Policy Name: **IPA Infertility Guidelines**
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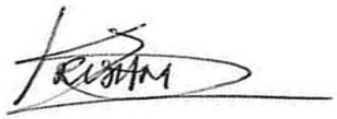
Approval Signature



Vice President, Provider Performance

Line of Business

Commercial	Exchange	Government
☒ HMO	☒ HMO	☐ HMO
☐ PPO	☐ PPO	☐ PPO

Approving Body

☒ Policy and Procedure Committee Date: 2/25/2021

Details

Policy:
Blue Cross and Blue Shield of Illinois (BCBSIL) contracts with a network of infertility practitioners to provide 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) refer members who have a diagnosis of infertility. Currently, WIN FERTILITY INC, a division of Women's Integrated Network (WIN), serves as the central point of contact for physicians, patients and pharmacies involved with infertility services.

Purpose/Objectives:

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

Guidelines:

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.***

To receive infertility coverage, the member must meet the definition of "infertility" ***established in the benefit booklet*** and not be voluntarily sterilized***. Unless otherwise stated in a member's benefit booklet, "infertility"*** is defined as the existence of any of the following ***four*** situations:

1) Inability to conceive after one year *of unprotected sexual intercourse.

   Note: "Unprotected sexual intercourse means ***the*** sexual union between a male and female, without the use of any process, device, or method that prevents conception, including but not limited to oral contraceptives, chemicals, physical or barrier contraceptives, natural abstinence, or voluntary permanent surgical procedures. Such union should include appropriate measures to ensure the health and safety of sexual partners.

The one-year time frame should be applied to women younger than 35 when establishing a primary diagnosis of infertility. However, a shorter time frame of six (6) months should be used for women 35 and older.

2) ***Inability to conceive after one year of attempts to produce conception.***
3) ***Inability to attain or sustain a successful or viable pregnancy.***

   ****Note: Illustrative examples of the inability to attain or sustain a successful or viable pregnancy include, but are not limited to the following:***

   a) After the third spontaneous miscarriage occurring before 12 weeks of gestational age.

   b) A woman has completed one year of medically indicated and supervised methods of conception, including artificial insemination, which a physician has determined to have failed and are not likely to lead to a successful pregnancy.

   c) As otherwise determined by the member's PCP or WHCP.

4.) Inability to conceive after an individual has been diagnosed by a physician as having a medical condition affecting infertility.

For the purposes of the above definition, the presence of voluntary sterilization (such as vasectomy or tubal ligation) is considered 'protection' for conception, and thus does not meet the definition of infertility. ***However,*** in the event a voluntary sterilization has been reversed successfully, infertility benefits will be available if the member's ***then*** clinical situation meets the definition of "infertility" ***articulated above.***

There is no exclusion for the coverage of services to treat infertility 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.

Procedure:

DIAGNOSIS

1. A diagnosis of infertility is established when a male or female meets any one of the four definitions described in Guidelines above.
2. The one-year time frame should be applied to women younger than 35 when establishing a primary diagnosis of infertility. However, a shorter time frame of six months should be used in the following circumstances:

- Women 35 and older
- Women having unprotected intercourse with a male and who are not menstruating and/or have a cycle length of equal to or greater than 35 days
- Women with a physician's diagnosis of Bilateral Tubal Occlusion, based on HSG or prior surgery, which was not caused by a voluntary sterilization procedure.
- Women who have had two or more ectopic pregnancies
- Suspected Male factor infertility with either azoospermia or no motile sperm

3. General Evaluation ***may*** include ***any of*** the following:
   - Pap Smear
   - GC Culture
   - Chlamydia Culture
   - Genetic testing per current American College of Obstetricians and Gynecologists guidelines.
   - If a member presents to the infertility provider without having a discussion and/or completion of recommended genetic tests by the member's PCP, the member will be directed back to the PCP 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. Infertility Providers will not see members without these test results).

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

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

REFERRALS

1. **New HMO Members and Existing Members requesting Services for the first time.** These members must obtain a global infertility referral with a primary diagnosis of infertility from their PCP or WPHCP. IPAs must perform the general evaluation mentioned on the previous page prior to making the diagnosis of infertility.

2. **Existing HMO Members with global referrals requesting to change WIN providers.** Existing members who wish to obtain a second opinion or change to a new infertility provider do not need to obtain a new referral. However, to facilitate the transition, the member needs to obtain their medical records from their current provider prior to seeking services with a new 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. The member can request to stay with the current WIN infertility provider under the new global infertility referral.

4. **Catholic Directive and Catholic–Affiliated IPAs.** Catholic-Directive or Catholic – Affiliated IPAs that do not refer for infertility services direct members to the HMOs' Customer Assistance Unit (CAU) at (312) 653-6600 to assist them with obtaining a referral to a contracted provider in the WIN network.

5. **Time Period**
   IPAs will issue a global referral for infertility services. Referrals will remain in effect for the duration of member's existing insurance coverage. However, a member must meet the criteria for the diagnosis of infertility and receive a new referral following a live birth.

   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.

6. **Inadvertent Referrals**
   If a PCP issues a global Winfertility referral for a member who does not meet criteria for eligible infertility benefits and has received Winfertility 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 infertility provider and/or 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 are able to 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 copayment.

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. 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 treatment procedures to their employees, ***including based on the groups' moral or religious beliefs.*** A list of employer groups that have limited infertility benefits are included in HMO Scope of Benefits section of the HMO's provider manual. Please check this list prior to issuing referrals in order to provide Members thorough benefit information. This list may not be all inclusive so it is important to verify benefits prior to issuing a global infertility referral to the member.

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 to determine the medical indication for an oocyte retrieval cycle.

Women's Integrated Network (WIN), the HMOs' infertility case management contractor, will notify HMO if services are requested for a member who doesn't 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 network is listed on the BCBSIL IPA Secure Access ***C***are Portal. 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.