

# Infertility/Assisted Reproductive Technology (ART) Services Payment Policy

## Policy

The Plan covers a range of services related to the diagnosis and treatment of infertility for Plan members, including:

- 1) Initial office visit with a contracted infertility specialist and diagnostic evaluation services provided during the initial office visit or scheduled as follow-up to the initial office visit, including, but not limited to laboratory testing and radiology services.
- 2) Surgical and non-surgical treatments for infertility.
- 3) The following ART procedures:
  - a. Artificial insemination (AI).
  - b. Stimulated intra uterine insemination (IUI).
  - c. In-vitro fertilization (IVF).
  - d. Frozen Embryo Transfer (FET).
  - e. Gamete intra fallopian transfer (GIFT).
  - f. Zygote intra fallopian transfer (ZIFT).
- 4) Sperm, egg and/or inseminated egg procurement and processing, and banking of sperm, egg or inseminated eggs, to the extent such costs are not covered by the donor's insurer, if any.
- 5) ART-related services, including:
  - a. Intra-cytoplasmic sperm injection (ICSI).
  - b. Preimplantation genetic diagnosis (PGD) – including biopsy and genetic testing (molecular diagnostics [PCR] or molecular cytogenetics [FISH]), when one or both partners are carriers for certain genetic disorders.
  - c. Assisted hatching (AH).
  - d. Cryopreservation and storage of sperm or embryos for plan members in active infertility treatment.

The following services are **not covered**:

- 1) Infertility services for a member who has previously undergone a sterilization procedure, whether or not there has been a procedure to reverse the sterilization.
- 2) Infertility services for women with morbid obesity as outlined in the Clinical Coverage Criteria.
- 3) Infertility services for women who are severely underweight as outlined in the Clinical Coverage Criteria.
- 4) Cryopreservation and/or storage of testicular tissue.
- 5) Preimplantation HLA typing and selected embryo transfer of potential donor progeny.
- 6) Infertility/ART services that are considered experimental or investigational.
- 7) Infertility services for a plan member who is not medically infertile, e.g., coverage for ovarian stimulation for a plan member who is an egg donor.
- 8) Infertility/ART services for a partner who is not a plan member, except for sperm, egg and/or inseminated egg procurement and processing, and banking of sperm or inseminated eggs, to the extent that such costs are not covered by the donor's insurer, if any.
- 9) Services or supplies related to non-covered infertility/ART services.
- 10) Costs for complications that an egg donor (who is not a plan member) incurs related to egg-donation services.
- 11) Treatments requested solely for the convenience, lifestyle, personal, or religious preference of the member in the absence of medical necessity.
- 12) Transportation costs, including transportation costs for an egg donor.
- 13) Reversal of a voluntary sterilization.
- 14) Supplies that can be purchased over-the-counter, such as ovulation or pregnancy test kits.
- 15) Any costs or services associated with any form of surrogacy, including gestational carrier.
- 16) Long-term storage of sperm or embryos. (Unless authorized under the criteria met in the Infertility Clinical Coverage Criteria.)
- 17) Charges or compensation for egg or sperm donors.

- 18) Chromosomal studies of a donor sperm, donor egg, or donor embryo.
- 19) Preimplantation genetic screening for gender selection.
- 20) Preimplantation genetic diagnosis for aneuploidy screening or for any other non-covered condition. See the Plan medical policy Infertility/Assisted Reproductive Technology Services, for covered conditions.

## Definitions

ART cycle - Because ART consists of several steps over an interval of several weeks, an ART procedure is more appropriately considered a cycle of treatment rather than a procedure at a single point in time. A typical ART cycle begins when a woman starts taking medication to stimulate the ovaries to develop eggs or, if no drugs are given, when the woman begins having her ovaries monitored (using ultrasound or blood tests) for natural egg production. If eggs are produced, the cycle then progresses to egg retrieval, a surgical procedure in which eggs are collected from a woman's ovaries. Once retrieved, eggs are combined with sperm in the laboratory. If fertilization is successful, one or more of the resulting embryos are selected for transfer, most often into a woman's uterus through the cervix (IVF), but sometimes into the fallopian tubes (e.g., GIFT or ZIFT). If one or more of the transferred embryos implant within the woman's uterus, the cycle then progresses to clinical pregnancy. A cycle may be discontinued at any step for specific medical reasons (e.g., no eggs are produced, the embryo transfer was not successful) or by patient choice.

