

Infertility

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.

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 preserved 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 Reimburses¹

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 evaluation.²
- Diagnostic testing.²
- Laboratory tests.²
- 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.²
- 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
- Evaluation and Management services
- 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 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

- Luteinizing 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/semens
 - 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.
- 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 are subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible), as applicable.

Provider Billing Guidelines and Documentation

Coding³

Code	Description	Comments
36415	Venipuncture	Not reimbursed when billed with blood or related laboratory tests or with E&M services
36416	Collection of capillary blood specimen	Not reimbursed
89253	Assisted embryo hatching, micro techniques (any method)	Not reimbursed
89258	Cryopreservation, embryo(s)	Reimbursement includes up to 1 year of storage
89259	Cryopreservation, sperm	Reimbursement includes up to 1 year of storage
89337	Cryopreservation, mature oocyte(s)	Reimbursement includes up to 1 year of storage
99241-99245	Office consultation for new or established patient	Bill for initial evaluation (once per patient, per provider) As of dates of service on or after

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Code	Description	Comments
		November 1, 2021, Harvard Pilgrim will no longer reimburse consultation services
99000	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory	Not reimbursed
Q0091	Specimen collection	Not reimbursed when billed with laboratory tests or with E&M services or when billed by a facility as of dates of service on or after 5/1/2021
S4011	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	Any incomplete donor cycle should be billed with appropriate incomplete codes S4017, S4020 or S4021
S4026	Procurement of donor sperm from sperm bank—per vial	Attach sperm bank invoice

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

Payment Policies

- Non-Covered Services
- Obstetrical/Maternity Care

Medical Policies

- Infertility Services—Massachusetts
- Infertility Services—New Hampshire
- Infertility Services—Connecticut
- Molecular Diagnostic Management

Billing & Reimbursement

- Claims Submission Guidelines

PUBLICATION HISTORY

10/01/01	original documentation
11/15/09	created Infertility Services payment policy to replace Artificial & Intrauterine Insemination and Assisted Reproductive Technology policies
06/15/10	clarified global reimbursement for ART vs. AI and IUI; updated payable hysteroscopy and laparoscopy 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 <i>Connecticut Open Access HMO</i> referral information to prerequisites

PAYMENT POLICIES

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
01/04/21	annual review; updated Provider Billing Guidelines and Documentation; administrative edits
03/01/21	added Q0091 not reimbursed when billed by a facility as of date of service 5/1/2021
09/01/21	added consultations no longer reimbursed as of date of service 11/1/21; administrative edits
12/01/21	annual review; no changes

¹This 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.

²Certain 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.

³This table may not include all provider claim codes related to ART services.