

Thiqa Coverage for Assisted Reproductive Treatment & Services

Adjudication Guideline

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**Related Adjudication
Guidelines:** NA

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1. Abstract

1.1 For Members

Assisted reproductive technology (ART) includes any lawful treatments offered to couples experiencing reproductive problems for the purpose of establishing a pregnancy. These treatments including ovulation induction with timed intercourse, intrauterine insemination, in vitro fertilization, intracytoplasmic sperm injection, gamete cryopreservation and gamete intra fallopian transfer (GIFT). All techniques of surgical sperm extraction for the purpose of ART. In addition to cytogenetic analysis of gametes or embryos including preimplantation genetic diagnosis and screening.

1.2 For Medical Professionals

Assisted reproductive technologies will be covered for medical indications and necessities according to the DOH standard for assisted reproductive technology services and treatment, Principles of Care for the Provision of ART services in Abu Dhabi Emirate and in conjunction with related UAE laws. The use of donor eggs/sperms/embryos is NOT covered by Daman since it is not allowed as per Federal Law (no. 11) of 2008 which applies to all of UAE.

2. Scope

The scope of this adjudication rule is to highlight the medical criteria, patient eligibility criteria and coverage details for Assisted Reproductive treatment & services for Thiqa plans administered by Daman, subject to policy terms and conditions.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

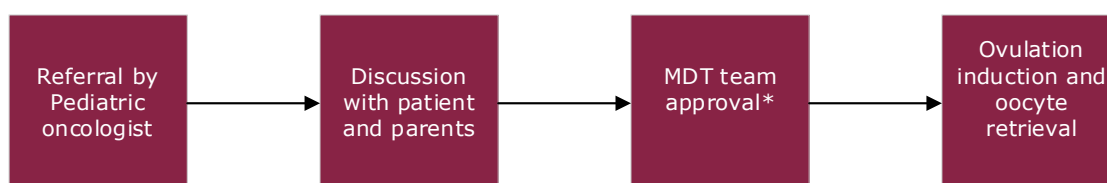
Medical Necessity in Assisted Reproductive Treatments:

1. The married couple trying for pregnancy for at least 1 year or one or both individuals have been diagnosed with infertility problems.
2. Infertility may be diagnosed prior to one year if there are features or findings indicative of subfertility. These include:
 - Oligo or amenorrhea
 - Inability to have intercourse
 - Previous adjuvant therapy for cancer in either partner
 - History indicating an increased risk of Fallopian tube occlusion (i.e., previous pelvic infection or previous pelvic surgery).
 - Pelvic inflammatory disease
 - Advanced female age (>35 years)
 - Abnormality in one or more semen parameters as an indication of male factor infertility (volume <1.5 ml; pH <7.2; sperm concentration <15 million spermatozoa/ml; total sperm number: <39 million spermatozoa per ejaculate; total motility <40% motile, or <32% with progressive motility; vitality: <58% live spermatozoa; percentage of sperm with normal morphology <4%)
 - Reduced ovarian reserve
 - Men with diagnosed reproductive problems

- Cases where ART candidates are known to have chronic viral infection (e.g., HIV, Hepatitis B or Hepatitis C).
 - Known genetic/chromosomal disorders
3. Pre-Cancer treatment Fertility Preservation: offered to married or single individuals prior to any oncology treatment due to its potential adverse effects on fertility.
 4. Other medically necessary treatment Fertility Preservation: offered to married or single individuals prior to undergoing any medicinal regimen which could have potential adverse effects on fertility.

Patient Eligibility:

1. The preferred age range for women seeking fertility is between 18-47* years (completed years i.e., 18 years 0 days till less than 48 years 0 days). *For women aged 46 to 47 years (completed years i.e., from 46 years 0 days till less than 48 years 0 days), ART treatment could be considered if the AFC (antral follicle count only if done by a fertility expert) is equal to or above 5 (as per ESHRE Bologna criteria).
2. There is an exception to the lower age limit for fertility preservation (cryopreservation) in female patients diagnosed with cancer:
 - The patient could be less than 18 years of age.
 - Patient must have reached reproductive age (post-pubertal sexual maturity)
 - A person whose age is less than 18 years opting for ART treatment must have a substitute consent giver to sign on the application or request for the treatment. (As per legal Affairs recommendation).
 - Oncologist-approved fertility preservation documentation.
 - The following referral pathway must be established.