## Reimbursement

Global Services:

The Plan reimburses the following ART procedures at an all-inclusive global reimbursement rate according to the terms of the Provider Contract.

Code(a)	Procedure/Service	Comments
S4015	IVF Cycle – complete	<p>Services included in the global payment:</p> <ul style="list-style-type: none"> <li>• Office visits throughout the IVF cycle</li> <li>• Radiology services, such as transvaginal ultrasounds</li> <li>• Laboratory tests, such as estradiol, progesterone, and LH</li> <li>• Non-self-administered drugs</li> <li>• Ovarian stimulation and monitoring</li> <li>• Egg retrieval, including professional and facility charges, sedation and/or anesthesia, and recovery room charges</li> <li>• Egg assessment and incubation</li> <li>• Semen/sperm processing and preparation for insemination, and temporary storage if necessary (donor sperm from sperm bank is reimbursed separately)</li> <li>• Thawing of cryopreserved embryos and/or sperm/semens</li> <li>• Insemination and fertilization</li> <li>• Embryo culture and temporary storage</li> <li>• Embryo preparation and transfer</li> <li>• Facility charges, such as operating room and recovery room services and supplies</li> <li>• Charges for ancillary services, including, but not limited to, embryology and urology services, anesthesia, venipuncture, and drug administration charges</li> </ul>
S4017	Incomplete cycle (IVF, GIFT or ZIFT) – treatment cancelled before stimulation	<p>Services included in the global payment:</p> <ul style="list-style-type: none"> <li>• Office visits throughout the cycle</li> <li>• Non-self-administered drugs</li> </ul>

		<ul style="list-style-type: none"> <li>• Radiology services, such as transvaginal ultrasounds</li> <li>• Laboratory tests, such as estradiol, progesterone and LH</li> <li>• Facility charges, such as operating room and recovery room services and supplies</li> <li>• Charges for ancillary services, including, but not limited to, embryology and urology services, anesthesia, venipuncture, and drug administration charges</li> </ul>
S4020	Incomplete cycle (IVF, GIFT or ZIFT) – procedure cancelled before aspiration (egg retrieval)	<p>Services included in the global payment:</p> <ul style="list-style-type: none"> <li>• Office visits throughout the cycle</li> <li>• Non-self-administered drugs</li> <li>• Transvaginal ultrasounds</li> <li>• Laboratory tests, such as estradiol, progesterone, and LH</li> <li>• Ovulation stimulation and monitoring</li> <li>• Facility charges, such as operating room and recovery room services and supplies</li> <li>• Charges for ancillary services, including, but not limited to, embryology and urology services, anesthesia, venipuncture, and drug administration charges</li> </ul>
S4021	Incomplete cycle (IVF, GIFT or ZIFT) – cancelled after aspiration (egg retrieval)	<p>Services included in the global payment:</p> <ul style="list-style-type: none"> <li>• Office visits throughout the cycle</li> <li>• Non-self-administered drugs</li> <li>• Transvaginal ultrasounds</li> <li>• Laboratory tests, such as estradiol, progesterone, and LH</li> <li>• Ovulation stimulation and monitoring</li> <li>• Egg retrieval, including professional and facility charges, sedation and/or anesthesia, and recovery room charges</li> <li>• Egg assessment and incubation</li> <li>• Semen/sperm processing and preparation for insemination, and temporary storage if necessary (procurement of donor sperm from sperm bank is reimbursed separately)</li> <li>• Thawing of cryopreserved embryos and/or sperm/semens</li> <li>• Insemination and fertilization</li> <li>• Embryo culture and temporary storage</li> <li>• Facility charges, such as operating room and recovery room services and supplies</li> <li>• Charges for ancillary services, including, but not limited to, embryology and urology services, anesthesia, venipuncture, and drug administration charges</li> </ul>
S4013	GIFT Cycle – complete	<p>Services included in the global payment:</p> <ul style="list-style-type: none"> <li>• Office visits throughout the cycle</li> <li>• Radiology services, such as transvaginal ultrasounds</li> <li>• Laboratory tests, such as estradiol, progesterone, and LH</li> <li>• Non-self-administered drugs</li> <li>• Ovulation stimulation and monitoring</li> <li>• Egg retrieval, including professional and facility charges, sedation and/or anesthesia, and recovery room charges</li> </ul>

