Policy

Harvard Pilgrim reimburses contracted providers for the diagnosis and medically necessary treatment of infertility for members who meet Harvard Pilgrim's criteria when such treatment is reasonably likely to result in viable offspring. To be eligible for coverage, the member's plan must include infertility benefits, and the member must meet Harvard Pilgrim's medical necessity criteria. A copy of the current infertility criteria may also be obtained by contacting Harvard Pilgrim's Provider Service Center at 800-708-4414.

Reference the Harvard Pilgrim Medical Review Criteria Infertility Services for specific coverage information.

Policy Definition

Infertility Services include, but are not limited to, artificial intrauterine insemination (IUI), and assisted reproductive technology (ART) services such as in-vitro fertilization, assisted oocyte fertilization, also known as intra-cytoplasmic sperm injection, frozen/cryo embryo transfer, preimplantation genetic testing (please see below for coverage specifications), zygote intra-fallopian transfer and gamete intra-fallopian transfer, donor oocyte procedures, and assisted embryo hatching.

A Cycle is considered complete at the point of successful egg retrieval. However, for billing purposes, all medical services provided up to the point of a positive or negative blood pregnancy test result are considered part of the cycle and are covered by the global payment. Any initiated ART cycle, whether completed or cancelled, is counted as a cycle against the total number of approved ART cycles. The total number of approved ART cycles is calculated per lifetime of member and is independent of the insurance coverage. ART services are covered based on the member's schedule of benefits.

Prerequisite(s)

Applicable Harvard Pilgrim referral, notification and authorization policies apply. Prior authorization is required for all infertility services.

Please refer to the Infertility Services Authorization and Referral, Notification and Authorization policies for more information.

HMO/POS/PPO

• A referral is required for initial evaluation for HMO and in-network POS members.

Open Access HMO and POS

For Open Access HMO and Open Access POS products, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses

HMO/POS/PPO

• Artificial insemination and intrauterine insemination (including non self-administered drugs administered in a provider's office).
• Assisted oocyte fertilization, also known as intra-cytoplasmic sperm injection.
• Assisted reproductive technology procedures (ART)
• Cryopreservation
• Initial consultation and evaluation.
• Diagnostic testing.
• Laboratory tests.
• Microsurgical epididymal aspiration.
• One cycle of ART for members scheduled to undergo chemotherapy and/or radiation treatment that will result in infertility when the purpose of the ART treatment is to produce embryos for cryopreservation. Additionally, Harvard Pilgrim will reimburse for the freezing and one-year storage of the embryos produced as a result of this ART cycle.
• Pregnancy test to assess the state of pregnancy.
• Preimplantation genetic testing (PGT) procedures when provided by a contracted provider for members with coverage for infertility services, which meet medical review criteria and were authorized by Harvard Pilgrim.
• Donor sperm.
• Radiological procedures.
• Self-administered infertility prescription drugs obtained from Village or Freedom Pharmacy or from an outpatient department pharmacy, only when the member has a drug rider separate from the global allowance.
• Sperm washing in conjunction with an IUI cycle for the treatment of female or male-factor infertility when the infertile partner is a Harvard Pilgrim member.
• Testicular sperm extraction.
At a Global Rate

*Infertility Assisted Reproductive Technology procedures* that are part of an all-inclusive global rate include, but are not limited to:

- Assisted embryo hatching
- In-vitro fertilization
- Gamete intra-fallopian transfer
- Donor oocyte procedure
- Zygote intra-fallopian transfer

*Related services* that are part of the global rate include, but are not limited to:

- Anesthesia services and preparatory testing
- Diagnostic testing
- Embryo preparation/catheter loading
- Facility charges, including all ambulatory surgery, operating room and recovery room charges and supplies
- AI and IUI services only when submitted as part of canceled IVF cycle
- Laboratory tests (including semen analysis and sperm antibody tests)
- Non–self-administered drugs related to the ART service
- Nursing
- Office visits, including consultation and evaluation (following initial evaluation)
- Ovulation induction monitoring
- Pre and post-surgical services
- Radiological procedures
- Semen analysis and sperm antibody tests during an active ART cycle
- Surgical procedures (i.e., retrieval and transfer) and management, including technical and professional components of all services
- Teaching
- Ultrasound for follicular maturation

Providers who perform ART-related services (e.g., laboratories and anesthesiology offices) should not submit separate bills to Harvard Pilgrim for reimbursement. These services are reimbursable by the ART provider. Payment for these services is included in the ART provider’s global reimbursement rate. It is the responsibility of the ART provider to educate other providers of this billing requirement. Services submitted by other providers, inclusive of the global reimbursement, are subject to post-payment audit and retraction.