* MDT (Multidisciplinary team) composition:

- Reproductive endocrinologist and infertility expert
- Oncologist
- Psychologist

3. BMI eligibility range for women seeking THIQA coverage for fertility treatment is from 19-40. However, women with BMI between 35-40 who are seeking fertility treatments should be:
 - Informed of the increased risk of failure in fertility treatment and risk to pregnancy and child as a direct result of their physical condition. and
 - Advised to consult a registered dietitian for weight management intervention for minimum of three months.

Covered Services:

1. Oocyte and embryo cryopreservation and pooling

- Freezing of healthy oocytes and embryos as clinically required and is covered for the first year as part of the Bundled Package
- Coverage for cryopreservation for subsequent years will be on a year-by-year basis.
- Pooling of oocytes and /or embryos before embryo transfer may be covered in cases of:
 - Advanced Maternal Age (above 35 years).
 - Patients with a previous POR (≤ 3 oocytes with a conventional stimulation protocol), or patients with an abnormal ovarian reserve test [i.e., antral follicle count (AFC) less than 5–7 follicles or anti-Müllerian hormone (AMH) less than 1.1 ng/ml] or

patients with two cycles with poor ovarian response after maximum stimulation in the absence of the POR and abnormal ovarian reserve criteria.

- Couple fertility preservation
 - ❖ Oncology patients
 - ❖ Genetic conditions such as fragile X premutation and mosaicism for monosomy.
 - ❖ Autoimmune diseases.
 - ❖ Endometriosis.
 - ❖ Women who have been identified as carrying a BRCA1 or BRCA2 genetic mutation and have an increased risk of developing ovarian cancer or as a risk-reduction measure for women at very high risk of breast cancer before definitive treatment.
 - ❖ Young women with borderline ovarian tumors where oocyte preservation is advisable.
 - ❖ Oncology patients: Due to the urgency for treatment usually only one cycle can be done. Exception would be in cases of borderline tumors where more stimulations can take place before definitive treatment.
- Genetic testing is required; Please refer to point 5 below for indications.
- Cost of excess storage time beyond 5 years or beyond the age of 45 will be collected directly from patients.
- All frozen embryos should be utilized before the start of a new fresh cycle except for patients who requires embryo pooling.
- Clinical evidence such as radiological, laboratory results, and genetic reports should be provided for embryo pooling.

2. Transfer of Embryos:

- For patients undergoing an embryo transfer procedure, the number of embryos to be transferred should not exceed two embryos.
- Possible contraindications for dual embryo transfer: The treating clinician can consider these conditions and decide after complete clinical assessment including medical history, family history and investigations.
 - BMI less than <18 or >35
 - Short stature i.e., less than 150 cm
 - Small pelvis
 - Previous IVF success
 - Systemic diseases such as:
 - ❖ Hypertension
 - ❖ Diabetes
 - ❖ Sickle cell
 - ❖ Type 1 DM, Uncontrolled Type II DM, DM with end organ damage
 - ❖ Chronic kidney disease
 - ❖ Cardiopathy,
 - ❖ Autoimmune diseases
 - ❖ High risk of developing deep vein thrombosis (DVT) like APS or ATIII deficiency or a personal history of unprovoked DVT
 - ❖ Previous history of twins
 - ❖ History of spontaneous preterm delivery
 - ❖ History of premature rupture of membranes
 - ❖ History of abnormal placentation such as placenta accreta, increta, percreta or previa
 - ❖ History of obstetrical complications or outcomes (intrauterine growth restriction, abruptio placentae, postpartum bleeding, intrauterine fetal death etc)
 - ❖ Two or more previous C-sections
 - ❖ Uterine/Mullerian anomalies such as septum, double uterus, etc.
 - ❖ Intramural fibroids >4 cm in diameter

- ❖ Previous myomectomy of an intramural fibroid 4cm or larger
- ❖ Patients having history for uterine surgery with opening of endometrial cavity.

3. Medications:

- Usage of gonadotropins injections by DOH licensed Reproductive Endocrinologists/ IVF Specialists and Consultants.
- All medications required for fertility treatment require pre-authorization

4. Clinical Investigations for ART Treatment:

Treatment phase	Patient	Investigation
UAE federal requirements prior to handling of gametes for ART (Mandatory)	Female and Male	HIV (I and II), hepatitis B (antigen/antibody) and Hepatitis C antibody
Recommended Baseline Investigations (To establish the diagnosis of infertility or to plan for the ART treatment)	Female	Blood type, Rhesus Factor
		CBC
		High Vaginal Swab, Syphilis, Chlamydia and
		Gonorrhea
		Rubella IgG
		Pap / Cervical smear
	Male	TSH, Prolactin, AMH, FSH, LH, Estradiol,
		Blood type, Rhesus Factor Semen analysis, Syphilis
ART cycle - Investigations (Mandatory)	Female	Estradiol, LH, FSH, Progesterone Clotting profile Ultrasound (Transvaginal or perineal or rectal or abdominal)

