



Provider Performance – Adm 56 - IPA Infertility and Fertility Treatment Guidelines

HMO Policy and Procedure

**BLUE CROSS AND BLUE SHIELD OF ILLINOIS
POLICY**

DEPARTMENT: Provider Performance	
POLICY NUMBER: Admin 56	POLICY TITLE: IPA Infertility and Fertility Treatment Guidelines
EXECUTIVE OWNER: Executive Director, Provider Performance	BUSINESS OWNER: Manager, Clinical Operations
ORIGINAL EFFECTIVE DATE (IF KNOWN): 8/1/2000	COMMITTEE APPROVAL DATE: 12/19/2024

I. SCOPE

This Policy applies to the following lines of business and products:

Line of Business / Product Scope / Plan Scope/Contract Number (if applicable)	In Scope [x]
HMO Commercial	x
HMO IFM	x

II. PURPOSE

- To ensure qualified members receive appropriate benefits.
- To provide IPAs with information to enable them to correctly diagnose and refer eligible members for infertility and fertility treatment.
- To comply with Illinois Department of Insurance guidelines regarding the coverage for infertility and fertility treatment.

III. POLICY

Blue Cross and Blue Shield of Illinois (BCBSIL) contracts with a network of Reproductive Endocrinology and Infertility (REI) practitioners to provide infertility and fertility services to eligible members whereby BCBSIL is financially responsible for all group approved infertility services and medication. Medical Group/Individual Practice Association or Physician Hospital Organization (hereinafter the “IPAs”), Primary Care Physician (PCP) or Woman’s Principal Health Care Provider (WPHCP) may refer members who have a diagnosis of infertility WINFertility, Inc.. Currently, WINFertility, Inc., a division of Women’s Integrated Network (WIN), serves as the centralized point of contact for physicians, patients and pharmacies involved with infertility and fertility services.

IV. CONTROLS/MONITORING

Line of Business and/or Area	Control Requirements
HMO	Controls are detailed in the Policy and Procedure itself.

V. SOURCES/REFERENCES

Federal/State	Regulatory Requirements & References
IL State	IL law (215 ILCS 5/356m)/ <u>HB 3709</u> – Infertility Coverage

VI.IMPACTED BUSINESS AREAS

HMO CMO
HMO Customer Assistant Unit
HMO Provider Performance
HMO Service Centers
HMO WINFertility, Inc..

VII. POLICY REVIEWERS

Person Responsible for Review	Title	Date of Review
Alyssa Hemmingsen	Clinical Delegation Coordinator	December 16, 2024
Danielle Washington	Manager Provider Performance	December 16, 2024

VIII. POLICY REVISION HISTORY

Description of Changes	Revision Date
Updated Impacted Business Areas	December 16, 2024

IX. POLICY APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
BCBSIL P&P			12/19/2024
CMO	Lisa Chandler	Manager, Clinical Operations	12/16/2024
CMO	Danielle Washington	Manager, Provider Performance	12/16/2024

**BLUE CROSS AND BLUE SHIELD OF ILLINOIS
PROCEDURE**

DEPARTMENT: CMO	
POLICY NUMBER: Admin 56	POLICY TITLE: IPA Infertility and Fertility Treatment Guidelines
EXECUTIVE OWNER: Executive Director, Clinical Programs Strategy and Oversight	BUSINESS OWNER: Manager, Clinical Operations
ORIGINAL EFFECTIVE DATE (IF KNOWN): 8/1/2000	COMMITTEE APPROVAL DATE: 12/19/2024

I. SCOPE

This Procedure applies to the following lines of business and products:

Line of Business / Product Scope / Plan Scope/Contract Number (if applicable)	In Scope [x]
HMO Commercial	x
HMO IFM	x

II. Definition

Infertility - 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.

BCBSIL IPA Access Portal – A service vendor secure web portal, serving as a vehicle promoting the exchange of patient clinical information, utilization metrics and other data.

BCBSIL Provider Finder - A digital cost transparency and provider directory tool that empowers members to make smarter health care decisions. Provider Finder (PF) displays in-network health care providers including quality metrics, certifications, awards, and cost estimates — all in one place.

