

Insurance coverage for ReproSource testing

Your healthcare provider has decided to order specialized testing from ReproSource. While this testing is frequently covered by insurance, you should contact your health insurance plan to obtain specific details about your individual plan benefit and coverage for this laboratory testing, as well as your out-of-pocket financial responsibility (such as your responsibility for co-pays and deductibles or any non-covered portion).

Your health insurance plan may ask for the name of the performing laboratory or service provider. The tests being ordered by your healthcare provider may be billed under ReproSource and our Tax ID number: 26-2679473.

Contacting your health insurance plan

You can contact your health insurance plan by calling the member services number located on the back of your insurance card. When calling your health insurance plan, you will likely want to ask questions concerning your level of coverage, such as the commonly asked questions provided below.

1. Are the test(s) listed below a covered benefit under my policy?
2. Are there any medical criteria that have to be met in order for the tests to be covered?
3. Are there any special requirements that have to be met prior to drawing the specimen for the testing requested; eg, does my policy require preauthorization of services?
4. What is my out-of-pocket financial responsibility for the test(s), including any unmet deductibles or co-pays?

What else you might need

When researching your specific benefits and coverage, your health insurance plan may need to know the name/type of test(s) being ordered, the ICD-10 diagnosis code(s) that your healthcare provider will use for your testing, and the CPT code(s) that will be used to bill the service. There is a table on the back of this page where your healthcare provider can indicate the testing that is being considered for you. You must obtain your ICD-10 diagnosis code(s) from your ordering healthcare provider.

ReproSource insurance relationships

A list of our current in-network contracts can be found on our website at:

ReproSource.com/Insurance-Contracts .

ReproSource does not participate with Medicare or Medicaid insurance programs, and is unable to submit insurance claims to those health plans.

We're here to help!

If you have any questions, please visit ReproSource.com/Patients/Billing-Questions to find answers to common insurance questions. You may also contact a member of our billing team at 1.800.667.8893 (option 3) or at BillingInquiries@ReproSource.com.

You may use this checklist as a guide when you verify coverage with your insurance company.

Reason for your tests

ICD-10 diagnosis code(s) _____ (to be provided by your provider)

Your health insurance information (see your membership materials, eg., member card, handbook, etc.)

Name of insured person _____

Employer Name _____

Member ID number _____ Group number _____

Health insurance coverage type

HMO PPO EPO POS HSA

Health insurance company name _____

Health insurance member services telephone number _____

Prepare for your call

1. Gather any information provided by your healthcare provider (eg., ICD-10 diagnosis codes).
2. Call your insurance company and ask for member services or customerservice (see your membership materials for the appropriate department).

Telephone call details

Name of health insurance member services representative you spoke to _____

Date of call _____ Call confirmation number _____

Notes from the call

The CPT codes provided are based on American Medical Association guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

Test ID	Name	CPT Codes Submitted
<input type="checkbox"/> P7300	Recurrent Pregnancy Loss Panel (components included listed below)	
	Lupus Anticoagulant	85613, 85730
	Anticardiolipin IgG	86147
	Anticardiolipin IgM	86147
	Anti-Beta 2 glycoprotein I-IgG	86146
	Anti-Beta 2 glycoprotein I-IgM	86146
	TSH	84443
<input type="checkbox"/> P0605	Ovarian Assessment Report (OAR) (components included listed below)	
	Estradiol (E2)	82670
	FSH	83001
	LH	83002
	Inhibin B (male)	85320
	Anti Müllerian Hormone (AMH)	83520
<input type="checkbox"/> T4200	Chromosomal Microarray, POC	81229
<input type="checkbox"/> T4201	Maternal Cell Contamination (MCC)	81265
<input type="checkbox"/> T4411	Chromosome Karyotype	88230, 88262
<input type="checkbox"/> P7203	Comprehensive Semen Analysis	89322, 88184, 88185