

Addendum 24 to DOH Claims & Adjudication Rules

Version

V2012



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1. Purpose of this Document.

This document is to introduce the service codes for bundled reimbursement for successful IVF cycle.

2. Rule effective Date:

1st February 2022

3. SERVICE Codes

Code	Code Short Description	Code Long Description	Activities included	Excluded activities
70-01	Bundled reimbursement for completed regular ART cycle	Completed fresh ART cycle is reimbursed on a bundled payment, including all services provided to the patient from ovarian stimulation to transfer of embryo(s).	All activities required for a complete ART cycle are included except for those mentioned in excluded activities column.	<ul style="list-style-type: none"> All take home medications. Genetic tests (PGD, PGS Karyotyping). Embryo storage beyond the first year.
70-02	Bundled reimbursement for embryo(s) storage	Storage of embryo(s) is reimbursed on a bundled payment, including all services provided to the patient from stimulation of ovaries, to freezing and storage of embryo up to 1 year.	All activities required for a complete ART cycle are included except for those mentioned in excluded activities column.	<ul style="list-style-type: none"> All take home medications. Genetic tests (PGD, PGS Karyotyping). Embryo storage beyond the first year.
70-03	Bundled reimbursement for completed ART cycle from frozen embryo(s)	Completed ART cycle is reimbursed on a bundled payment, including all services provided to the patient from thawing of embryo(s) to transfer of embryo.	All activities required for a complete ART cycle are included except for those mentioned in excluded activities column.	<ul style="list-style-type: none"> All take home medications. Embryo storage beyond the first year.



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70-04	Bundled reimbursement for egg(s) storage	Storage of egg(s) is reimbursed on a bundled payment, including all services provided to the patient from stimulation of ovaries to freezing and storage of egg(s) up to 1 year.	All activities required for a complete ART cycle are included except for those mentioned in excluded activities column.	<ul style="list-style-type: none"> All take home medications. Embryo storage beyond the first year.
70-05	Bundled reimbursement for completed ART cycle from frozen egg(s)	Completed ART cycle is reimbursed on a bundled payment, including all services provided to the patient from thawing of egg(s) to transfer of embryo(s).	All activities required for a complete ART cycle are included except for those mentioned in excluded activities column.	<ul style="list-style-type: none"> All take home medications. Genetic tests (PGD, PGS Karyotyping). Embryo storage beyond the first year.
70-06	Stimulation of ovaries	Completed attempt of ovaries stimulation of an incomplete ART cycle.	All activities required are included except for taking home medication.	<ul style="list-style-type: none"> All take home medication.
70-07	Egg retrieval	Completed attempt of Egg retrieval of an incomplete ART cycle.	All activities required are included.	N/A
70-08	Egg freezing	Completed Egg freezing of an incomplete ART cycle.	All activities required are included.	N/A
70-09	Fertilization of eggs	Completed attempt of Fertilization of eggs of an incomplete ART cycle.	All the services are included except for Genetic tests PGD, PGS and karyotyping.	<ul style="list-style-type: none"> Genetic tests PGD, PGS and karyotyping.
70-10	Embryo freezing	Completed Embryo freezing of an incomplete ART cycle.	All the services are included except for Genetic tests PGD, PGS and karyotyping.	<ul style="list-style-type: none"> Genetic tests PGD, PGS and karyotyping.



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70-11	Add-on Fertility Investigation	Special add-on investigation package to be added to bundle package 3 – frozen Embryo cycle and package 5 – frozen egg cycle, if the bundle is requested 6 months from the initial stimulation.	All activities required for preparing patient and for oocyte/embryo thawing.	N/A
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4. Claims and Adjudication Rules

- **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.

- **Pricing-Related Billing Rules**

- The service codes are reported with EncounterType= 1 (No Bed + No emergency room).
- Pre-authorization - Required for all service codes mentioned within this adjudication 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.



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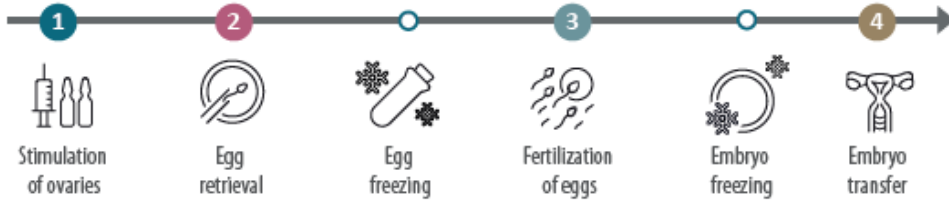
- Missing services/benefits - Reporting activity items included in each bundle is a prerequisite for payment. The claim has to be submitted after completing the cycle to allow reporting all expected and performed services.
- Pre-authorization will be revised when the cycle is incomplete and the claim 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.



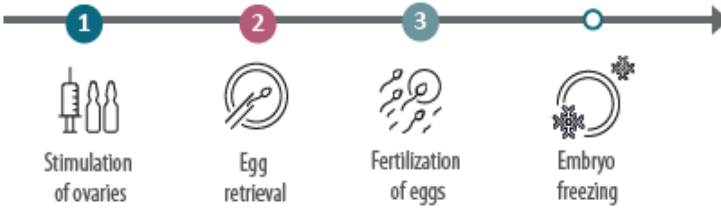
ANNEXURE – I

(DOH Claims & Adjudication Rules for bundle package for IVF services)

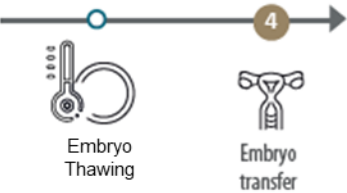
Bundle 1- Fresh Cycle



Bundle 2- Embryo Storage



Bundle 3- Frozen Embryo Cycle



Bundle 4- Egg Storage



Bundle 5- Frozen Egg Cycle