		<ul style="list-style-type: none"> <li>• Egg processing and preparation</li> <li>• Semen/sperm processing and preparation for insemination, and temporary storage if necessary (donor sperm from sperm bank is reimbursed separately)</li> <li>• Laparoscopy and/or other surgical procedure and associated charges.</li> <li>• Facility charges, such as operating room and recovery room services and supplies</li> <li>• Charges for ancillary services, including, but not limited to, embryology and urology services, anesthesia, venipuncture, and drug administration charges</li> </ul> <p>For incomplete GIFT cycle cancelled prior to stimulation, bill S4017.</p> <p>For an incomplete GIFT cycle cancelled prior to egg retrieval, bill S4020.</p> <p>For an incomplete GIFT cycle cancelled after egg retrieval, bill S4021.</p>
S4014	ZIFT Cycle – complete	<p>Includes all services included above in IVF Cycle – complete, plus:</p> <ul style="list-style-type: none"> <li>• Laparoscopy and/or other surgical procedure and associated charges.</li> </ul> <p>For incomplete ZIFT cycle cancelled prior to stimulation, bill S4017.</p> <p>For an incomplete ZIFT cycle cancelled prior to egg retrieval, bill S4020.</p> <p>For an incomplete ZIFT cycle cancelled after egg retrieval, bill S4021.</p>
S4025	Egg Donor Services – complete	<p>Services included in the global payment:</p> <ul style="list-style-type: none"> <li>• Office visits throughout the IVF cycle</li> <li>• Radiology services, such as transvaginal ultrasounds</li> <li>• Laboratory tests, such as estradiol, progesterone, and LH</li> <li>• Non-self-administered drugs</li> <li>• Ovulation stimulation and monitoring</li> <li>• Egg retrieval, including professional and facility charges, sedation and/or anesthesia, and recovery room charges</li> </ul> <p>Use this code to bill for egg donor services for IVF, GIFT or ZIFT in conjunction with S4013, S4014, or S4015.</p> <p>The Plan does not reimburse any other services related to egg donation, including, but not limited to fees, compensation, recruitment costs, hotels, transportation, or prescription drugs.</p> <p>The Plan does not cover costs related to any complications the donor may experience related to the egg donor services, unless the donor is a plan member. Do not use this code to bill for donor sperm.</p>
S4023	Donor Egg Cycle – incomplete	<p>Services included in the global payment:</p> <ul style="list-style-type: none"> <li>• Office visits throughout the IVF cycle</li> <li>• Radiology services, such as transvaginal ultrasounds</li> <li>• Laboratory tests, such as estradiol, progesterone, and LH</li> <li>• Non-self-administered drugs</li> </ul>

