



INFERTILITY SERVICES

This bulletin is intended to define limited infertility benefits. Only certain services are covered under a member's infertility benefit. Members have liability for non covered services due to benefit limitations. Members are responsible for understanding their benefits as well as their financial obligations. It is always advisable for providers to clarify with members which infertility services are being considered.

The following services and specialty drugs will be considered infertility benefit when reported with any one of the infertility diagnosis listed in the first diagnosis field.

Infertility Diagnoses

The infertility diagnosis must be reported in the first diagnosis field on the claim form to identify infertility services.

256.1, 256.2, 256.3, 256.31, 256.39, 256.4, 256.8, 256.9, 257.0, 257.1, 257.8, 257.9, 606.0, 606.1, 606.8, 606.9, 628.0, 628.1, 628.2, 628.3, 628.4, 628.8, 628.9, V26.0, V26.1, V26.2, V26.21, V26.22, V26.8, V26.9

*Services Included in the Infertility Benefit Definition

When accompanied by an infertility diagnosis reported in the first diagnosis field on the claim form.

00840, 00920, 00952, 72192, 72193, 72194, 72195, 72196, 72197, 74740, 74742, 76830, 76831, 76856, 76857, 76870, 76872, 80400, 80402, 80406, 80408, 80410, 80412, 80414, 80415, 81025, 82105, 82157, 82626, 82627, 82670, 82671, 82672, 82679, 82757, 82947, 83001, 83002, 83003, 83498, 83499, 84144, 84146, 84270, 84402, 84403, 84702, 84703, G0027, 36415, 36416, 10021, 10022, 49320, 54500, 54505, 58340, 58345, 58350, 58555, 58558, 58660, 58662, 58740, 58925, 90772, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99401, 99402, 99403, 99404, 99231, 99232, 99233, 99238, 99239, J1950

*Specialty Drugs Used in the Treatment of Infertility

Must be accompanied by an infertility diagnosis reported in the first diagnosis field.

J0725, J0970, J1000, J1070, J1080, J1380, J1390, J1950, J2675, J3120, J3130, J3355, J9217, J9218, S0122, S0126, S0128, S0132, Luveris (no code), Certrotide (no code)

All medications should process through member's Pharmacy Infertility Benefit as a Specialty Drug. **Prior Authorization is required for Specialty Drugs.**

For Paramount Advantage Members, Specialty Drugs will only be allowed for medical indications and not infertility.

* These services and drugs will be defined as medical if accompanied by a medical diagnosis in the first diagnosis field. The service would then be applied to a member's medical benefit and not infertility benefit.

Services Not Included in the Infertility Benefit Definition

These services are never covered under the Infertility Benefit or Medical Benefit; members will always have financial liability for these services. The financial arrangement for reimbursement exists between the provider and the member. These services are not expected to be submitted for reimbursement.

00938, 54900, 54901, 55400, 55870, 58321, 58322, 58323, 58750, 58752, 58760, 58770, 58970, 58974, 58976, 76948, 89250, 89251, 89253, 89254, 89255, 89257, 89258, 89259, 89260, 89261, 89264, 89268, 89272, 89280, 89281, 89290, 89291, 89300, 89310, 89320, 89321, 89322, 89325, 89329, 89330, 89331, 89342, 89343, 89346, 89352, 89353, 89354, 89356, 0087T, S4011, S4013, S4014, S4015, S4016, S4017, S4018, S4020, S4021, S4022, S4023, S4025, S4026, S4027, S4028, S4030, S4031, S4035, S4037, S4040, S4042

FOR QUESTIONS, CALL UTILIZATION MANAGEMENT

419-887-2520 or 1-800-891-2520

AUDIENCE: PCPs and OB/GYN
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