FAMILY PLANNING and INFERTILITY SERVICES

Fidelis Care covers family planning services and certain other reproductive health care services. Starting January 1, 2019, Fidelis Care members will obtain family planning and reproductive health benefits directly from Fidelis Care. Members do not need a referral from their PCP and should present their Fidelis Care Member ID card. Previously, these services were provided to members by Medicaid Fee for Service or other third party vendors. There are no changes to our members’ covered family planning and reproductive health benefits. However, the changes in how members obtain these benefits from Fidelis Care are listed below by product.

<table>
<thead>
<tr>
<th>Product</th>
<th>Entity providing coverage through 12/31/2018:</th>
<th>Entity providing coverage as of 1/1/2019:</th>
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</thead>
<tbody>
<tr>
<td>Medicaid Managed Care</td>
<td>NYS Medicaid FFS</td>
<td>Fidelis Care</td>
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<tr>
<td>(including HealthierLife - Health and Recovery Program)</td>
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<td></td>
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<tr>
<td>Child Health Plus</td>
<td>Affinity, GHI/Emblem Healthfirst</td>
<td>Fidelis Care</td>
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Members can obtain the following family planning services through Fidelis Care: birth control drugs, birth control devices (IUDs and diaphragms) that are available with a prescription, plus emergency contraception, sterilization, pregnancy testing, prenatal care, and abortion services. Members can also see a family planning provider for HIV and sexually transmitted infection (STI) testing and treatment and counseling related to their test results. Screenings for cancer and other related conditions are also included in family planning visits.

Fidelis Care has notified its primary care providers, obstetricians, and gynecologists, and certain other specialties, that Fidelis Care covers reproductive and family planning services as a standard benefit. Providers should begin billing Fidelis Care directly for any such services provided on or after January 1, 2019. Members who choose to see a provider who is not in the Fidelis Care network may still be able to get these services from a provider that accepts Medicaid. If a member does not use one of our network providers for these services, they should use their New York State Medicaid card. As a reference, members can call the New York State Growing Up Healthy Hotline at (1-800-522-5006).

Ovulation Induction and Infertility

Infertility is defined as a condition characterized by the inability to conceive, defined by the failure to establish a clinical pregnancy after twelve months of regular, unprotected sexual intercourse for individuals 21-34 years of age, or after six months for individuals 35-44 years of age.

Effective October 1, 2019, ovulation enhancing drugs and related medical services are covered when billed with the appropriate infertility diagnosis codes: E22.1, E28 through E28.x, E23.0, L68.0, N97.0 or Z31.41 and when performed solely for the intent to establish pregnancy. Related lab services are covered. Related ultrasound codes 76856, 76857, and 76830 are covered and require prior authorization through eviCore Healthcare. 76856, 76857, and 76830 have a combined lifetime limit of 10.

74740 and 76831 (billed with 58340) are covered and could be rendered separately. 74740 and 76831 have a combined lifetime limit of 1. 76831 requires prior authorization through eviCore Healthcare.
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Family Planning and Infertility

The following services are considered medically necessary when performed solely for the treatment of infertility, with the intent to establish pregnancy, in an individual in whom fertility would naturally be expected when meeting clinical criteria.

Females:
1. FDA approved medications: clomiphene, bromocriptine, letrozole and tamoxifen covered as a group and not individually for a benefit limit of 3 cycles of treatment per lifetime.
2. Office visits
3. Hysterosalpingograms
   o to monitor the ovulation induction
   o to diagnose Polycystic ovary syndrome
5. Blood testing
   o to diagnose the cause of anovulation
   o to monitor the ovulation induction.