Reimbursed Separately

- Initial consultation and evaluation for ART services.
- Laparoscopy and hysteroscopy procedures.
- Micro Epididymal Sperm Aspiration (MESA).
- AI and IUI not submitted as part of cancelled IVF cycle.
- A confirmatory E&M office visit after the completion of an infertility service once the member is pregnant should be billed using diagnosis code of ICD-10 Z32.01 (encounter for pregnancy test, result positive). Failure to use this diagnosis code may cause a denial.

Harvard Pilgrim Does Not Reimburse

**HMO/POS/PPO**

- Lutenizing hormone (LH) ovulation kits.
- Charges for storage (i.e., included in collection, freezing and banking fees) beyond the first year:
  - Storage per year; embryo
  - Storage per year; sperm/semen
  - Storage per year; oocytes
  - Storage per year; reproductive tissue (testicular/ovarian)
- Donor egg obtained from non-contracted providers.
- Donor sperm and/or insemination procedures used to substitute for lack of a male partner when there is no medical diagnosis of infertility or when the male partner has been voluntarily sterilized.
- Infertility services for members who do not have a diagnosis of medical infertility.
- Microsurgery and/or reversal of voluntary sterilization.
- Ovulation prediction kits.
- Services related to any form of surrogacy/gestational carriers.
- Sperm identification when not medically necessary (e.g., gender identification).
- Self-administered prescription drugs when the member does not have infertility as a covered benefit, does not have the prescription drug rider or the member is not in an active and authorized infertility treatment or cycle.
**PAYMENT POLICIES**

Infertility Services (cont.)

- Non-ART providers who perform ART-related services, e.g., laboratories and anesthesiology offices. (These services are reimbursed by the ART provider.)
- Non-medical services related to donor egg procurement including, but not limited to, finders’ fees, broker fees, and legal fees.
- Specimen collection or venipuncture charges made in conjunction with laboratory services or evaluation and management services.
- Shipping and handling charges.

**Member Cost-Sharing**

Services subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible), as applicable.

**Provider Billing Guidelines and Documentation**

**Coding**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>36415</td>
<td>Venipuncture</td>
<td>Not reimbursed when billed with blood or related laboratory tests or with E&amp;M services</td>
</tr>
<tr>
<td>36416</td>
<td>Collection of capillary blood specimen</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>55870</td>
<td>Electroejaculation</td>
<td></td>
</tr>
<tr>
<td>58321-58322</td>
<td>Artificial insemination; intra-cervical &amp; intrauterine</td>
<td></td>
</tr>
<tr>
<td>58323</td>
<td>Sperm washing for artificial insemination</td>
<td></td>
</tr>
<tr>
<td>58340</td>
<td>Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography</td>
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</tr>
<tr>
<td>58345</td>
<td>Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography</td>
<td></td>
</tr>
<tr>
<td>58545-58546, 58555-58563</td>
<td>Laparoscopy and hysteroscopy services</td>
<td></td>
</tr>
<tr>
<td>74740-74742</td>
<td>Hysterosalpingography, and Transcervical catheterization of fallopian tube, radiological supervision and interpretation</td>
<td></td>
</tr>
<tr>
<td>89253</td>
<td>Assisted embryo hatching, microtechniques (any method)</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>89257</td>
<td>Sperm identification from aspiration (other than seminal fluid)</td>
<td></td>
</tr>
<tr>
<td>89258</td>
<td>Cryopreservation, embryo(s)</td>
<td>Reimbursement includes up to 1 year of storage</td>
</tr>
<tr>
<td>89259</td>
<td>Cryopreservation, sperm</td>
<td>Reimbursement includes up to 1 year of storage</td>
</tr>
<tr>
<td>89264</td>
<td>Sperm identification from testis tissue, fresh or cryopreserved</td>
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<tr>
<td>89290</td>
<td>Biopsy, oocyte polar body or embryo blastomere, microtechnique (for PGT), less than or equal to 5 embryos</td>
<td></td>
</tr>
<tr>
<td>89291</td>
<td>Biopsy, oocyte polar body or embryo blastomere, microtechnique (for PGT), greater than or equal to 5 embryos</td>
<td></td>
</tr>
<tr>
<td>89337</td>
<td>Cryopreservation, mature oocyte(s)</td>
<td>Reimbursement includes up to 1 year of storage</td>
</tr>
<tr>
<td>99241-99245</td>
<td>Office consultation for new or established patient</td>
<td>Bill for initial evaluation (once per patient, per provider)</td>
</tr>
<tr>
<td>99000</td>
<td>Handling and/or conveyance of specimen for transfer from the physician’s office to a laboratory</td>
<td>Not reimburdsed</td>
</tr>
<tr>
<td>Q0091</td>
<td>Specimen collection</td>
<td>Not reimbursed when billed with laboratory tests or with E&amp;M services</td>
</tr>
</tbody>
</table>