5. Genetic Investigations: Genetic investigations (i.e., Karyotyping) for certain clinical indications including the following:

- Recurrent miscarriages
 - Recurrent IVF implantation failure; and
 - Severe male factor of infertility.
- PGT-A (PGS) test for certain clinical indications including the following:
 - Maternal age of >35 years old
 - Advanced paternal age (>50 years old)
 - Severe male factor of infertility, where ICSI cycle is required (azoospermia -obstructive and non-obstructive, severe oligoastenoteratozoospermia, Klinefelter syndrome (KS), and Y-chromosome microdeletion, and men whose semen analysis does not fulfil the current World Health Organization (WHO) criteria on repeat sample analysis
 - Recurrent miscarriages- two or more pregnancy losses before 24 weeks of gestation
 - Recurrent IVF implantation failure- three or more failed embryo transfers involving at least four high quality embryos
 - Family history of chromosome problems such as Down's syndrome
 - Reduced ovarian reserve as defined on this policy
 - PGT-SR (structural chromosomal rearrangements)
 - Reciprocal translocations occur when part of one chromosome is exchanged with another. Translocations can disrupt functional parts of the genome and have implications for protein production with phenotypic consequences.

- Pre-implantation Genetic Diagnosis (PGT-M) can be considered for:
 - Patients diagnosed with an autosomal dominant or X-linked genetic disorder
 - Couples who were both diagnosed as carriers of the same autosomal recessive disorder
 - Patients diagnosed with mitochondrial disorders caused by mitochondrial DNA (mtDNA).
 - Consanguine marriage with history of single gene disorders; and
 - History of children with single gene disorder.

6. Number of Covered Cycles in relevant Bundle:

- Maximum of six stimulations/natural cycles of egg retrieval Per Patient Per Year (PPPY)
AND
- Maximum of three embryo transfer cycles, i.e., embryo transfer episodes originating from one or more ART cycles Per Patient Per Year (PPPY).

7. Duration of covered bundle

Each bundle to be completed within 1 to 4 months

8. Payment Authorization & Payment Bundles: Payments will be bundled as follows:

- I. **Bundle 1- Fresh Cycle:** covers a fresh cycle starting with one or more episodes of ovarian stimulation resulting in a fresh embryo transfer, including consultation, investigation, monitoring, collection of oocytes, fertilization, and oocytes and embryos cryopreservation as required.
 - **Limit:**
 - Maximum six retrievals (stimulated or natural) Per Patient Per Year (PPPY).
 - AND three embryo transfer cycles. i.e. (Embryo transfer episodes originating from one or more ART cycles) Per Patient Per Year (PPPY).
 - All embryos that are normal will be transferred until all euploid embryos are exhausted, or pregnancy is established.
 - All excess embryos to be frozen at blastocyst stage.
 - All excess cryopreserved embryos to be exhausted before new fresh cycle is started.
- II. **Bundle 2- Embryo Storage:** covers embryo cryopreservation, starting with one or more episodes of ovarian stimulation resulting in embryo(s) freezing, including consultation, investigation, monitoring, collection of oocytes, and fertilization. Offered when:
 - Genetic testing is required; Please refer to point 5 below for indications
 - The patient is at risk for OHSS; 4,5,6
 - High progesterone level during the follicular phase $P4 > 1.5\text{ng/ml}$.
 - Endometrial fluid or polyp found.
 - Elective freezing
 - Oncology patients
 - Genetic conditions such as fragile X premutation and mosaicism for monosomy.
 - Autoimmune diseases.
 - Endometriosis.
 - Women who have been identified as carrying a BRCA1 or BRCA2 genetic mutation and have an increased risk of developing ovarian cancer or as a risk-reduction measure for women at very high risk of breast cancer before definitive treatment.
 - Young women with borderline ovarian tumors where oocyte preservation is advisable. Oncology patients: Due to the urgency for treatment usually only

one cycle can be done. Exception would be in cases of borderline tumors where more stimulations can take place before definitive treatment.

