

Gynecology

Policy

Harvard Pilgrim reimburses contracted providers for the provision of gynecological services when rendered by an obstetrician, obstetrician/gynecologist, certified nurse midwife, maternal and fetal medicine specialist, primary care physician (PCP), nurse practitioner or family practitioner.

Policy Definition

Gynecology is the branch of medicine that focuses on the diagnosis and treatment of disorders related to the female genital and reproductive system. Common services include pelvic exams, pap smears, contraception management, menopause treatment, and surgical procedures.

Prerequisite(s)

Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. Refer to [*Referral, Notification and Authorization*](#) for more information.

HMO/POS/PPO

- A referral is not required for gynecological services provided by a gynecologist, certified nurse midwife, or a family practitioner.
- A referral is required for specialist services 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

- One annual, routine, gynecological examination (based on a calendar year and diagnosis), which is inclusive of a Pap smear, manual breast examination and pelvic examination
- Follow-up gynecological services determined to be medically necessary when identified during an annual examination or an evaluation of an acute or emergency gynecology condition
- Covered diagnostic and therapeutic procedures
- Acute or emergency gynecological conditions
- Thin prep Pap smear
- Chlamydia screening
- Diagnostic or screening Pap smear when ordered or performed by the provider
- Cervical or vaginal cancer screening including pelvic and clinical breast examinations when it is the sole service performed
- Genetic counseling
- Genetic testing
- Pregnancy testing
- Human papillomavirus (HPV) vaccine
- Human papillomavirus (HPV) testing for approved diagnosis

Contraception/Family Planning

- Injection or insertion of and/or removal of birth control implants and devices.
- Contraceptive monitoring service
- Termination of pregnancy, including Mifepristone when covered in the member's benefit package

The following contraceptives and contraceptive devices are reimbursed with the birth control pharmacy drug rider.

- Depo-Provera (when used as a contraceptive)

- IUD, including Mirena IUD and Norplant, when supplied in the provider's office
- Diaphragm
- NuvaRing, contraceptive ring
- Etonogestrel (contraceptive) implant system (Implanon)

Surgery

- Gynecological surgery inclusive of pre- and post-operative visits within the defined global period
- Gynecological-assisted surgical procedures in accordance with CMS rules and regulations
- Endometrial cryoablation with ultrasonic guidance
- Voluntary sterilization
- Essure sterilization system
- Adiana sterilization system

Refer to Surgery for information on general surgical reimbursement methodologies, such as separately reimbursed services, bundled services, bilateral surgeries, multiple surgical procedures, add-on codes, unlisted codes, assistant surgeons, team surgery, co-surgery, anesthesia services and surgical trays.

Harvard Pilgrim Does Not Reimburse**HMO/POS/PPO**

- PAPNET
- Handling charges for Pap smear
- Non-prescription contraceptive items (i.e., diaphragm cream, jelly, foam or condom, etc.)
- Extracorporeal magnetic innervation for urinary incontinence (ExMI)
- Home pregnancy tests
- Reversal of voluntary sterilization
- Hospital-mandated physician on-call services
- Obtaining, preparing and conveyance of a cervical or vaginal Pap smear to a laboratory when billed with an evaluation and management service or when billed by a facility
- Cervical or vaginal cancer screening; pelvic including clinical breast exam when billed with an evaluation and management service or when billed by a facility
- A transabdominal or pelvic ultrasound when performed during the same session as a transvaginal ultrasound as these are considered redundant services
- Pharmacies for Mifepristone (This drug is not available through a pharmacy prescription.)
- Effective for dates of service on or after September 1, 2021, cervical or vaginal screening for female patients younger than 21 years of age when the only diagnosis is a screening diagnosis. Cervical or vaginal screening for female patients 21 years of age or older when the only diagnosis is a screening diagnosis and a cervical or vaginal screening services has been reported in the previous 13 months, or when the only diagnosis is a screening diagnosis and a cervical or vaginal screening has been reported in the previous three years
- Effective for dates of service on or after September 1, 2021, HPV testing for female patient less than 30 years of age when the only diagnosis is a screening diagnosis code. HPV testing when billed more than once in a five-year period by any provider for a female patient between 30 and 65 years of age when the only diagnosis is a screening diagnosis code.

Member Cost-Sharing

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

Harvard Pilgrim reimburses services to contracted providers when the service is a covered benefit. Benefits may vary greatly among employer groups. For benefit determination, call the Provider Service Center at 800-708-4414.

Provider Billing Guidelines and Documentation
Coding²

Code	Description	Comments
87623–87625	Human Papillomavirus (HPV)	<u>ICD-10 Covered Indications</u>
99000, 99001	Handling and/or conveyance of specimen for transfer from the office to a laboratory	Not reimbursed
99026, 99027	Hospital-mandated physician on-call services	Not reimbursed
99381–99397	Preventive medicine services for new and established patients	Bill preventive visits using the age-appropriate preventive CPT visit code
90649	Human papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV, three-dose schedule), for intramuscular use	Reimbursed for ages 9–26. When the series of three injections is begun by age 26 the subsequent injections are covered into age 27 to complete the series of three.
90650	Human papillomavirus vaccine, types 16 and 18, bivalent (2vHPV, three-dose schedule), for intramuscular use	Reimbursed for ages 9–26. When the series of 3 injections is begun by age 26 the subsequent injections are covered into age 27 to complete the series of three
90651	Human papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonvalent (9vHPV, two or three-dose schedule), for intramuscular use	Reimbursed for ages 9–46 as of 10/05/18
A4267, A4268	Contraceptive supply, condom	Not reimbursed
A4269	Contraceptive supply, spermicide	Not reimbursed
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination	Not separately reimbursed when billed with an evaluation and management service or when billed by a facility as of dates of service on or after 5/1/2021.
J3490	Unclassified drugs	Use to bill Progestasert IUD; submit NDC number
Q0091	Screening Pap smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory	Not separately reimbursed when billed with an evaluation and management service or when billed by a facility as of dates of service on or after 5/1/2021

