY AND COUNT (NOT INCLUDING HUHNER TEST)
89320	SEMEN ANALYSIS; VOLUME, COUNT, MOTILITY AND DIFFERENTIAL
89321	SEMEN ANALYSIS, SPERM PRESENCE AND MOTILITY OF SPERM, IF PERFORMED
89322	SEMEN ANALYSIS; VOLUME, COUNT, MOTILITY, AND DIFFERENTIAL USING STRICT MORPHOLOGIC CRITERIA (EG, KRUGER)
89325	SPERM ANTIBODIES
89329	SPERM EVALUATION; HAMSTER PENETRATION TEST
89330	SPERM EVALUATION; CERVICAL MUCUS PENETRATION TEST, WITH OR WITHOUT SPINNBARKEIT TEST
89331	SPERM EVALUATION, FOR RETROGRADE EJACULATION, URINE (SPERM CONCENTRATION, MOTILITY, AND MORPHOLOGY, AS INDICATED)
89335	CRYOPRESERVATION, REPRODUCTIVE TISSUE, TESTICULAR

CPT Code	Description
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
89398	UNLISTED REPRODUCTIVE MEDICINE LABORATORY PROCEDURE
0058T	CRYOPRESERVATION OF REPRODUCTIVE TISSUE, OVARIAN
0357T	CRYOPRESERVATION; REPRODUCTIVE TISSUE, IMMATURE OOCYTE(S)
S4011	IVF; INCL BUT NLT ID & INCUBATION, MATURE OOCYTES, FRTLZTN W SPERM, INCUBATION, EMBRYO(S), & SUBSEQUENT VISUALIZATION, DETERMINATION, DEVELOPMENT
S4013	COMPLETE CYCLE, GAMETE INTRAFALLOPIAN TRANSFER (GIFT), CASE RATE
S4014	COMPLETE CYCLE, ZYGOTE INTRAFALLOPIAN TRANSFER (ZIFT), 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
S4023	DONOR EGG CYCLE, INCOMPLETE, 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 EMBRYOS
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
S4040	MONITORING AND STORAGE OF CRYOPRESERVED EMBRYOS, PER 30 DAYS
S4042	MGMT OF OVULATION INDUCTION (INTERPRETATION OF DIAG TESTS AND STUDIES, NON-FACE-TO-FACE MEDICAL MGMT OF THE PATIENT), PER CYCLE

**Appendix 1C: Table 1 Footnotes**

- DC data includes encounters from CAPER and MHS GENESIS encounter and admissions data for the time shown.
- PSC data includes services and admissions from TEDNI data for the time shown.
- DHN assignments were based on the Defense Medical Information System (DMIS) identification (ID) of the treatment facility. Any DMIS ID not aligned to one of the nine DHNs listed was manually assigned to a DHN, based on the applicable state or country. When state/county criteria were not met, the treatment facility was assigned to ‘Other,’ either within the continental United States or outside the continental United States.

**Appendix 1D: Pharmacy**

<b>ART Medications Included by Name</b>		
Bravelle	Fyremadel	Novidrel
Cetrorelix	Ganirelix AC	Ovidrel
Cetrotide	Ganirelix Acetate	Pergonal
Chorionic Gonadotropin	Gonal-F	Pregnyl
Clomid	Gonal-F RFF Redi-Ject	Profasi
Clomiphene Citrate	Humegon	Progesterone
Estradiol	Letrozole	Repronex
Femara	Leuprolide Acetate	Serophene
Fertinex	Lupron Depot	Urofollitropin
Follistim AQ	Menopur	Zoladex
Follitropin alfa	Novarel	