- Advanced Maternal Age (above 35 years).
- Patients with a previous POR (≤ 3 oocytes with a conventional stimulation protocol), or patients with an abnormal ovarian reserve test [i.e., antral follicle count (AFC) less than 5–7 follicles or anti-Müllerian hormone (AMH) less than 1.1 ng/ml] or patients with two cycles with poor ovarian response after maximum stimulation in the absence of the POR and abnormal ovarian reserve criteria.
- Patient who requires embryo pooling as indicated above in point 1, however the Limit is as follows:
 - Maximum six retrievals (stimulated or natural) PPPY.
 - Resulting embryos could be used for PGTA (Preimplantation Genetic Testing for Aneuploidy), PGTM and/or PGT-SR.
 - All normal embryos following genetic testing will be transferred until exhausted, or pregnancy is established before another bundle cycle can be started.
 - All frozen embryos will be transferred until exhausted, or pregnancy is established before another Bundle 1 or Bundle 2 cycle can be started.
 - Oncology patients: Due to the urgency for treatment usually only one cycle can be done. Exception would be in cases of borderline tumors where more stimulations can take place before definitive treatment.

III. Bundle 3- Frozen Embryo Cycle: Is a bundle of a frozen cycle including consultation and monitoring then thawing one embryo or more resulting in embryo transfer. Prerequisite of Bundle 1 or Bundle 2 and availability of existing frozen embryos.

Limit:

- Three embryo transfer cycles. i.e. (Embryo transfer episodes originating from one or more ART cycles) PPPY.
- All embryos that are normal will be transferred until all euploid embryos are exhausted, or pregnancy is established prior to the start of another cycle.
- SRVC code 70-11 (Add-on fertility investigation) can be billed along with bundle package 3 (frozen Embryo cycle) if the bundle is requested 6 months from the initial stimulation.

IV. Bundle 4- Egg Storage: covers egg(s) cryopreservation, starting with one or more episodes of ovarian stimulation resulting in egg(s) freezing, including consultation, monitoring investigation, and collection of oocytes(s). To be offered Fertility preservation for:

- Oncology patients
- Advanced Maternal Age (above 35 years).
- Genetic conditions such as fragile X premutation and mosaicism for monosomy.
- Autoimmune diseases.
- Endometriosis.
- Women who have been identified as carrying a BRCA1 or BRCA2 genetic mutation and have an increased risk of developing ovarian cancer or as a risk-reduction measure for women at very high risk of breast cancer before definitive treatment.
- Young women with borderline ovarian tumors where oocyte preservation is advisable. Oncology patients: Due to the urgency for treatment usually only one cycle can be done. Exception would be in cases of borderline tumors where more stimulations can take place before definitive treatment.

Limit: Maximum six retrievals (stimulated or natural) PPPY.

- V. Bundle 5- Frozen Egg Cycle:** Is a bundle of a cycle starting with thawing egg(s) and resulting in embryo transfer, including consultation, monitoring, fertilization, and embryo(s) cryopreservation as required. Prerequisite of bundle 4 and availability of frozen egg(s) from previous cycles.

Limit:

- Three embryo transfer cycles. i.e. (Embryo transfer episodes originating from one or more ART cycles) PPPY.
- Oncology patients: Due to the urgency for treatment usually only one cycle can be done. Exception would be in cases of borderline tumors where more stimulations can take place before definitive treatment.

1. Payments for services outside the bundle:

- The following services will be covered outside the bundles:
 - Genetic screening of embryos - requires pre-authorization
 - All medications- requires Pharmacy Benefits Approval.
 - Oocyte and embryo storage on yearly basis and up to 5 years OR the maximum age of 45.
- All other ART services other than IVF and ICSI to be reimbursed as per the mandatory tariff.
- Payments for incomplete cycles within the bundles:
 - Successfully completed step(s) of an incomplete bundle shall be reimbursed as per the service codes specified on the DoH claims and adjudication rules.

10. Billing Rules

• **Benefit-Related Billing Rules**

- Number of genetic testing's – 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 Encounter Type= 1 (No Bed + No emergency room).
- Pre-authorization - Required for all service codes mentioned within this adjudication at the start of the cycle.
- Pre-authorization will be revised when the cycle is incomplete, and the claim shall be submitted billed with incomplete service codes (70-06 till 70-10) for completed attempts of each step
- All activities (services and procedures) shall be reported using the Per diem claiming methodology
- 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 must be submitted after completing the cycle to allow reporting all expected and performed services.
- 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 (70-02) should have prerequisite of availability of frozen embryos.
- Bundle package of frozen egg cycle (70-04) 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.

