



**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

## Pre-implantation Genetic Diagnosis (PGD) – Non-infertility Related

### Benefit

PGD is in benefit for the following non-infertility related situations:

- Parental carrier of an autosomal mutation (such as Cystic Fibrosis or Marfan's Syndrome)
- Maternal carrier of an X-linked mutation (such as Hemophilia A or Fragile X Syndrome). This would also include testing for purposes of gender selection related to the specific maternal abnormality.
- Parental carrier of a Balanced Chromosomal Translocation or other related structural rearrangement (if not infertile).

**Note:** PGD may also be in benefit for reasons related to infertility.

### Interpretation

Pre-implantation Genetic Diagnosis (PGD) analyzes the genome of individual cells taken from an embryo. This technique can identify certain genetic abnormalities in the embryo at a stage before it is implanted in the uterus.

### Exclusions

- Gender selection in the absence of maternal X-linked disorder.
- Multi-gene mutations, such as BRCA.
- HLA-matching an embryo to a family member for purposes of a future transplant.
- Other situations not specifically described above as covered.
- In the absence of infertility, all In-Vitro Fertilization (IVF) procedures are not covered.
- Pre-implantation Genetic Screening (PGS), including screening embryos for aneuploidy or other genetic abnormalities, in the absence of a demonstrated parental genetic abnormality listed above.
- Testing on eggs, polar bodies or sperm.

<b>Paid by</b>	Professional Charges	<b>IPA</b>
	Inpatient and/or Outpatient Surgical Facility Charges	<b>HMO</b>
	All related In-Vitro Fertilization (IVF) Charges	<b>Member</b>