(continued)
PAYMENT POLICIES

Infertility Services (cont.)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>S4011</td>
<td>In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development</td>
<td>Any incomplete donor cycle should be billed with appropriate incomplete codes S4017, S4020 or S4021</td>
</tr>
<tr>
<td>S4013</td>
<td>Complete cycle, gamete intrafallopian transfer (GIFT)</td>
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<tr>
<td>S4014</td>
<td>Complete cycle, zygote intrafallopian transfer (ZIFT)</td>
<td></td>
</tr>
<tr>
<td>S4015</td>
<td>Complete in vitro fertilization cycle</td>
<td></td>
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<tr>
<td>S4016</td>
<td>Frozen in vitro fertilization</td>
<td></td>
</tr>
<tr>
<td>S4017</td>
<td>Incomplete cycle, treatment cancelled prior to stimulation</td>
<td></td>
</tr>
<tr>
<td>S4018</td>
<td>Frozen embryo transfer procedure—cancelled before transfer</td>
<td></td>
</tr>
<tr>
<td>S4020</td>
<td>Cancelled before aspiration</td>
<td></td>
</tr>
<tr>
<td>S4021</td>
<td>Cancelled after aspiration</td>
<td></td>
</tr>
<tr>
<td>S4022</td>
<td>Assisted oocyte fertilization (AOF)</td>
<td></td>
</tr>
<tr>
<td>S4026</td>
<td>Procurement of donor sperm from sperm bank—per vial</td>
<td>Attach sperm bank invoice</td>
</tr>
<tr>
<td>S4028</td>
<td>Microsurgical epididymal sperm aspiration (MESA) and testicular sperm extraction (TESE)</td>
<td></td>
</tr>
</tbody>
</table>

Other Information

Paper Claims Submitters

- Non-ART providers (e.g., laboratories and anesthesiology offices), who perform ART-related services, must submit bills for these services to the ART provider directly for reimbursement. (Harvard Pilgrim denies these services as global to the ART provider’s all-inclusive rate.)

Related Policies

- Claims Submission Guidelines
- Infertility Services–Massachusetts Medical Review Criteria
- Infertility Services–Connecticut Medical Review Criteria
- Molecular Diagnostic Management Medical Policy
- Obstetrical/Maternity Care Payment Policy

PUBLICATION HISTORY

- 11/15/09 created Infertility Services payment policy to replace Artificial & Intruterine Insemination and Assisted Reproductive Technology policies
- 06/15/10 clarified global reimbursement for ART vs. AI and IU; updated payable hysteroscopy and laproscopy px’s; clarified PGT cover age
- 11/15/10 annual review; minor edits for clarity; added related policy
- 10/15/11 policy update: use diagnosis code V72.42 when billing confirmatory E&M office visit after the completion of infertility service
- 12/15/11 annual review; added aCGH to not reimbursed; minor edits for clarity
- 01/01/12 removed First Seniority Freedom information from header
- 12/15/12 annual review; clarified PGT coverage
- 12/15/13 annual review; no changes
- 04/15/14 policy update; added reference medical review criteria; added infertility medical review criteria to related policies
- 06/15/14 added Connecticutt Open Access HMO referral information to prerequisites
- 12/15/14 annual review; added billing guidelines for electronic claims
- 06/15/15 ICD-10 coding update
- 12/15/15 annual review; removed electronic billing guidelines, removed code S4025, added statement re: post-payment audits
- 06/15/16 minor edits for clarity
- 12/15/16 annual review; administrative edits
- 12/15/17 annual review; no changes
- 01/01/18 updated Open Access Product referral information under Prerequisites
- 06/11/18 removed reference to the Infertility Services Authorization policy
- 01/02/19 annual review; administrative edits; added related medical policy

(continued)
This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

Certain services are reimbursed separately if not performed in conjunction with an infertility procedure that is paid at an all inclusive global rate as outlined in the global rate section of this payment policy.

This table may not include all provider claim codes related to ART services.