HMO Provider Network Consultant - Provider Network Consultant (PNC) serve as the liaison between BCBS and our independently contracted provider community, developing and maintaining working relationships with their assigned providers.

III. PROCEDURE

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 younger, 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.
1. Prior to issuing a global referral for infertility or fertility services, a general evaluation should be performed which includes the following:
 - Pap Smear
 - GC Culture
 - Chlamydia Culture
 - Genetic testing, as clinically appropriate, per current American College of Obstetricians and Gynecologists guidelines. If a member presents to the Reproductive Endocrinology and Infertility provider without having a discussion and/or completion of recommended genetic tests by the member's Primary Care Physician (PCP) or Woman's Principal Care Provider (WPHCP), the member will be directed back to the PCP and or WPHCP to complete this part of the evaluation prior to receiving infertility services.

Note: A copy of the test results must be attached to the referral or given to the member. Reproductive Endocrinologists and Infertility (REI) providers will not see members without these test results.

2. Extended evaluation may include the following, but is not required:
 - History and Physical
 - Semen Analysis
 - Hysterosalpingogram (HSG)
 - Cycle Day #3 Follicle Stimulating Hormone (FSH) and Estradiol (E2)
 - Thyroid Stimulating Hormone (TSH)
 - Prolactin
 - Mid Luteal progesterone
 - Preconception Counseling
 - Mammogram when appropriate

Note: Reproductive Endocrinologists and Infertility providers will be responsible for any portions of the evaluation not performed by the IPA or if tests are to be repeated.

3. Women with other gynecological problems, such as minimal endometriosis (Stage 1 or Stage 2), fibroids, etc., should not be referred for infertility and fertility treatment until the WPHCP or PCP has attempted to treat these conditions.

4. There is no exclusion for the coverage of services to treat infertility or provide fertility services based upon a member's gender, relationship status, or sexual orientation. Whether benefits are available for infertility is based upon the language in the benefit plan and the member's specific circumstances.

REFERRAL

1. **New HMO members and existing members requesting services for the first time**

Members must obtain a global infertility referral from their PCP or WPHCP with either a diagnosis of infertility or presents a status in which the member is unable to reproduce either as a single individual or with a partner without medical intervention. IPAs must perform the general evaluation, as addressed in section 1 of this Procedure, prior to making the global infertility referral.

In cases where the member is unable to reproduce either as a single individual or with a partner without medical intervention, the global infertility referral can be requested utilizing the ICD-10 code Z31.9, "encounter for procreative management unspecified".

2. **Existing HMO members with global infertility referrals requesting to change WIN providers**

Existing members who wish to obtain a second opinion or change to a new in-network Reproductive Endocrinology and Infertility provider do not need to obtain a new referral. However, to facilitate the transition, the member is required to obtain their medical records from their current Reproductive Endocrinology and Infertility provider prior to seeking services with a new Reproductive Endocrinologist and Infertility provider.

3. **Existing HMO Members with global referrals requesting to change to a new HMO IPA**

Existing members who wish to change IPAs must obtain a new global infertility referral from the new PCP or WPHCP. The member can request to stay with the current WIN Reproductive Endocrinology and Infertility provider under the new global infertility referral.

4. **IPAs**

Religious Affiliated IPAs that do not refer for infertility services may direct members to the BCBSIL's HMO Customer Assistance Unit (CAU), at (312) 653-6600, to assist them with obtaining a global infertility referral to a contracted provider in the network.

5. **Time Period**

IPAs will issue the global infertility referral. Referrals will remain in effect for the duration of member's existing HMO insurance coverage, and while a member of the issuing IPA's medical group. If the member leaves the referral issuing IPA, the member will need to retain a new global infertility referral from their new IPA. A member must meet the criteria for the diagnosis of infertility and receive a new global WINFertility referral following a live birth.

Once pregnancy is established and fetal heart tones are detected by ultrasound (approximately six weeks), the rendered infertility services are considered complete, and the member will be referred to their PCP or WPHCP for prenatal care.

5. **Inadvertent Referrals**

If a PCP issues a global infertility referral for a member who does not meet criteria for eligible infertility benefits and has received fertility services, the IPA will be responsible for paying all related charges incurred by WINFertility.