		<ul style="list-style-type: none"> <li>• Ovulation stimulation and monitoring</li> <li>• Egg retrieval, including professional and facility charges, sedation and/or anesthesia, and recovery room charges</li> </ul> <p>Use this code to bill for an incomplete IVF, GIFT, or ZIFT donor egg cycle.</p>
S4016	Frozen Embryo Transfer – complete	<p>Services included in the global payment:</p> <ul style="list-style-type: none"> <li>• Office visits throughout the cycle</li> <li>• Radiology services, such as transvaginal ultrasounds</li> <li>• Laboratory tests, such as estradiol, progesterone, and LH</li> <li>• Non-self-administered drugs</li> <li>• Ovulation stimulation and monitoring</li> <li>• Thawing of cryopreserved embryos</li> <li>• Embryo preparation and transfer</li> <li>• Facility charges, such as operating room and recovery room services and supplies</li> <li>• Charges for ancillary services, including, but not limited to, embryology and urology services, anesthesia, venipuncture, and drug administration charges</li> </ul>
S4018	Frozen Embryo Transfer – Incomplete	<p>Services included in the global payment:</p> <ul style="list-style-type: none"> <li>• Office visits throughout the cycle</li> <li>• Radiology services, such as transvaginal ultrasounds</li> <li>• Laboratory tests, such as estradiol, progesterone, and LH</li> <li>• Non-self-administered drugs</li> <li>• Ovulation stimulation and monitoring</li> <li>• Thawing of cryopreserved embryos</li> <li>• Embryo preparation</li> <li>• Charges for ancillary services, including, but not limited to, embryology and urology services, anesthesia, venipuncture, and drug administration charges</li> </ul>
58321 58322	Artificial insemination (AI)	<p>Services included in the global payment:</p> <ul style="list-style-type: none"> <li>• Office visits throughout the cycle</li> <li>• Radiology services, such as transvaginal ultrasounds</li> <li>• Laboratory tests, such as estradiol, progesterone, and LH</li> <li>• Non-self-administered drugs</li> <li>• Semen/sperm processing and preparation for insemination, and temporary storage if necessary (donor sperm from sperm bank is reimbursed separately)</li> <li>• Insemination</li> <li>• Facility charges, such as operating room and recovery room services and supplies</li> <li>• Charges for ancillary services, including, but not limited to, embryology and urology services, anesthesia, venipuncture, and drug administration charges</li> </ul>
S4035	Stimulated Intrauterine Insemination	<p>Services included in the global payment:</p> <ul style="list-style-type: none"> <li>• Office visits throughout the cycle</li> <li>• Radiology services, such as transvaginal ultrasounds</li> <li>• Laboratory tests, such as estradiol, progesterone, and LH</li> </ul>

		<ul style="list-style-type: none"> <li>• Non-self-administered drugs</li> <li>• Ovarian stimulation and monitoring</li> <li>• Semen/sperm processing and preparation for insemination, and temporary storage if necessary (donor sperm from sperm bank is reimbursed separately)</li> <li>• Insemination</li> <li>• Facility charges, such as operating room and recovery room services and supplies</li> <li>• Charges for ancillary services, including, but not limited to, embryology and urology services, anesthesia, venipuncture, and drug administration charges</li> </ul>
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**Non-Global Services:**

The Plan reimburses the following infertility/ART-related services separately, according to the terms of the Provider Contract:

Code(a)	Procedure/Service	Comments
99212 99213 99204 99214 99205 99215	Initial and subsequent evaluation and management	One initial visit (99204, 99205 – new patient or 99214, 99215 – established patient), one additional visit (99212, 99213) will be reimbursed in addition to the global payment. Reimbursements for additional visits are included in the global payment.
S4022	Intracytoplasmic sperm injection (ICSI), also known as assisted oocyte fertilization (AOF)	ICSI is performed in conjunction with IVF or ZIFT to enhance the probability of fertilization.  ICSI is reimbursed separately with each IVF/ZIFT cycle. Submit code S4022 for ICSI with global IVF or global ZIFT.  S4022 may only be billed once with each IVF/ZIFT cycle regardless of how many eggs are fertilized during the cycle
89290, 89291 88271 - 88275	Preimplantation genetic diagnosis (PGD)	PGD is a procedure in which embryonic DNA is biopsied and analyzed in the laboratory, permitting deselection of embryos harboring a genetic defect prior to embryo transfer. Typically, embryos are biopsied on post-retrieval day 3. A biopsy pipette is inserted into the embryo and a single cell is extracted. The cell is then screened for genetic defects using either polymerase chain reaction (PCR) or fluorescent in situ hybridization (FISH).  PCR is most commonly used to detect single gene mutations, such as cystic fibrosis, Tay-Sachs, or Sickle Cell Anemia, when one or both parents are known carriers. In order to carry out PCR, the exact gene defect must be known.  FISH is a specialized process used to study chromosomes. The contents of the cell are transferred to a glass slide and labeled with fluorescent stains. FISH allows direct visualization of the chromosomes to determine the number or absence of chromosomes, gender determination, or to identify chromosomal translocations.

