



**BlueCross BlueShield  
of Illinois**

# Blue Cross and Blue Shield of Illinois Provider Manual

## HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation,  
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

# Infertility and Fertility Treatment

## Benefit

Blue Cross and Blue Shield of Illinois (BCBSIL) contracts with a network of Reproductive Endocrinology-Infertility (REI) practitioners to provide infertility and fertility services to eligible members within the HMO network. Currently, WINFERTILITY INC., a division of Women's Integrated Network (WIN), serves as the central point of contact for physicians, patients and pharmacies involved with infertility and fertility services. WIN will notify HMO when a member has reached their maximum benefit or if services are requested for a member who doesn't qualify for infertility and fertility treatment.

WIN will also verbally notify the Member of the exhaustion of benefits if applicable.

The Infertility and fertility services provider directory is listed on the BCBSIL IPA access portal at Provider Network Management > HMO > HMO Resources > HMO Infertility Network. Provider updates are disseminated to the IPA network as needed, via the monthly Informational Document and available on BCBSIL Provider Finder.

## Diagnosis

Infertility means a disease, condition or status characterized by:

1. A failure to establish a pregnancy or to carry a pregnancy to live birth after 12 months of regular, unprotected heterosexual intercourse if the woman is under 35 years of age, or after 6 months of regular, unprotected heterosexual intercourse if the woman is 35 years of age or older. However, conceiving but having a miscarriage does not restart the 12-month or 6-month term for determining infertility.
2. A person's inability to reproduce either as a single individual or with a partner without medical intervention; or
3. A licensed Physician's findings based on a patient's medical, sexual, and reproductive history, age, physical findings, or diagnostic testing.

**Note:** In accordance with applicable law, coverage is provided for the treatment of infertility and fertility services, as clinically appropriate for the medical circumstances. Infertility and fertility services continue until the detection of fetal heart activity or upon which time the REI has established the patient to be managed by an obstetrician. The law does not apply to self-insured employers or to trusts or insurance policies written outside of Illinois. To receive infertility and fertility coverage, the member must meet the definition of infertility as described in this Scope of Benefits document.

If infertility is due to an underlying medical condition for which there is a safe, accepted, and effective treatment, the member will return to the IPA Primary Care Physician (PCP) or Women's Principal Health Care Provider (WPHCP) for the treatment of that condition (i.e., pituitary adenoma, thyroid disease, etc.). If the initial history and exam suggest any underlying medical condition for which there is a safe, accepted, and effective treatment, this condition should be ruled out or treated before the member is referred for primary infertility treatment.

## Interpretation

**Oocyte (egg) Retrievals:** A member is allowed four completed oocyte (egg) retrievals per calendar year except that if a live birth follows a completed oocyte retrieval, then two more completed oocyte retrievals shall be covered (per calendar year).

The WIN Reproductive Endocrinologist determines medical necessity for oocyte retrievals.

**Note:** If an oocyte donor is used, then the completed oocyte retrieval performed on the donor shall count toward the insured or the member's covered completed oocyte retrievals.

**Semen (sperm):** Semen analysis is a covered service. This is usually done during the diagnostic work up and the IPA's financial liability.

**Donor Benefits:** Benefits will also be provided for medical expenses of an oocyte or sperm donor for procedures utilized to retrieve oocytes or sperm, and the subsequent procedure used to transfer the oocytes or sperm to member. Associated donor medical expenses are also covered, including but not limited to, physical examinations, laboratory screenings, psychological screenings and prescription drugs.

The evaluation and treatment of infertility is in benefit to the extent described below. There are some employer groups with limited infertility benefits included at the bottom of the scope.

**Note:** The exclusions listed at the end of this scope also apply to donor services.

### **Gestational Surrogacy:**

- a. Gestational surrogacy fertility treatment is covered (including non-HMO member gestational surrogates) until fetal heart activity is detected; or, upon which time the reproductive endocrinologist (REI) has established the gestational surrogate to be managed by an obstetrician. Upon the detection of fetal heart activity, obstetrical care will become the gestational surrogate's risk to pay. It is the responsibility of the gestational surrogate to obtain coverage for the obstetrical care.

