Addendum 07 to DOH Claims & Adjudication Rules

Version

V2025.1

Including the Mandatory Tariff Pricelist Application Rules.

دائـــــرة الـــصـــحـــة

DEPARTMENT OF HEALTH

1. Purpose of this Document.

The purpose of this addendum is to update Section 4.5.1 of the DOH Claims and Adjudication Rules to introduce the rules for home-based IVF service enhancements. These services support improved accessibility, convenience, and patient experience for individuals undergoing fertility treatment and shall be provided only by appropriately licensed and credentialed healthcare professionals.

2. Effective Date:

15 July 2026

3. Service and CPT Codes:

Service	Code	Short Code Description
Phlebotomy Services	36415	Collection of venous blood by venipuncture
Administration of IVF Medications	96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
Any IVF-related IV Infusions	96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
	96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
	96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)
	96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)

4. Claims and Adjudication Rules

4.5.1 ART Related services

A. Service codes 70-01, 70-02, 70-03, 70-04, 70-05, 70-06, 70-07, 70-08, 70-09, 70-10, 70-11 are used for bundled reimbursement for successful IVF cycle (please refer to section 6.2.1 for detailed description, inclusions and exclusions of these codes).

4.5.1.1 Benefit-Related Billing Rules

Number of genetic testing – one test per cycle as per the eligibility mentioned in the DOH Policy on THIQA Coverage for Assisted Reproductive Treatment and Services.

4.5.1.2 Pricing-Related Billing Rules

- The service codes are reported with EncounterType = 1 (No Bed + No emergency room).
- Pre-authorization - Required for all the above service codes at the start of the cycle.
- All activities (services and procedures) shall be reported using the Per diem claiming methodology, as explained in section 4.3. of the DOH Claims and Adjudication Rules document.
- Providers shall only claim the rate set for the respective IVF service code and any excluded services. For the services that are included in the service code providers are required to report the proper codes as activity line but keep charges at a value of zero as a prerequisite for reimbursement.
- Transfer in between providers – Patient have the right to change the provider if not satisfied. However, the transfer should be encouraged after the completion of an entire package rather than interrupting the cycle of the treatment under the same package and the provider will be reimbursed as incomplete cycle and paid for the successfully completed step(s) as per the service code specified for each step of the ART bundle.
- Reimbursement for transfer of frozen embryos to another provider – Provider completing the embryo transfer will be paid for the respective package and the provider that initiated the IVF cycle will be reimbursed as incomplete cycle and paid for the successfully completed step(s) as per the service code specified for each step of the ART bundle.
- Missing services/benefits - Reporting activity items included in each bundle is a prerequisite for payment. The claim has to be submitted after completing the cycle to allow reporting all expected and performed services.
- Pre-authorization will be revised when the cycle is incomplete and the claim shall be submitted billed with service codes as defined in section 3.
- Reimbursement of Successful Embryo Thawing and Egg Thawing of an incomplete cycle, will be paid using the related CPT codes and should be medically reasonable and clearly documented for reimbursement.
- Bundle package of frozen embryo cycle (07-02) should have prerequisite of availability of frozen embryos.
- Bundle package of frozen egg cycle (07-04) should have prerequisite of stored eggs.
- Bundle packages (70-01, 70-02, 70-03, 70-04, and 70-05) cannot be billed together. Each bundle

must be authorized as per the rules above.

- Bundle package (70-11) can be added to bundle package (70-03) – frozen Embryo cycle and package (70-05) – frozen egg cycle, if the bundle is requested 6 months from the initial stimulation.
- Please refer to the Appendix 1 Diagram1 for the pictorial representation of Bundle 1 to Bundle 5

B. Service codes 70-12, 70-13, 70-14, 70-15, 70-16, 70-17, 70-18, 70-19, 70-20, 70-21 & 70-22 are to be used for ART related services outside the IVF bundles (please refer to section 6.2.1 for a detailed description of these codes).

- The above codes shall be reported using the appropriate Encounter Type as per clinical criteria.
- Pre-authorization is required for all codes mentioned.
- The above codes bundle all activities related to the service provision including the per diem charges for SRVC codes 70-18 till 70-22. Providers are required to report all activities as line item but keeping charges at a value of zero, as a prerequisite for reimbursement.
- Service codes 70-13, 70-15 and 70-17 are considered as add-on codes for each additional embryo and shall only be reported and billed after the maximum number of embryos required for the respective parent codes 70-12, 70-14, 70-16 (up to 5 embryos) are fulfilled.
- Codes 55899, 54505, 54500 and S4028 shall continue to be reported as line item activities with charges kept at a value of zero for SRVC codes 70-18 till 70-22. The code to be reported must correspond to the actual procedure performed based on the code description of the SRVC codes.
- For bilateral surgical procedures, Modifier 50 must be reported as an observation field to the applicable SRVC code (70-18 till 70-22) to avail the adjusted reimbursement of 150%.

C. Home-based IVF service enhancements are limited to phlebotomy services, administration of IVF medications, and IVF-related intravenous infusions associated with an approved IVF bundle. The applicable CPT activity codes are 36415, 96372, 96365, 96366, 96367, and 96368.

- The above home-based IVF activities shall be reported and submitted on the same claim as the related IVF bundle.
- They must not be billed separately or outside the scope of the approved IVF bundle.
- Where these CPT activity codes are reported for claims visibility, they shall be submitted as informational line items only, with charges kept at a value of zero, as reimbursement is included within the existing IVF bundle.
- Providers must have the approved Home-visit services license added through the DOH licensing process before delivering these services in the home setting.
- All home-based IVF services must be delivered by a DOH-licensed healthcare professional with the appropriate nursing or phlebotomy credentials and a valid, active Basic Life Support certification.
- Providers offering home-based IVF services must maintain active and regularly tested protocols for cardiopulmonary arrest, anaphylaxis or severe adverse drug reactions, acute clinical deterioration requiring escalation, unsafe home environments, and equipment failure during an active clinical procedure.