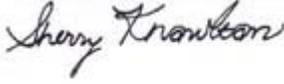


	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT Treatment of Infertility - Discontinued Coverage for Drugs and Related Services	BY  Sherry Knowlton Deputy Secretary for Medical Assistance Programs
NUMBER:	99-94-13, 1121-94-03, 1126-94-01, 1129-94-01, 1141-94-01, 1163-94-01, 1221-94-01, 1225-94-01, 1242-94-01	
ISSUE DATE:	August 30, 1994	
EFFECTIVE DATE:	September 1, 1994	

PURPOSE:

The purpose of this bulletin is to inform all providers that the Department will discontinue payment for all drugs and services related to treating infertility.

SCOPE:

This bulletin applies to all providers enrolled in the Medical Assistance Program.

BACKGROUND:

On June 16, 1994, Governor Robert P. Casey signed into law Act 1994-49. Section 443.6 (f) of Act 1994-49 prohibits the Department of Public Welfare from paying for any drug products or services related to treating infertility through the Medical Assistance Program.

DISCUSSION:

As a result of Act 1994-49, effective September 1, 1994, the Department will discontinue coverage and payment for all drugs, devices, products, services, and procedures related to treating infertility. The Medical Assistance Program will deny claims for all products and services provided on or after the effective date of September 1, 1994, related to treating infertility.

Recipients receiving medical assistance benefits through an HMO, HIO or Community Health Center managed care program, should contact the plan to learn the effect the changes have on the benefits available to them. Providers affiliated with an HMO, HIO or Community Health Center managed care program who provide services to medical assistance recipients should contact the plan directly with benefit and reimbursement questions.

POLICY:

Effective September 1, 1994, the Department will apply 55 Pa. Code Chapters 1121, 1126, 1129, 1141, 1163, 1221, 1225 and 1243 as follows:

CHAPTER 1121 - Pharmaceutical Services

PAYMENT FOR PHARMACEUTICAL SERVICES

§ 1121.54 Noncompensable services and items.

Payment will not be made to a pharmacy for the following services and items:

* * * * *

(26) Drugs and other items related to treating infertility. Fertility drugs prescribed for any medically acceptable reason other than treating infertility are compensable only if the diagnosis appears on the prescription.

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CHAPTER 1126 - Ambulatory Surgical Centers/Short Procedure Unit Services

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PAYMENT FOR AMBULATORY SURGICAL CENTER SERVICES/SHORT PROCEDURE UNIT SERVICES

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§ 1126.54 Noncompensable services and items.

(a) The Department does not pay ASCs or SPUs for services directly or indirectly related to, or in conjunction with:

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(17) Any medical services, procedures, or pharmaceuticals related to treating infertility.

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CHAPTER 1129 Rural Health Clinic Services

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PAYMENT FOR RURAL HEALTH CLINIC SERVICES

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§ 1129.56 Noncompensable services and items.

Any service not included in the all-inclusive visit fee as set by the Medicare carrier in accordance with 42 CFR §§ 405.2401-405.2430 is noncompensable as a rural health service but may be compensable under other medical assistance regulations. Medical assistance will not reimburse for any medical services, procedures, or pharmaceuticals related to treating infertility.

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CHAPTER 1141 - Physician Services

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PAYMENT FOR PHYSICIAN SERVICES

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§ 1141.59 Noncompensable services.

Payment will not be made for the following physician services:

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(18) Any medical services, procedures, or pharmaceuticals related to treating infertility.

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CHAPTER 1163 - Inpatient Hospital Services

Subchapter A. Acute Care General Hospitals
Under the Prospective Payment System

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PAYMENT FOR INPATIENT HOSPITAL SERVICES

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§ 1163.59 Noncompensable services, items and outlier days.

(a) The Department does not pay hospitals for an inpatient hospital stay if the admission is directly or indirectly related to the hospital's provision of:

* * * * *

(17) Services related to treating infertility.

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CHAPTER 1221 - Clinic and Emergency Room Services

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PAYMENT FOR CLINIC AND EMERGENCY ROOM SERVICES

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§ 1221.59 Noncompensable services and items.

No payment will be made to the clinics or emergency rooms for the following services or items:

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(9) Any medical services, procedures, or pharmaceuticals related to treating infertility.

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CHAPTER 1225 - Family Planning Services

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PAYMENT FOR FAMILY PLANNING SERVICES

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§ 1225.54 Noncompensable family planning services.

Payment will not be made to a family planning clinic for the following services regardless of where or to whom they are provided:

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(3) Any medical services, procedures, or pharmaceuticals related to treating infertility.

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CHAPTER 1243 - Outpatient Laboratory Services

PAYMENT FOR LABORATORY SERVICES

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§ 1243.54 Noncompensable services.

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Payment will not be made to a laboratory for the following services regardless of where or to whom they are provided:

* * * * *

(3) Procedures related to treating infertility.

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PROCEDURE:

1. Please note the following changes for each appropriate Chapter.

Chapter 1121

Add subsection (26) to section 1121.54 as indicated.

Chapter 1126

Add subsection (17) to section 1126.54 (a) as indicated.

Chapter 1129

Add additional language to section 1129.56 as indicated.

Chapter 1141

Add subsection (18) to section 1149.59 (a) as indicated.

Chapter 1163

Add subsection (17) to section 1163.54 (a) as indicated.