### **Medication:**

All drugs (injectables, oral, patches, suppositories, etc.) required in the evaluation and treatment of infertility and fertility services are a covered benefit subject to the member copay. Members, approved egg donors, and approved non-HMO member gestational surrogates that do not have the HMO prescription drug benefit, or an equivalent are entitled by law to receive infertility medication. Infertility medication must be obtained through a WIN contracted mail order pharmacy vendor; therefore, the infertility provider and/or member must contact WIN for authorization for their medication and/or applicable member reimbursement.

**Advanced Reproductive Technology (ART) including:**

- infertility treatment with ovulation induction agents,
- uterine embryo lavage,
- embryo transfer,
- artificial insemination,
- oocyte retrievals only, (storage is not in benefit unless in benefit under Fertility Preservation-see Fertility Preservation guideline),
- Gamete Intrafallopian Transfer (GIFT),
- Zygote Intrafallopian Transfer (ZIFT),
- low tubal ovum transfer,
- epididymal sperm aspiration, and
- intracytoplasmic sperm injection (CSI).
- In vitro fertilization.

**Note:** ART benefits may be limited by employer group coverage. See Employer Groups with Limited Infertility Benefits section below.

**Pre-implantation Genetic Diagnosis (PGD) – (Infertility Related)**

PGD can be performed in situations where the suspected chromosomal abnormality is believed to be a cause of infertility. See Pre-implantation Genetic Diagnosis (PGD) – Infertility Related Guideline located in this section of the Provider Manual for details of coverage.

PGD requires in vitro fertilization (IVF). It is covered if the member has not exhausted their IVF benefit. If a member has exhausted benefits for complete oocyte retrievals per calendar year and is a candidate for an approved Pre-implantation Genetic Diagnosis (PGD), since PGD requires oocyte retrievals, PGD is not in benefit during the same calendar year unless related to the one of the approved oocyte retrievals. (See PGD Guidelines in this section of the Provider Manual).

**Diagnostics should also include but not limited to:**

- history and physical
- semen analysis
- pap smear
- cervical cultures
- medical endocrine workup (such as thyroid functions and prolactin)
- Chlamydia cultures

**Note:** A copy of the test results must be attached to the referral or given to the member. Infertility Providers will not see members without these test results.

**Referrals**

Once a diagnosis of infertility or status that requires fertility services is established, the following policies and procedures apply to the referral of HMO members to network infertility providers. Benefits must be verified prior to issuing a global referral for services.

- Global Referral Requirements:
  - Members should be given a global referral with a primary diagnosis of infertility or document that the member presents with a status that requires fertility services, in which case, the specific status should be identified.
  - The global referral is open ended and should not limit the services that are being recommended.

- Referrals must include the following information:
  - Member First and Last name
  - Member Date of Birth
  - Member HMO Group and Identification Number
  - Member's Medical Group Name and Site number
  - Indicate infertility for Male/Female
  - Infertility diagnosis or fertility status that requires fertility services
  - In cases where the member has a fertility status that requires fertility services as described in this guideline because they are unable to reproduce either as a single individual or with a partner without medical intervention, the referral can be requested utilizing the ICD-10 code Z31.9 (encounter for procreative management unspecified).
- HMO members with global referrals requesting to change WIN providers or who want a second opinion will not have to obtain a new referral as long as they remain within the current IPA. To facilitate the transition, the member should obtain their medical records from their current WIN provider prior to seeking services with a new WIN provider.
- A new global referral is required if an HMO member selects a new IPA.
- IPAs that do not refer for infertility or fertility services need to direct HMO members to the Customer Assistance Unit (CAU) at 312-653-6600 for a global referral to a contracted provider in the WIN network.
- Global referrals remain in effect for the duration of a member's existing insurance coverage or until the member has a live birth.
- Women who have experienced repeated spontaneous abortions will be referred back to their regular obstetricians but will also be followed by Winfertility providers until the time of threatened abortion is past.
- Once pregnancy is established and fetal heart activity is detected by ultrasound (approximately six weeks), the infertility services are complete, and the member or gestational surrogate will be referred back to her PCP or WPHCP for prenatal care.
- IPAs may utilize the Global Infertility and Fertility Treatment referral template, as found in the Provider Manual (optional); or, IPAs may use a referral template available in their electronic medical records system if all applicable fields are present and completed.

