Assisted Reproductive Technology (ART) Professional Payment Policy

Applies to the following Tufts Health Plan products:

☒ Tufts Health Plan Commercial
☐ Tufts Medicare Preferred HMO (a Medicare Advantage product)
☐ Tufts Medicare Preferred HMO (a Medicare Advantage product)
☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)

Applies to the following Tufts Health Public Plans products:

☒ Tufts Health Direct (a Massachusetts Qualified Health Plan [QHP]; a commercial product)
☐ Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plans)
☐ Tufts Health RITogether (a Rhode Island Medicaid Plan)
☐ Tufts Health Unify (OneCare Plan; a dual-eligible product)

The following payment policy applies to Tufts Health Plan contracting assisted reproductive technology (ART) providers.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the Professional Services and Facilities Payment Policy.

Note: Audit and disclaimer information is located at the end of this document.

POLICY

Tufts Health Plan covers medically necessary ART services, in accordance with the member’s benefits.

ART services include but are not limited to:

- In vitro fertilization (IVF) and/or embryo transfer (ET)
- Frozen embryo transfer (FET)
- Gamete intra-fallopian transfer (GIFT)
- Donor oocyte (DO/IVF)
- Donor embryo/frozen embryo transfer (DE/FET)
- Intracytoplasmic sperm injection (ICSI)
- Assisted hatching (AH)
- Cryopreservation of embryos/blasts
- Cryopreservation of sperm
- Preimplanation genetic diagnosis (PGD)

GENERAL BENEFIT INFORMATION

Services and subsequent payment are pursuant to the member’s benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider portal or by contacting the Tufts Health Plan Infertility Line at 617.923.5879 or 888.880.8699 ext. 43405 (for Commercial members) or Provider Services (for Tufts Health Direct members).

REFERRAL/PRIOR AUTHORIZATION/NOTIFICATION REQUIREMENTS

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information, refer to the Referral, Prior Authorization and Notification Policy.

1 Commercial products include HMO, POS, PPO, and CareLink® when Tufts Health Plan is the primary administrator.
2 Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.
The following referral and prior authorization requirements apply to ART services:

- Referrals are required for access coverage for ART services. **Note:** Referral requirements vary by plan design. For additional information, refer to Our Plans.
- Prior authorization is required for infertility services. Refer to the following medical necessity guidelines for additional information:
  - Infertility Services — Massachusetts Products
  - Infertility Services — Rhode Island Products
  - Preimplantation Genetic Diagnosis (PGD)

While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information, refer to the Referral, Prior Authorization and Notification Policy.

**Note:** Providers must request coverage of a cancelled cycle within 30 days of the cancelled procedure(s) by submitting an infertility authorization form with the appropriate HCPCS code(s).

**BILLING INSTRUCTIONS**

Unless otherwise stated, Tufts Health Plan follows industry-standard coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers, and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules. For more information, refer to the Professional Services and Facilities Payment Policy.

Use of noncontracting labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Tufts Health Plan may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

- Submit claims using the National Provider Identification (NPI) number assigned for ART services as both the provider and payee. If any NPI number other than the ART-specific provider number is used, the claim will deny.
- Submit claims for an incomplete cycle only if a cycle is cancelled/terminated. Canceled cycle billing may occur during endocrine monitoring and after attempted or completed egg retrieval.
- Submit claims for a cycle only when the cycle is complete. Depending on a cycle completion point, only one global fee can be billed, regardless of the number of services involved in the member’s course of treatment, except for HCPCS code S4025 (egg donor services for IVF).

**Note:** Infertility claims for CareLink members should be submitted directly to Tufts Health Plan.

**Global Services**

The following global services codes are accepted by Tufts Health Plan. This list may not be all inclusive. The absence and/or presence of a procedure code is not an indication and/or guarantee of coverage and/or payment.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S4013</td>
<td>GIFT – complete</td>
</tr>
<tr>
<td>S4015</td>
<td>IVF – complete IVF, case rate</td>
</tr>
<tr>
<td>S4016</td>
<td>Frozen IVF cycle, case rate – complete</td>
</tr>
<tr>
<td>S4018</td>
<td>Frozen embryo transfer procedure cancelled before transfer, case rate – incomplete</td>
</tr>
<tr>
<td>S4020</td>
<td>IVF/GIFT – Incomplete endocrine monitoring/in vitro fertilization procedure cancelled before aspiration, case rate (stage 2)</td>
</tr>
<tr>
<td>S4021</td>
<td>IVF/GIFT – Incomplete retrieval/IVF procedure cancelled after aspiration, case rate (stage 3)</td>
</tr>
<tr>
<td>S4025</td>
<td>Egg donor services for IVF, case rate (use this code in conjunction with S4015, complete IVF, case rate, to bill for a completed donor egg cycle)</td>
</tr>
</tbody>
</table>