Chapter 1221

Add subsection (9) to section 1221.59 as indicated.

Chapter 1225

Add subsection (3) to section 1225.54 as indicated.

Chapter 1243

Add subsection (3) to section 1243.54 as indicated.

2. Attached to this bulletin is a list of "Fertility Drugs." Please retain this list for reference. The drug products on this list will be paid only if prescribed for a medically acceptable indication other than treating infertility. This medically acceptable use must be included in writing on the prescription. Prescriptions written for these drugs to treat infertility or lacking an appropriate medically acceptable indication will not be compensable. Claims submitted for these drugs with a date of service on or after September 1, 1994 will be rejected. Furthermore, no other drugs may be prescribed to treat infertility.

3. Listed below are those procedure codes directly related to treating infertility. With pen and ink, please delete these procedures, codes, and types of service (TOS) from the Medical Assistance Program Fee Schedule.

- 55400 Vasovasostomy, vasovasorrhaphy; unilateral (TOS 10, 20, 27, 40, AR), pg. 271
- 58750 Tubotubal anastomosis (TOS 10, 20, 27, 40, AR), pg. 286
- 89320 Semen analysis; complete (TOS 86, AR), pg. 444
- 89325 Sperm antibodies; (TOS 86), pg. 444

4. Listed below are those procedure codes which may be used to treat infertility in addition to other medical conditions. With pen and ink, please note in the Medical Assistance Program Fee Schedule that these procedures are compensable except when treating infertility. Furthermore, no other procedures or services listed in the Medical Assistance Program Fee Schedule may be billed to the Department when used to treat infertility.

- 74740 Hysterosalpingography, radiological supervision and interpretation (TOS 57), pg. 375
- 74740 Hysterosalpingography (TOS 54, RD), pg. 375
- 74440 Vasography, vesiculography, or epididymography, radiological and supervision (TOS 57), pg. 374
- 74440 Vasography, vesiculography (TOS 54, RD), pg. 374
- 58340 Injection procedure for hysterosalpingography (TOS 25, 27, 40, AR), pg. 284
- 58740 Lysis of adhesions (salpingolysis, ovariolysis) (TOS 10, 20, 27,40), pg. 286
- 80091 Thyroid panel (TOS 86), pg. 414
- 80092 Thyroid panel with thyroid stimulating hormone (TSH) (TOS 86), pg. 414
- 89300 Semen analysis; presence and/or motility of sperm including Huhner Test (TOS 86, AR), pg. 444
- 89310 Semen analysis; motility and count (TOS 86, AR), PG.444

FERTILITY DRUGS

<u>NDC Number</u>	<u>Drug Name</u>
00068-0226-XX	Clomid 50 mg tablets
00093-0041-XX	Clomiphen 50 mg tablets
44087-8090-XX	Serophene 50 mg tablets
44087-6075-XX	Metrodin 75 i.u. per amp.
44087-5075-XX	Pergonal 75 i.u. per amp.
44087-0571-XX	Pergonal 75 i.u. per amp.
44087-5150-XX	Pergonal 150 i.u. per amp.
44087-8010-XX	Profasi HP 10,000 units per vial
44087-8005-XX	Profasi HP 5,000 units per vial
00046-0971-XX	APL 10,000 units per vial
00046-0972-XX	APL 20,000 units per vial
00046-0970-XX	APL 5,000 units per vial
00314-1015-XX	Glukor 5,000 units per vial
43797-0152-XX	Gonic 10,000 units per vial

43797-0102-XX Gonic 10,000 units per vial
00003-0419-XX Follutein 10,000 units per vial
00052-0315-XX Pregnyl 10,000 units per vial
00314-0618-XX Chorex-10 10,000 units per vial
00314-0617-XX Chorex-5 5,000 units per vial
00217-6801-XX Chorigon 10,000 units per vial
00904-1189-XX Chorionic Gonadotropin 10,000 units per vial
44437-0126-XX Chorionic Gonadotropin 10,000 units per vial
52349-0101-XX Chorionic Gonadotropin 10,000 units per vial
54274-0519-XX Chorionic Gonadotripin 10,000 units per vial
00182-0805-XX Chorionic Gonadotropin 10,000 units per vial
00402-0126-XX Chorionic Gonadotropin 10,000 units per vial
54274-0532-XX Chorionic Gonadotropin 5,000 units per vial
00182-0804-XX Chorionic Gonadotropin 5,000 units per vial
00402-0125-XX Chorionic Gonadotropin 5,000 units per vial
00536-0400-XX Chorionic Gonadotropin 5,000 units per vial
00839-5564-XX Chorionic Gonadotropin 10,000 units per vial
00364-6584-XX Chorionic Gonadotropin 20,000 units per vial
00469-1501-XX Chorionic Gonadotropin 10,000 units per vial
00536-5130-XX Chorionic Gonadotropin 10,000 units per vial
00182-1165-XX Chorionic Gonadotropin 10,000 units per vial
00536-0500-XX Chorionic Gonadotropin 10,000 units per vial
00364-6706-XX Chorionic Gonadotropin 10,000 units per vial
00536-5125-XX Chorionic Gonadotropin 5,000 units per vial
00456-1013-XX Chorion-10 10,000 units per vial

The drug products listed above are not covered unless prescribed for a medically acceptable use other than fertility and the medically acceptable use is written on the prescription. ("XX" refers to any package size available).

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free telephone number for your provider type.

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.