



**BlueCross BlueShield**  
of Illinois

# Blue Cross and Blue Shield of Illinois Provider Manual

## HMO Scope of Benefits Section

Confidential and Proprietary

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

## Fertility Preservation

### Benefit

Standard fertility preservation services are a covered benefit when a PCP/WPHCP determines it to be medically necessary due to a necessary medical treatment that may directly or indirectly cause iatrogenic infertility to a member. However, fertility preservation services are not a covered benefit when sought in advance of an elective tubal ligation or vasectomy.

### Interpretation

“Iatrogenic infertility” means an impairment of fertility by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes. Direct or indirect iatrogenic infertility may occur following a necessary medical treatment, such as cancer. These treatments may include but are not limited to chemotherapy, radiation, surgery, hormonal and/or surgical treatment of gender dysphoria or other medical treatment affecting reproductive organs or processes that are performed with a goal to address and/or eradicate or treat the disease/condition. Standard fertility preservation services are procedures based upon current evidence-based standards of care established by the American Society for Reproductive Medicine, the American Society for Clinical Oncology, or other national medical associations that follow current evidence-based standards of care. These standard fertility preservation services include, but are not limited to:

- Males:
  - Sperm cryopreservation
  - Embryo cryopreservation
  - Cryopreservation of testicular tissue
  
- Females:
  - Embryo cryopreservation
  - Cryopreservation of mature oocytes
  - Conservative gynecologic surgery
  - Oophoropexy
  - Cryopreservation of ovarian tissue
  
- Thawing is not included in Cryopreservation as a part of Fertility Preservation

### Exclusions

The following services are considered investigational and therefore, are not a covered benefit:

- Ovarian suppression

### Financial Responsibility

<b>Paid by</b>	Professional Charges if referred by an IPA physician to a contracted infertility provider	<b>WIN</b>
	Facility Charges if referred to a contracted infertility provider	<b>HMO</b>
	Professional Charges if referred by an IPA physician to a non-contracted infertility provider	<b>IPA</b>
	Facility Charges if referred to a non-contracted infertility provider	<b>IPA</b>
	Covered Cryopreservation Charges	<b>HMO</b>

Note: Cryopreservation services are in benefit as long as the member continues to have an active current Blue Cross and Blue Shield HMO policy. Also, 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 1/1/2019, fertility preservation was not a covered service.**

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

The IL HB 2617 mandated coverage for fertility preservation services may be excluded from a policy or a benefit plan issued to or by a religious institution or organization or to or by an 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.

**Note:** Fertility Preservation claims prior to 4/23/21 is the HMO's responsibility to pay.