U of M – Assisted reproductive techniques

Applies to:

Blue Cross Blue Shield of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

☐ Medicare Plus Blue℠ PPO ☒ Medicare Plus Blue℠ Group PPO ☐ Both

Assisted reproductive techniques

Infertility

Infertility can result from either female factors (e.g., pelvic adhesions, ovarian dysfunction, endometriosis), male factors (e.g., abnormalities in sperm production, function or transport), a combination of male and female factors, or unknown causes. A disease (an interruption, cessation, or disorder of body functions, systems or organs) involving the reproductive system can prevent conception, resulting in infertility. The American Society for Reproductive Medicine defines infertility as failure to achieve pregnancy after 12 months or more of regular, unprotected intercourse or due to an impairment of an individual's capacity to reproduce either as an individual or with a partner.

Treatment

Various reproductive techniques are available to establish a viable pregnancy; different techniques are used depending on the reason for infertility. According to the Centers for Disease Control and Prevention, assisted reproductive technology includes all fertility treatments in which either eggs or embryos are handled. The ASRM defines assisted reproductive techniques as "all treatments that involve manipulating eggs and sperm in vitro to help a woman become pregnant." In most instances, assisted reproduction will involve in vitro fertilization, or IVF, a procedure in which oocytes harvested from the female are inseminated in vitro with sperm harvested from the male. Following the fertilization procedure, the zygote is cultured and transferred back into the female's uterus or fallopian tubes. In some instances, the oocyte and sperm are collected but no IVF takes place, and the gametes are reintroduced into the fallopian tubes.

Examples of ART include gamete intrafallopian transfer; transuterine fallopian transfer; natural oocyte retrieval with intravaginal fertilization; pronuclear stage tubal transfer; tubal embryo transfer; zygote intrafallopian transfer; gamete and embryo cryopreservation; oocyte and embryo donation; and gestational surrogacy.

Original Medicare

Original Medicare does not cover in vitro fertilization. However, Medicare will allow coverage of some fertility treatments when deemed medically necessary.

University of Michigan Medicare Plus Blue℠ PPO group enhanced benefit

Medicare Plus Blue is a Medicare Advantage plan that provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Cross to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for assisted reproductive techniques is provided to members under University of Michigan's Medicare Plus Blue PPO group plan. Since Original Medicare doesn't cover IVF and limits coverage of assisted reproductive techniques, the group determines the scope of the benefit, reimbursement methodology, maximum allowed payment amounts and member cost sharing for those with University of Michigan group-based coverage. The maximum coverage for IVF treatment is $20,000.

Conditions for payment

The table below specifies payment conditions for assisted reproductive techniques.

Conditions for payment	
Eligible provider	M.D., D.O., Nurse Practitioner, Physician Assistant
Payable location	Center for Reproductive Medicine (CRM) Michigan Medicine – Ann Arbor for IVF services
Frequency	Once annually
CPT/HCPCS codes	58970, 58974, 58976, 76948, 89250, 89253, 89254, 89255, 89257, 89258, 89259, 89261, 89264, 89268, 89272, 89280, 89281, 89290, 89291, 89337, 89342, 89343, 89346, 89352
Diagnosis restrictions	The following procedure codes require diagnosis Z3183: 58974, 58976, 89251, 89253, 89255, 89268, 89290, 89291, 89352 The following procedure codes required diagnosis Z3183 or Z3184: 58970, 76948, 89250, 89254, 89258, 89261, 89272, 89280, 89281, 89342 The following procedure codes require diagnosis N468, N469, N978, N979, or Z3184: 89257, 89259, 89264, 89337, 89343, 89346
Age restrictions	Covered Infertility/Diagnosis and Treatment/Assisted Reproduction/Artificial Conception and Fertility Preservation procedures are payable for women up to age 43 years with the following guidelines— • Ages up to and including 35 single embryo transfer only • Ages between 36 and 43 double embryo transfer • Iatrogenic infertility covered for female members up to age 43 • Members with a genetic condition that will result in early menopause or impaired sperm production in later years are covered up to age 26

Reimbursement

Medicare Plus Blue plan's maximum payment amount to providers for assistive reproductive techniques is available on our provider website on the Medicare Plus Blue PPO enhanced benefits **fee schedule**. The provider will be paid the lesser of the allowed amount of the provider's charge, minus the member's cost sharing. This represents payment in full and providers are not allowed to balance bill the member for the difference between the allowed amount and the charge. There's a $20,000 maximum benefit for IVF treatment.

Member cost sharing

- Medicare Plus Blue PPO providers should collect the applicable cost sharing from the member at the time of the service when possible. Cost sharing refers to a flat-dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate Medicare Plus Blue PPO cost-sharing amounts from the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with that service.
- Providers may not have members sign an Advance Beneficiary Notice to accept financial responsibility for noncovered items or services. If there is any question about whether an item or service is covered, seek a coverage determination from Blue Cross before providing the item or service to the member. If a provider provides a noncovered item or service to a member without first obtaining a coverage determination, the member must be held harmless for all charges except for any applicable cost sharing.

To verify benefits and cost sharing, providers may utilize our provider portal or call 1-866-309-1719.

Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) claim form, UB 04 or the 837 equivalent claim form.
2. Use the Medicare Advantage PPO unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.

4. Report your National Provider Identifier number on all claims.
5. Submit claims to your local Blue Cross plan.
6. Use electronic billing:
    a. Michigan providers
    Copies of the ANSI ASCX 12N 837 and 835 Institutional Health Care Claim Payment/Advice (Blue Cross' Electronic Data Interchange (EDI) Institutional 837/835 Companion Documents) are available on the Blue Cross website under the reference library section at ***bcbsm.com/providers/help/edi***.
    b. Providers outside of Michigan should contact their local Blue Cross plan.

Revision history

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Revised: