

**Applies to:****Commercial Products**

- ☐ Harvard Pilgrim Health Care Commercial products
- ☒ Tufts Health Plan Commercial products

**Public Plans Products**

- ☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
- ☐ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
- ☐ Tufts Health RItogether – A Rhode Island Medicaid Plan
- ☐ Tufts Health One Care – A dual-eligible product

**Senior Products**

- ☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
- ☐ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

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**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/sperm/eggs

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**General Benefit Information**

Benefits may vary greatly by products and employer groups. 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 Provider Services.

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**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](#).

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.
- Prior authorization is required for infertility services. Refer to the following medical necessity guidelines for additional information:
  - [Assisted Reproductive Technology Services — Massachusetts Products](#)
  - [Assisted Reproductive Technology Services — Rhode Island Products](#)
  - [Preimplantation Genetic Testing \(PGT\)](#)

**Note:** Providers must request coverage of a cancelled cycle within 30 days of the cancelled procedure(s) by submitting the

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.

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.

Code	Description
S4013	GIFT – complete
S4015	IVF – complete IVF, case rate
S4016	Frozen IVF cycle, case rate – complete
S4018	Frozen embryo transfer procedure cancelled before transfer, case rate – incomplete
S4020	IVF/GIFT – Incomplete endocrine monitoring/in vitro fertilization procedure cancelled before aspiration, case rate (stage 2)
S4021	IVF/GIFT – Incomplete retrieval/IVF procedure cancelled after aspiration, case rate (stage 3)
S4025	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) <b>Note:</b> 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.

Code	Description
89258	Cryopreservation of embryo associated with active fertility services
89259	Cryopreservation of sperm associated with active fertility services

Code	Description
89280	Assisted oocyte fertilization, less than or equal to 10 oocytes
89281	Assisted oocyte fertilization, greater than 10 oocytes
89290	Biopsy, oocyte polar body or embryo blastomere, micro technique (for PGD); less than or equal to 5 embryos
89291	Biopsy, oocyte polar body or embryo blastomere, micro technique (for PGD); greater than 5 embryos
89342	Long-term storage of previously frozen embryo associated with active infertility services; billed semi-annually

**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.

### 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](#)
- [Obstetrics/Gynecology](#)

## Document History

- December 2024: Annual policy review; administrative edits
- January 2024: Annual policy review; template updates
- 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
- 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

## Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. 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.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and 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, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.