Service codes for bundled reimbursement for successful IVF cycle:

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 is 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 is 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	All activities required for a complete ART cycle is 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.

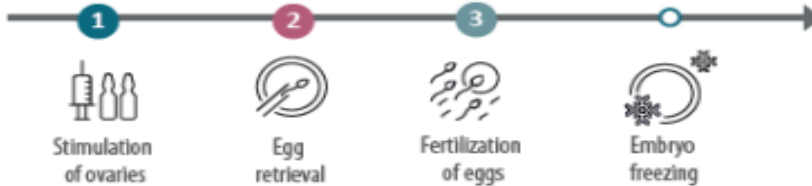
		transfer of embryo.		
70-04	Bundled reimbursement for egg(s) storage	Storage of egg(s) is reimbursed on a bundled payment, including all services provided to the patient from stimulation of ovaries to freezing and storage of egg(s) up to 1 year.	All activities required for a complete ART cycle is included 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 is 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.	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.	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,	Genetic tests PGD, PGS and karyotyping.

			PGS and karyotyping.	
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

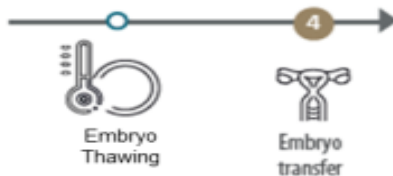
Bundle 1- Fresh Cycle



Bundle 2- Embryo Storage



Bundle 3- Frozen Embryo Cycle



Bundle 4- Egg Storage



Bundle 5- Frozen Egg Cycle



Codes for ART-services outside of the IVF bundles

The below codes shall be reported using the appropriate Encounter Type as per clinical criteria.

- Pre-authorization is required for all codes mentioned within this adjudication.
- For the purpose of ART services, codes 55899, 54505, 54500 shall be reported with mandatory observation fields using the procedure name of the codes as indicated in the below table.
Missing mandatory observation fields or deviation from the procedure name shall result to non-payment of the service.
- For the purpose of ART services, codes 55899, 54505, 54500 and S4028 are not bundled codes and shall be reported and billed using the appropriate billing methodology for the procedures indicated above.
- 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.

Code	Procedure Name	Code long description
70-12	Pre-Implantation genetic testing for aneuploidy (PGT-A)	Pre-Implantation genetic testing for aneuploidy (PGT-A), includes genetic consultation and counselling, embryo biopsy and all other necessary steps required to perform PGT-A test, for up to 5 embryos
70-13	Pre-Implantation genetic testing for aneuploidy (PGT-A) for each additional Embryo	Pre-Implantation genetic testing for aneuploidy (PGT-A) as an add-on for SRVC code 70-12, includes genetic consultation and counselling, embryo biopsy and all other necessary steps required to perform PGT-A test, for each additional Embryo
70-14	Pre-Implantation genetic testing for monogenic gene disorders (PGT-M)	Pre-Implantation genetic testing for monogenic gene disorders (PGT-M) as an add-on for PGT-A (SRVC code 70-12), includes genetic consultation and counselling, review of the genetic testing report of parents from G42, custom test development (probe preparation) and all other necessary steps required to perform PGT-M test, for up to 5 embryos.
70-15	PGT-M for each additional embryo	Pre-Implantation genetic testing for monogenic gene disorders (PGT-M) as an add-on for SRVC code 70-14, includes genetic consultation and counselling, review of the genetic testing report of parents from G42, custom test development (probe preparation) and all other necessary steps required to perform PGT-M test, for each additional embryo.
70-16	Pre-implantation genetic testing for structural chromosomal rearrangements (PGT-SR)	Pre-Implantation genetic testing for structural chromosomal rearrangements (PGT-SR) as an add-on for PGT-A (SRVC code 70-12), includes genetic consultation and counselling, review of the genetic testing report of parents from G42, custom test development (probe) preparation and all other necessary steps required to perform PGT-SR test, for up to 5 embryos.

70-17	PGT-SR for each additional embryo	Pre-Implantation genetic testing for structural chromosomal rearrangements (PGT-SR) as an add-on for SRVC code 70-16, includes genetic consultation and counselling, review of the genetic testing report of parents from G42, custom test development (probe preparation) and all other necessary steps required to perform PGT-SR test, for each additional embryo.
55899	Microsurgical Testicular Sperm Extraction	Unlisted procedure, male genital system
54505	Testicular Sperm Extraction	Biopsy of testis, incisional (separate procedure)
54500	Testicular Sperm Aspiration	Biopsy of testis, needle (separate procedure)
55899	Percutaneous Epididymal Sperm Aspiration	Unlisted procedure, male genital system
S4028	Microsurgical Epididymal Sperm Aspiration	Microsurgical epididymal sperm aspiration (mesa)

3.2 Requirements for Coverage

- ICD and CPT codes must be coded to the highest level of specificity.
- Eligibility / Coverage Criteria should be followed to avoid rejections.