**Note:** Do not use this code to bill for donor sperm

ART global services include, but are not limited to, the following:
• Anesthesia services and preparatory testing
• Embryo preparation/catheter loading
• Facility charges, including all ambulatory surgery, operating room and recovery room charges and supplies
• Laboratory tests (including pre- and post-retrieval)
• Semen preparation for insemination
• Non-self-administered drugs
• Nursing
• Office visits, including consultation and evaluation (following initial evaluation)
• Ovulation induction monitoring
• Pre- and post-surgical services
• Radiological and ultrasound procedures
• Teaching
• Surgical procedures and management, including technical and professional components of all services
• Other ancillary services

Nonglobal Services
The following nonglobal services codes are accepted by Tufts Health Plan. This list may not be all inclusive. The absence and/or presence of a procedure code is not an indication and/or guarantee of coverage and/or payment.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>89258</td>
<td>Cryopreservation of embryo associated with active fertility services</td>
</tr>
<tr>
<td>89259</td>
<td>Cryopreservation of sperm associated with active fertility services</td>
</tr>
<tr>
<td>89280</td>
<td>Assisted oocyte fertilization, less than or equal to 10 oocytes</td>
</tr>
<tr>
<td>89281</td>
<td>Assisted oocyte fertilization, greater than 10 oocytes</td>
</tr>
<tr>
<td>89290</td>
<td>Biopsy, oocyte polar body or embryo blastomere, microtechnique (for PGD); less than or equal to 5 embryos</td>
</tr>
<tr>
<td>89291</td>
<td>Biopsy, oocyte polar body or embryo blastomere, microtechnique (for PGD); greater than 5 embryos</td>
</tr>
<tr>
<td>89342</td>
<td>Long-term storage of previously frozen embryo associated with active infertility services; billed semi-annually</td>
</tr>
</tbody>
</table>

Note: Professional and/or technical services provided by a practitioner or hospital outside of the services defined in the ART contract, including gynecological/infertility services, should not be billed separately to Tufts Health Plan. The ART facility should submit once for the complete cycle. All services rendered will be paid as a global payment in accordance with the applicable financial exhibits of their provider contracts.

It is the ART provider’s responsibility to educate other providers who perform ART-related services for members (e.g., laboratories or anesthesiology groups) that they should not submit separate claims to Tufts Health Plan. Payment for their services is included in the global compensation for the ART procedure codes listed.

COMPENSATION/REIMBURSEMENT INFORMATION
Providers are compensated according to the applicable network contracted rates and applicable fee schedules, regardless of the address where the service is rendered. For additional information, refer to the Professional Services and Facilities Payment Policy.

Obstetrical and Gynecological Ultrasounds – Commercial Products
Providers may bill obstetrical ultrasound services in accordance with their provider agreements. Refer to the Imaging Privileging Program chapter in the Commercial Provider Manual for specific codes.

ADDITIONAL RESOURCES
• Imaging Services Payment Policy

DOCUMENT HISTORY
• January 2023: Annual code updates; removed 99245 as consultation codes are no longer covered
• November 2022: Annual policy review; no changes
• February 2021: Reviewed by committee; added Tufts Health Direct applicability and referral requirements; template updates; removed outdated codes and removed obstetrical and gynecological ultrasound requirements referred to in the Commercial Provider Manual
• December 2019: Added link to Infertility Services medical necessity guidelines for New Hampshire products, effective for dates of service on or after January 1, 2020

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• May 2019: Removed reference to Claims Submission Policy (retired)
• October 2018: Clarified prior authorization requirements for cancelled cycles
• June 2018: Template updates
• April 2017: Reviewed by committee; removed AIUM certification language for obstetrical and gynecological ultrasound providers, as this is no longer a requirement for participating providers
• January 2017: Template updates
• January 2016: Template updates

AUDIT AND DISCLAIMER INFORMATION
Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan’s audit policies, refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLink℠ for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna’s provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.