

# U of M – Assisted reproductive techniques

Applies to:

BCN Advantage Individual  BCN Advantage Group  Both

BCN Advantage HMO<sup>SM</sup>  
BCN Advantage HMO-POS<sup>SM</sup>



Medicare and more

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

## 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 BCN Advantage group enhanced benefit

BCN Advantage 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 Care Network 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 BCN Advantage 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.

# Blue Care Network of Michigan

[bcbsm.com/providers](https://bcbsm.com/providers)

## 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	No frequency limits. Lifetime maximum of \$20,000 applies.
CPT/HCPCS codes	58970, 58974, 58976, 76948, 89250, 89251, 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 42 years with the following guidelines: <ul style="list-style-type: none"><li>• Ages up to and including 35 single embryo transfer only</li><li>• Ages between 35 and 42 double embryo transfer</li><li>• Iatrogenic infertility covered for female members up to age 42</li><li>• Members with a genetic condition that will result in early menopause or impaired sperm production in later years covered up to age 26</li></ul>

## Reimbursement

To find BCN Advantage plan's maximum payment amount for the determination of refractive state benefit, visit our provider portal, [Availity Essentials](#). Within Secure Provider Resources, click on BCN Fee Schedules under the *Fee Schedules* tab and follow the instructions. The provider will be paid the lesser of this allowed amount or the provider's charge, minus the member's cost share. This represents payment in full and providers aren't allowed to bill the member for the difference between the allowed amount and the charge.

## Member cost share

- BCN Advantage providers should collect the applicable cost share from the member at the time of the service, when possible. Cost share refers to a flat dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate BCN Advantage cost share 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 of Noncoverage to accept financial responsibility for noncovered items. If there is any question about whether an item is covered, seek a coverage determination from Blue Care Network before providing the item to the member. If a provider issues a noncovered item to a member without first obtaining a coverage determination, the member must be held harmless for all charges except for any applicable cost share.

To verify benefits and cost share, providers may use our provider portal or call 1-800-344-8525.

## 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 BCN Advantage 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. Use electronic billing:
  - a. **Michigan Providers:** Copies of the ANSI ASC X 12N 837 and 835 Institutional Health Care Claim and 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/](https://bcbsm.com/providers/help/edi/).
  - b. **Providers outside Michigan:** Members of BCN Advantage HMO-POS plans have a point-of-service benefit offered through the nationwide network of Blue Plan Providers via the Blue Cross and Blue Shield Association. Providers outside Michigan who participate with Blue plans can provide preauthorized routine and follow-up care as necessary. Contact your local Blue plan for billing instructions.

Coverage outside Michigan for members of BCN Advantage HMO plans is limited to medical emergencies, urgently needed services and renal dialysis unless BCN Advantage has approved the out-of-network services, which members must request in advance.
6. Send paper claims to:
  - BCN Advantage Claims
  - Blue Care Network
  - P.O. Box 68753
  - Grand Rapids, MI 49516-8753

## Revision history

Policy number: BCNA

Effective 01/01/2024

Reviewed:

Revised: