

# INFERTILITY TIP SHEET

---

## PURPOSE:

Provider guidance regarding infertility services, benefit limitations by line of business (LOB) and criteria reviewed to determine medical necessity of these services.

## DEFINITIONS

**Infertility:** Failure to conceive following 1 or more of the following:

- At least 1 year of regular unprotected sexual intercourse for female age 35 years or younger
- At least 6 months of regular unprotected sexual intercourse for female older than 35 years

**Failure to impregnate or conceive:** the failure to establish a clinical pregnancy after twelve months of regular, unprotected sexual intercourse or therapeutic donor insemination for a woman under the age of thirty-five, or after six months of regular, unprotected sexual intercourse or therapeutic donor insemination for a woman thirty-five years of age or older. Conception resulting in a miscarriage does not restart the twelve-month or six-month clock to qualify as having infertility.

**Iatrogenic Infertility:** An impairment of fertility by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes.

**Diagnosis of and treatment for infertility:** the procedures and medications recommended by a licensed physician that are consistent with established, published, or approved medical practices or professional guidelines from ACOG or ASRM for diagnosing and treating infertility.

**Preimplantation Genetic Testing (PGT):** A test performed to analyze the DNA from oocytes or embryos for human leukocyte antigen (HLA)-typing or for determining genetic abnormalities. These include:

PGT-A: For aneuploidy screening (formerly PGS)

PGT-M: For monogenic/single gene defects (formerly single-gene PGD)

PGT-SR: For chromosomal structural rearrangements (formerly chromosomal PGD) (Zegers-Hochschild et al., 2017)

**Therapeutic Donor Insemination (TDI):** Insemination with a donor sperm sample for the purpose of conceiving a child. The donor can be an anonymous or directed donor.

## FAQS

### ❖ How to Submit a Prior Authorization Request

\*\*All services for infertility require prior authorization, including office visits. See [Services Requiring Prior Authorization](#) for a full list of services require prior authorization

- Complete a [Prior Authorization Request](#) form and submit it to DHMP UM department along with clinical records supporting medical necessity by fax; or submit the request through the DHMP [Provider Portal](#)
  - Fax: Completed [Prior Authorization Request](#) form and clinicals to:
    - Standard Requests: fax to 303-602-2128
    - Urgent/Expedited Requests: fax to 303-602-2160
  - Submit through the DHMP [Provider Portal](#)
    - Create an account under [Register Here](#)
    - Complete the prior authorization request form, attach clinicals and submit
      - See the [Provider Portal Guide](#) for a full list of instructions

### ❖ When to expect a determination

The DHMP UM department strives to complete reviews and generate determinations as quickly as possible. Ensuring all the necessary documentation is submitted with the initial request will help with timely processing.

Please see the chart below for regulatory turnaround time requirements:

TYPE OF NOTIFICATION	COMM/ELEVATE (ALL)
<b>DECISIONS</b>	
Urgent/Concurrent	24 Hrs.
Expedited/Urgent Preservice	72 Hrs.
Expedited Specialty Rx Part B Drugs	72 Hrs.
Standard/Preservice	15 Calendar Days
Standard Specialty Rx Part B Drugs	15 Calendar Days
Retrospective/Postservice	30 Calendar Days
<b>EXTENSIONS</b>	
Urgent/Concurrent	48 Hrs.
Expedited/Urgent Preservice	48 Hrs.
Standard/Preservice	15 Calendar Days
Retrospective/Postservice	15 Calendar Days
Part B Drug	None

If the UM staff receives insufficient information to make a coverage determination, the staff will notify the Provider of the specific information that is needed to make the determination. The extension timeframe in the above table may be used in those cases wherein the Provider needs additional time to provide sufficient information to make a determination.

### ❖ How to submit a Prior Authorization Request as Urgent/Expedited

- Complete the [Prior Authorization Request](#)

- Check the circle next to *Urgent* on the Prior Authorization Request form

**REQUEST PRIORITY (choose one):** Standard  Retrospective   Urgent

- Fax the request and clinicals to 303-602-2160  
Note: Urgent requests may be downgraded to standard if it does not meet at least one criteria below:
  - Seriously jeopardize the life or health of the member
  - Seriously jeopardize the enrollee's ability to attain, maintain or regain maximum function
  - Condition subjects the person to uncontrolled pain
- ❖ What guidelines are used by DHMP to determine Medical Necessity
  - DHMP UM uses both internally approved guidelines and the following nationally-accepted, evidenced based clinical criteria to determine the medical necessity of requested services:
    - [MCG Health™ Care guidelines Medicare Coverage Database](#)
      - Medicare National Coverage Determination (NCD) b. Medicare Local Coverage Determination (LCD)
    - [HAYES, Inc. Knowledge Center](#)
    - [Wolters Kluwer's UpToDate](#)
    - [Medicaid Regulations \(HCPF Code of Regulations\)](#)
    - Member Handbook
      - [Elevate Exchange](#)
      - [DHHA HMO, HighPoint HMO, HighPoint POS](#)
    - [DHMP Internal Clinical Coverage Criteria](#)
- ❖ How can providers obtain a copy of the guideline used to make a determination
  - For copies of any of the specific criteria, or for questions about the UM program, please call 303-602-2100.
- ❖ How to request a Peer-to-Peer review  
Your doctors can discuss decisions with our Medical Doctor (Peer to Peer) by calling us at 303-602-2100 within **5 days** of a denial.
- ❖ How to file an appeal  
If you do not agree with DHMP's initial decision, you must file the appeal request within one hundred and eighty (180) calendar days of receipt of your original adverse determination notice. You can request an appeal orally or in writing.

Denver Health Medical Plan, Inc.  
Grievances and Appeals  
777 Bannock Street, Mail Code 6000  
Denver CO 80204  
Fax: 303-602-2078

Telephone 303-602-2261

The appeal request must contain the following elements: (1) Date; (2) Member name; (3) Member address; (4) Member identification (ID) number; (5) If the member is a minor or is legally incompetent, the name and relationship to the member; (6) The reason for the appeal; and (7) Any written comments, documents, records, and other material relating to your appeal for DHMP to consider when conducting your appeal review.

Alternatively, you may complete the Member Appeal Form and submit it via the DHMP Member Portal. You may call the Grievance and Appeal Department at 303-602-2261, TTY users should call 711, to have a Member Appeal Form sent to you.

❖ What pharmacies can DHMP members use

Prescriptions can also be filled at any National Network Pharmacy such as MedImpact Direct, King Soopers, Walgreens, Safeway and most large retail pharmacy chains.

Optum is the only specialty pharmacy that DHMP has a contract with.

We currently use MedImpact Direct Specialty as our specialty hub. Call or send the prescriptions to MedImpact Direct Specialty. They will send it to an in-network specialty pharmacy and then it will be shipped directly to the member.

MedImpact Direct Specialty

- Phone: 1-877-391-1103
- Fax: 1-888-807-5716

See the DHMP Formulary for a full list of medications covered by DHMP

DHHA HMO, HighPoint HMO, HighPoint POS: [2023 Commercial Formulary & Pharmaceutical Management Procedures](#)

DHMP Elevate Exchange and Colorado Option: [Elevate Exchange and Colorado Option Formulary](#)

For questions about an authorization request or submitted request with no response within the above timeframes, please call Health Plan Services at 303-602-2100.

For more information please review the [DHMP Provider Manual](#)

## BENEFIT COVERAGE

Covered Plans	Infertility Benefit
DHHA HMO HighPoint HMO HighPoint POS Elevate Health Plans (Exchange/CO Option)	Diagnostic testing and treatment for infertility and standard fertility preservation services, including three completed oocyte retrievals with unlimited embryo transfers, in accordance with accepted medical practice. “Standard fertility preservation services” means procedures and services that are consistent with established medical practices for a person who has a medical condition or is expected to undergo medication therapy, surgery, radiation, chemotherapy, or other medical treatment that is recognized by medical professional to cause a risk for impairment to fertility, for example, sperm and embryo cryopreservation while the individual is currently under covered active infertility treatment. Prior authorization is required.

**RELATED LINKS:**

- [DHHA HMO EOC](#)
- [HighPoint HMO EOC](#)
- [HighPoint POS EOC](#)
- [Elevate Exchange EOC](#)
- [DHHA Drug Formulary](#)
- [MCG Health™ Care guidelines Medicare Coverage Database](#)
- [HAYES, Inc. Knowledge Center](#)
- [Wolters Kluwer’s UpToDate](#)
- [Medicaid Regulations \(HCPF Code of Regulations\)](#)
- [Elevate Exchange](#)
- [DHMP Internal Clinical Coverage Criteria](#)
- [DHMP Provider Manual](#)



Prior Authorization Request Form