		<p>There is no specific CPT or HCPCS code for PGD. The CPT codes submitted for PGD will vary depending on which genetic disorder is being tested for.</p> <p>Embryo biopsy and PGD (PCR or FISH) are reimbursed separately. Submit code(s):</p> <ul style="list-style-type: none"> <li>• 89290 or 89291 for biopsy of the embryo(s), and</li> <li>• Relevant molecular diagnostics codes (PCR), or</li> <li>• 88271-88275 for molecular cytogenetics (FISH)</li> </ul>
89335	Cryopreservation, reproductive tissue, testicular	
S4028	Microsurgical epididymal sperm aspiration (MESA)	<p>S4028 is reimbursed separately. Submit code S4028 with S4022 for ICSI and global IVF or global ZIFT.</p> <p>Services included in the payment include:</p> <ul style="list-style-type: none"> <li>• MESA or testicular sperm extraction (TESE), including sperm/semen processing and temporary storage or cryopreservation</li> <li>• Professional charges</li> <li>• Facility charges, such as operating room and recovery room services and supplies</li> <li>• Charges for ancillary services, including, but not limited to, embryology and urology services, anesthesia, venipuncture, and drug administration charges</li> </ul> <p>Many sperm procurement procedures are performed by a urologist. In these situations, the Plan will reimburse the ART provider, and the ART provider will reimburse the urologist.</p>
89253	Assisted hatching, (any method)	<p>Assisted hatching is performed in conjunction with IVF or ZIFT to enhance the probability of implantation.</p> <p>Assisted hatching is reimbursed separately with each cycle. Submit code 89253 for assisted hatching with S4015 (global IVF) or S4014 (global ZIFT).</p>
89258	Cryopreservation; embryos	<p>Cryopreservation of embryos for members in active infertility treatment is reimbursed separately.</p> <p>Cryopreservation of embryos (89258) includes the process of cryopreservation regardless of the stage of embryo development. It does not include storage of embryos. If embryos are cryopreserved on more than one day during an ART cycle (i.e., pronuclear stage, cleavage stage, or blastocyst stage), it is appropriate to submit this code for each separate day.</p>
89342 89343 89346	Storage of embryos or sperm/semen, oocyte(s) (per year)	<p>The Plan covers storage of embryos and sperm/semen with active infertility treatment.</p> <p>These codes should not be billed for the</p>

		temporary storage of embryos or sperm/semen during an ART cycle. Temporary storage is included in the global IVF/GIFT/ZIFT reimbursement. 89342, 89343, 89346 can only be billed once per calendar year.
89352 89353 89356	Thawing of cryopreserved embryo, sperm/semen, egg(s)	Do not bill additionally if part of a global service.
S4026	Procurement of donor sperm from a sperm bank when the male partner has a confirmed diagnosis of infertility	The Plan does not reimburse donor sperm as a substitution for or in the absence of a male partner, or when the male partner has been voluntary sterilized, or when there has been an unsuccessful reversal of a vasectomy, or when the female partner is otherwise without exposure to sperm through unprotected intercourse as per the Plan medical policy on Infertility/ART Services.
Professional and facility charges for surgical treatment and procedures to treat female and male infertility such as hysteroscopy and laparoscopy. These interventional surgical procedures should occur prior to the beginning of any ART cycle.		
Evaluation and diagnostic services provided during the initial office visit or scheduled as follow-up to the initial office visit, such as: <ul style="list-style-type: none"> <li>Laboratory services, including but not limited to, semen analysis, estradiol, progesterone, LH and FSH levels, TSH, rubella, clomiphene citrate challenge test (CCCT) if appropriate, and genetic testing if indicated.</li> <li>Radiology procedures, such as transvaginal ultrasound, hysteroscopy, hysterosalpingogram</li> </ul>		
Prescription medication prescribed to treat infertility, e.g., hormonal imbalances or endometriosis (for plan members with prescription drug coverage).		
Pharmacotherapeutic agents for the non-surgical treatment of female and male infertility factors.		
Prescription medication prescribed as part of an authorized ART cycle (for plan members with prescription drug coverage).		
Storage of embryos for plan members in active infertility treatment (when prior authorized is obtained)		
Storage of sperm for plan members in active infertility treatment (when prior authorization is obtained).		
Pregnancy tests		

## Referral/notification/prior authorization requirements

PCP referrals are required for all specialty visits for most products. For a description of products and services requiring a PCP referral, please refer to the PCP referral and prior authorization grid located in the Managing Patient Care section of the Provider Manual under PCP Referral and Plan Prior Authorization Process.