Other Information

- Bill routine visits using the diagnosis code ICD-10 Z01.411 or Z01.419, as the primary diagnosis.
- Bill diagnostic and therapeutic procedures performed in the office or an outpatient setting using the appropriate CPT codes.
- Bill Pap smears using the CPT code only; HCPCS codes should not be used for Pap smears.
- Bill assistant surgeon services with modifiers AS, 80, 81 or 82 in the first modifier field.

Bilateral Services

Refer to the *Bilateral and CPT Modifier 50 Payment Policy* for billing directives.

Unlisted Drugs

Bill unlisted J codes as follows.

- Electronic claim submitters:
 - The unlisted code in the SV1 segment, loop 2400 and the NDC Number in the LIN segment, loop 2410 of the HIPAA-compliant 837 (If you are unable to submit electronic claims in the HIPAA-compliant format, submit a paper claim.)
- Paper claim submitters:
 - CMS-1500 form: Both the unlisted J code and NDC number in field 24D; place the NDC number under the unlisted J code; bill units in field 24G.
 - UB-04 form: Unlisted J code and full description/name and strength of drug in field 43; place service units provided in field 46.

Related Policies

Payment Policies

- Anesthesia
- Bilateral Services and CPT Modifier 50
- Evaluation and Management
- Infertility Services
- Obstetrical/Maternity Care
- Surgery
- Vaccine and Immunization

Clinical Policies

- Molecular Diagnostic Management
- Infertility Services — Massachusetts
- Infertility Services — Connecticut
- New Technology Assessment and Non-Covered Services

Referral, Notification & Authorization

- Prior Authorization

Billing & Reimbursement

- Claims Submission Guidelines

PUBLICATION HISTORY

10/01/01	original documentation
04/01/02	updated contraception coding
04/01/03	annual review; 2003 coding update; added bundling/unbundling coding combinations; added ExMI not reimbursed; minor edits for clarification
04/30/04	annual coding review
04/30/05	annual coding review; valid ICD-9 diagnosis code added for routine GYN
01/31/06	annual coding review
01/31/07	annual coding review
04/30/07	annual review; added HPV vaccine and Levonorgestrel (contraceptive) implant system coverage info
01/31/08	annual coding update
04/30/08	annual review; added pregnancy testing, HPV testing, HPV vaccine clarification and Etonogestrel (contraceptive) implant system (Implanon) info
07/31/08	added bilateral billing update
01/31/09	annual coding update; HPV testing coverage age
05/15/09	annual review; added "Not FDA approved" to 90650; minor edits for clarification
03/15/10	annual review; added 622.10, 90650 FDA approved; minor edits for clarification; removed bilateral billing update; updated related policies; added Adiana sterilization system.
03/15/11	annual review; added V13.23 and V13.24 to 87620-87621; added referral is required for specialist services
01/01/12	removed First Seniority Freedom information from header
03/15/12	annual review; removed FDA approved as of 10/21/09 from CPT 90650
01/15/13	annual coding update

PAYMENT POLICIES

02/15/13	annual review; no changes
12/15/13	updated HPV diag list and removed age criteria
01/15/14	annual coding update; administrative edits
04/15/14	annual review; no changes
06/15/14	added <i>Connecticut Open Access HMO</i> referral information to prerequisites
01/15/15	annual coding update
03/15/15	annual review; removed age criteria for 87623-87625; added CPT 90651
07/15/15	ICD-10 coding update
01/15/16	annual coding update
04/15/16	annual review minor changes for clarification
02/15/17	removed conscious sedation, added Anesthesia as a related payment policy
04/15/17	annual review; updated ICD-10 diagnosis codes for routine visits; added to Harvard Pilgrim will no longer reimburse a transabdominal ultrasound when performed during the same session as a transvaginal ultrasound as of date of service 06/15/17
02/01/18	annual coding update; updated Open Access Product referral information under Prerequisites
04/02/18	annual review; administrative edits; removed ICD-9 codes; added Genetic Testing, and Human Papillomavirus (HPV) Vaccines medical policies to related policies
06/11/18	removed reference to the Infertility Services Authorization policy; added Infertility Services — Massachusetts Medical Review Criteria and Infertility Services — Connecticut Medical Review Criteria to Related Policies
03/01/19	updated CPT 90651 as of 10/5/2018
04/01/19	annual review; updated related policies
06/03/19	administrative edit
04/01/20	annual review; added pelvic ultrasound under HPHC Does not Reimburse; removed HPV coverage types and age ranges from HPHC Reimburses section. Updated HMO/POS/PPO referral information under Prerequisites
03/01/21	added G0101/Q0091 not reimbursed when billed by a facility as of data of service 5/1/2021
05/01/21	annual review; updated provider billing guidelines; added Mifepristone information
07/01/21	added cervical, vaginal and HPV screening limitations

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.

²The table may not include all provider claim codes related to gynecology.