



**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.

**Note:** See section below for religious exemption employer groups with limited infertility and fertility services.

## 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. The law does not apply to self-insured employers or to trusts or insurance policies written outside of Illinois. To receive infertility 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.

### **Surrogacy:**

Surrogate is the HMO Member: All infertility services provided to the surrogate are not covered. Obstetrical care is covered for the surrogate once pregnancy is established.

Surrogate is not the HMO Member: There is no coverage for infertility or obstetrical care rendered to the surrogate.

### **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 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.

Medication for an egg donor is covered.

**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).

**Diagnosis 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 tones are detected by ultrasound (approximately six weeks), the infertility services are complete, and the member will be referred back to her PCP or WPHCP for prenatal care.

## Exclusions

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

## 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>

**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.

## Coverage Variation

Benefit Plan DIRPI—excluded.

**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.**

## Employer Groups with Limited Infertility Benefits

The mandated coverage for infertility or fertility 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. Below is a list of the groups who are exempt from the mandate. This list may not be all inclusive. Benefits should be verified prior to referring a member for infertility services.

## Employer Groups with Limited Infertility Benefits

Below is a list of entities have informed BCBSIL that they are exempt from incorporating the infertility legislation into their HMO Program. This list may not be all-inclusive.

HMO Group Number	Group Name	Services Covered*
H00097	Specialty Physicians of Illinois, LLC	1 only (effective 01/01/07)
H01445	Presence Fox Knoll	1 only
H01446	Presence Mcauley Manor	1 only
H01447	Presence Health Corporate	1 only
H01448	Presence Service Corp	1 only
H01449	Presence Villa Franciscan	1 only
H01450	Presence St. Anne	1 only
H01451	Presence Cor Mariae	1 only
H01452	Presence St. Joseph	1 only
H01453	Presence Senior Services	1 only
H01455	Presence Home Care	1 only
H01456	Presence Geneva Care	1 only
H01457	Presence Pineview Care	1 only
H00122	Alverno Clinical Laboratories	1, 2, 3 (IVFGI only) 4 (IVFDG only)
H00120	Archdiocese of Chicago	1 only
H00119	Archdiocese of Chicago	1 only
H55970	Catholic Cemeteries	1 only
H57208	St. Coletta's of Illinois	1,2,3(IVFGI only), 4(IVFDG only)
H59010	Presence Health Preferred	1 only
H59051	Presence St. Francis Hospital	1 only
H59060	Presence Behavioral Health	1 only
H59075	Presence Home Health	1 only
H59076	Presence Ambulatory	1 only
H59081	Presence Resurrection System Service	1 only
H59082	Presence Holy Family	1 only
H59083	Presence St. Joseph Hospital	1 only
H59084	Presence St. Mary and Elizabeth Hospital	1 only
H59085	Presence Ambulatory	1 only
H59316	Presence Our Lady of Resurrection	1 only
H59999	Presence Senior Services Resurrection Nursing Home	1 only
H64536	St. James Hospital	1 only
H64593	Presence Health	1 only

Blue Advantage Group Number	Group Name	Services Covered*
B00843	Presence Health Network	1 only
B00450	Alverno Clinical Laboratories	1, 2, 3 (IVFGI only) 4 (IVFDG only)
B00097	Specialty Physicians of Illinois, LLC	1 only (effective 01/01/07)
B02647	Presence Home Care	1 only
B02649	Presence St. Joseph Hospital	1 only
B02650	Presence Geneva Care	1 only
B02651	Presence Pineview Care	1 only
B06245	St. Coletta's of Illinois	1, 2, 3(IVFGI only), 4(IVFDG only)
B00599	Archdiocese of Chicago	1 only
B00598	Archdiocese of Chicago	1 only
B51049	Archdiocese of Chicago	1 only
B59010	Presence Health Preferred	1 only
B59051	Presence St Francis Hospital	1 only
B59060	Presence Behavioral Health	1 only
B59075	Presence Home Health	1 only
B59076	Presence Ambulatory	1 only
B59081	Presence Resurrection Systems Services	1 only
B59082	Presence Holy Family	1 only
B59083	Presence St. Joseph Hospital	1 only
B59084	Presence St. Mary and Elizabeth Hospital	1 only
B59085	Presence Ambulatory	1 only
B59316	Presence Our Lady of the Resurrection	1 only
B59999	Presence Senior Services	1 only
B64528	Wheaton Franciscan Service	1,2,3,4, 5 (standard)
B64536	St. James Hospital	1 only
B64593	Presence Resurrection Medical Center	1 only
B64594	Presence Fox Knoll	1 only
B64596	Presence Health Corporate	1 only
B64597	Presence Service Corp	1 only
B64598	Presence Villa Franciscan	1 only
B64599	Presence St. Anne	1 only
B64601	Presence Cor Mariae	1 only
B64602	Presence St. Joseph	1 only
B64603	Presence Senior Services	1 only

**LEGEND CODE:**

1	Medical Evaluation and Treatment
2	Intrauterine Insemination
3	In Vitro Fertilization
3 IVFGI ONLY	Only covers GIFT only. No other IVF covered.
4	In Vitro Fertilization with Donor OOCYTES
4 IVFDG ONLY	Only covers DONOR GIFT only. No other IVF covered.
5	Frozen Embryo Thaw (FET) cycle

**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.