## Exclusions

1. Non-medical services of an egg, sperm, or embryo-donor including but not limited to transportation fees, shipping and handling fees and donation fees.
2. Cryopreservation (freezing) and storage of sperm, eggs, or embryos. See Fertility Preservation guideline)
3. Selective termination of embryo (in cases where the person's life is not in danger).
4. All investigational infertility procedures, tests, treatments, or drugs.
5. Procedures which violate the religious and moral teachings or beliefs of the employer group. See Employer Groups with Limited Infertility Benefits below.
6. Predetermination Screening Counseling (PSC)
7. Preimplantation Genetic Screening (PGS)

All non-medical expenses (including non-medical expenses with a gestational surrogate), except as outlined in the member's benefit booklet.

## Financial Responsibilities:

<b>Paid by</b>	Professional Charges prior to global referral issued	<b>IPA</b>
	Professional Charges if referred by an IPA physician to a contracted infertility provider	<b>WIN</b>
	Professional Charges if referred by an IPA physician to a non-contracted infertility provider	<b>IPA</b>
	Semen Analysis done by IPA before global referral is issued	<b>IPA</b>
	Semen Analysis done by contracted infertility provider after global referral is issued	<b>WIN</b>
	Diagnostic tests done by IPA before global referral is issued	<b>IPA</b>
	Diagnostic tests done by contracted infertility provider after global referral is issued	<b>WIN</b>
	Obstetrical care once pregnancy is established	<b>IPA</b>
	Inpatient and/or Outpatient Surgical Facility Charges	<b>HMO</b>
	Infertility related medication ordered by the HMO Infertility provider (minus applicable copays)	<b>WIN</b>
	For gestational surrogacy charges, Professional Charges for gestational surrogate, until fetal heart activity is detected, including infertility related medications	<b>WIN</b>
	For gestational surrogacy charges, Inpatient and/or Outpatient Surgical Facility Charges for the gestational surrogate, until fetal heart activity is detected	<b>HMO</b>
	For the gestational surrogate, obstetrical care once pregnancy is established and fetal heart activity is detected	<b>Gestational Surrogate</b>
For the gestational surrogate, non-medical expenses	<b>Gestational Surrogate</b>	

**Note:** No units will be charged towards the IPA's Utilization Management Fund for Infertility or fertility treatment services managed by the contracted infertility provider.

**Note:** Prior to 1/1/2022, a successful reversal of voluntary sterilization (tubal ligation or vasectomy) was necessary to be eligible for infertility/fertility treatment. As of 1/1/2022, this is no longer required to be eligible for infertility/fertility treatment.

**Note:** Prior to 1/1/2022, gestational surrogacy was only covered for HMO members for obstetrical services.

**Note:** Surrogacy related coverage excludes Blue Precision and BlueCare Direct HMO members.

### **Employer Groups with Limited Infertility Benefits**

The mandated coverage for infertility or fertility services, including gestational surrogacy, may be excluded from a policy or a benefit plan issued to or by a religious institution or organization or to or by and entity sponsored by a religious institution or organization. If the entity finds the coverage violates that religious institution or organization's religious and moral teachings and beliefs. Benefits should be verified prior to referring a member for infertility services.

### **See Also**

IPA Infertility Guidelines (ADM -56) in the HMO Policy section on the BCBSIL website. Pre-implantation Genetic Diagnosis (PGD) – (Infertility Related) in this section.