The ordering provider is required to obtain prior authorization for:

- Unlisted CPT codes
- The applicable codes found on the List of Procedures Requiring Prior Authorization located in the Managing Patient Care section of the Provider Manual under PCP Referral and Plan Prior Authorization Process.

ART procedures and ART-related services require prior authorization. Authorization for ART procedures is contingent upon a review of the medical history, including, but not limited to, diagnosis, infertility treatment history, menopause status, identifiable causes of infertility, risk factors, cigarette smoking, morbid obesity, severe underweight, alcohol abuse, illicit drug use/abuse, infertility work-up results, laboratory values, and any other relevant clinical information by a Plan Medical Director. Prior authorization should be obtained in advance.



Fallon Health Weinberg and NaviCare® models of care are based on patient care coordination; therefore, we encourage referring providers to contact the member's designated navigator if there are questions or concerns prior to prescribing tests, supplying equipment, or providing any other additional appointments or services that may not routinely be authorized or may require prior authorization.

Summit ElderCare® is based on member care coordination; therefore, the referring Summit ElderCare PACE site must be contacted for approval, prior to coordinating and/or rendering services.

Infertility coverage is subject to the benefit being available under the member's specific plan.

## **Billing/coding guidelines**

The Plan requires all professional and technical charges to be submitted on a CMS 1500 claims form per industry guidelines.

Submit claims for authorized ART cycles only after the cycle has been completed.

Submit claims for authorized incomplete cycles only when the cycle is cancelled or terminated.

Authorized IVF/ZIFT/GIFT cycles can be cancelled or terminated:

- Prior to the beginning of ovarian stimulation (S4017)
- Prior to frozen embryo transfer (S4018)
- Prior to egg retrieval (S4020)
- Prior to embryo transfer (S4021)

ART-related services, such as ICSI, PGD, AH, cryopreservation and storage, are covered when billed with an authorized ART cycle.

ART cycle - For billing purposes, all services beginning with the prescription and or administration of drugs in preparation for ovarian stimulation, including any office visits, up to the point of the pregnancy test are considered part of an ART cycle and are covered under the global payment. IVF is usually performed with ovarian stimulation, but occasionally a woman and her physician may attempt IVF without fertility drugs. In this case, the ART cycle starts when the woman begins having her ovaries monitored (using ultrasound and blood tests) for natural egg production

Providers who perform professional and or technical services related to authorized ART cycles, (e.g., genetics laboratories, anesthesiologists, and urologists) should not submit bills for their services to the Plan. Payment for these services is included in the global reimbursement by the Plan to the infertility specialist. It is the infertility specialist's responsibility to reimburse these providers and educate them about these arrangements.

Authorized charges for egg, embryo, or sperm donor services should be billed under the plan member/recipient's member ID number.

## **Place of service**

This policy applies to an outpatient or office setting.

## **Policy history**

Origination date:	05/08/02
Previous revision date(s):	05/28/03, 05/26/04, 03/05/05, 08/01/07 01/01/2011- Updated to new format; moved list of services included in global vs. those that are reimbursed separately from the billing section to the reimbursement section. 11/01/2013 - Updated comments on services not included in the global. Removed specific BMI references in prior authorization section.

03/01/2014 - Removed discussion about separate reimbursement for sperm procurement and cryopreservation services.

09/01/2015 - Annual review and moved to new Plan template.

09/01/2016 - Annual review and removed deleted molecular diagnostic codes.

Connection date & details:

July 2017 – Annual review.

July 2018 – Annual review, no updates

July 2019 – Clarified language in the Referral/notification/prior authorization requirements section.

January 2020 - Updated covered services, definitions, and coding.

*The criteria listed above apply to Fallon Health plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.*