MEDICATION

Members 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 Reproductive Endocrinology and Infertility provider and/or the member must contact WIN for authorization for their medication and/or applicable member reimbursement. WIN contracted vendors have access to the prescription drug system so they can verify eligibility and co-payment information prior to shipment. Members are responsible for the oral medication co-payment in most cases. Members can call WIN directly at 1-877-444-7299 for inquiries on their medications.

Lupron, which is not classified primarily as infertility medication, is subject to the self-injectable co-payment.

Lupron-Depot is not a self-injectable. Providers must administer this injection. Lupron-Depot can be purchased through any of WIN's contracted pharmacy vendors. Reproductive Endocrinology and Infertility providers and/or members need to contact WIN directly for authorization and/or applicable member reimbursement.

COPAYMENTS

Co-payments are applicable for physician office visits. Co-payments are not applicable for infertility related services, such as morning monitoring and lab tests.

BENEFIT INFORMATION

Consistent with applicable state law for members of insured plans, any enrolled members are eligible for the diagnosis and treatment of infertility. However, some employers may have specific limitations for certain infertility or treatment procedures to their employees, including based on the groups' moral or religious beliefs.

Consistent with Illinois law, BCBSIL's insured HMO plans provide coverage for the treatment of infertility. However, self-insured employers or trusts or insurance policies written outside of Illinois may have custom benefits.

EXHAUSTION OF LIMITED BENEFIT

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. It is up to the WINFertility Reproductive Endocrinologist and Infertility provider to determine the medical indication for an oocyte retrieval cycle.

Women's Integrated Network (WIN), the HMOs' infertility case management contractor, will notify the HMO if services are requested for a member who does not qualify for infertility treatment.

Note: If an oocyte donor is used, then the completed oocyte retrieval performed on the donor shall count as one completed oocyte retrieval.

NETWORK PROVIDERS

The HMOs infertility and fertility services network are listed on the [BCBSIL IPA Access Portal](#) and on the BCBSIL Provider Finder. Updated lists are available through your HMO Provider Network Consultant or via BCBSIL IPA Access Portal. If the IPA refers to a contracted WIN provider, WIN is financially responsible for authorized and applicable infertility services. If the medical group refers to a non-contracted WIN provider, the medical group is financially responsible for the infertility services.

CONTACT INFORMATION

WINFertility's phone number is 1-877-444-7271 and their fax number is 1-877-369-4560. Members may also contact WINFertility directly at 1-877-444-7299 or HMO Member services at 1-800 on the back of the member's health plan identification card for assistance. The Customer Advocate staff will work with WINFertility to answer and resolve member inquiries. Staff will also track member inquiries and complaints for timely response and resolution from WINFertility to ensure compliance with NCQA guidelines.

NOTE: HMO infertility details are provided on the BCBSIL website at www.bcbsil.com in the HMO Provider section under HMO Scope of Benefits-Infertility and Fertility Treatment.

IV. CONTROLS/MONITORING

Line of Business and/or Area	Control Requirements
HMO	Controls are detailed in the Policy itself

V. AUTHORITY AND RESPONSIBILITY

The HMO Provider Network Consultant and Clinical Delegation Coordinator are responsible for maintaining the updates to the policy guidelines in partnership with WINFertility, Inc..

VI. SOURCE/REFERENCES

Federal/State	Regulatory Requirements & References
IL State	IL law (215 ILCS 5/356m)/ HB 3709 – Infertility Coverage

VII. IMPACTED BUSINESS AREAS

HMO CMO
HMO Customer Assistant Unit
HMO Provider Performance
HMO Service Centers
HMO WINFertility, Inc..

VIII. IMPACTED EXTERNAL ENTITIES

HMO Medical Groups

IX. PROCEDURE REVIEWERS

Person Responsible for Review	Title	Date of Review
Alyssa Hemmingsen	Clinical Delegation Coordinator	December 16, 2024
Danielle Washington	Manager Provider Performance	December 16, 2024

X. PROCEDURE REVISION HISTORY

Description of Changes	Revision Date
Removed language A list of employer groups that have limited infertility benefits are included in HMO Scope of Benefits	12/16/2024
Updated Impacted Business Areas	12/16/2024

XI. PROCEDURE APPROVALS

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