3.3 Non-Coverage

- Assisted reproductive technology as a treatment for infertility is covered for Thiqa plans administered by Daman as per policy terms and conditions mentioned below:

Plan	Coverage of ART	Mode of billing
Thiqa	Maximum of 3 attempts annually*	Direct billing

**For those members with a 3-year renewal, a maximum of 3 attempts will be covered annually*

3.4 Payment and Coding Rules

Please apply DOH payment rules and regulations and relevant coding manuals for ICD and CPT

Questionnaire:

Pre-Authorization Form link

FAQs:

Q1: Should HIV and Hepatitis screening be performed before every cycle? e.g., if for any reason (ART related or non-ART related) HIV and hepatitis screening was done between one month – 3 months, should the providers repeat before the start of new bundle?

A: Should be repeated before the start of each bundle to ensure the safety of the patient, should be billed with the bundle, and should not be billed with amount.

Q2: Male procedures such as semen analysis needs to be billed on male card or female card?

A: Bill all the base line testing on female card with price zero, as all the services related to ART are part of the bundle exception apply to the excluded services only.

Q3: If there is a provider shift in between the bundles, should the new provider perform baseline again?

A: base line is mandatory regardless of the provider and cycle stage

Q4: If a female member is starting a new bundle and husband is not available due to social reasons, then can claims be accepted for female base line testing or will be rejected that it needs the tests for both male and female?

A: Prior to starting the cycle, the provider must ensure that both partner available as bundle payment (egg and embryo freezing) is not covered for social reason. Therefore, the male-related investigation should be performed and reported with a zero-amount for the codes listed below.

70-01	Bundled reimbursement for completed regular ART cycle
70-02	Bundled reimbursement for embryo(s) storage
70-04	Bundled reimbursement for egg(s) storage
70-05	Bundled reimbursement for Completed ART cycle from frozen egg(s)
70-06	Stimulation of ovaries

Q5: If one semen sample is available, can providers isolate another sample and store? How will be the billing? as currently the CPT available is 89343 - sperm/semen Storage (per year); can this CPT be billed multiple times if concurrently 2-3 samples are available as the MUE is 1 in DOH mandatory list.

A: It is not listed in the excluded services from the bundle, therefore shouldn't be billed separately.

Q6: If biopsy billed along with PGD, will biopsy be separately reimbursable?

A: No, Biopsy is not separately reimbursable

Q7: If biopsy billed alone without PGD, is it separately reimbursable?

A: No, Biopsy is not separately reimbursable

4. Denial Codes

Code	Code description
NCOV-001	Diagnosis(es) is (are) not covered
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
MNEC-005	Service/supply may be appropriate but too frequent
AUTH-001	Prior approval is required and was not obtained
NCOV-003	Service(s) is (are) not covered
ELIG-001	Patient is not a covered member
CODE-010	Activity/diagnosis inconsistent with clinician specialty

5. Appendices

5.1 References

DOH POLICY ON THIQA COVERAGE FOR ASSISTED REPRODUCTIVE TREATMENT AND SERVICES
 Addendum 24 to DOH Claims & Adjudication Rules version V2012
https://www.who.int/reproductivehealth/publications/infertility/art_terminology.pdf
<https://emedicine.medscape.com/article/1343572-overview>
https://www.rcog.org.uk/globalassets/documents/guidelines/green-top-guidelines/gtg_5_ohss.pdf
<https://www.rcog.org.uk/en/patients/patient-leaflets/ovarian-hyperstimulation-syndrome/>
<https://www.genomicseducation.hee.nhs.uk/glossary/reciprocal-translocation/>

5.2 Revision History

Date	Change(s)
28/01/2022	V1.0: Release of DOH Policy on THIQA Coverage for Assisted Reproductive Treatment and Services
10/08/2022	Update: Age criteria 46-47 years
10/01/2023	Questionnaire link update
08/06/2023	Update: changes mentioned in new ART standard published by DOH in Feb 2023 incorporated.
06/09/2023	Addition of genetic testing bundles
07/02/2024	V3.1 revision
7/11/2024	Template update and review

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