



QUICK TIPS:

The Progyny Federal Services Program FAQ

1. Are Progyny and Progyny Federal Services the same?

No. Progyny Federal Services is a new program which began in January 2024. This program only serves members of federal government plans.

2. What is the Progyny Federal Services Program?

Progyny Federal Services only serves members of federal government plans. Progyny is contracted with GEHA to support its members with support from our Patient Care Advocates (PCAs) in navigating their family building journeys as well as administrative services to authorize medical and pharmacy services. At this time, Progyny is not managing claims for GEHA.

3. What is GEHA?

GEHA is an insurance plan that provides medical insurance to federal government employees and their families through the Federal Employees Health Benefits (FEHB) program. Effective January 1, 2024, FEHB carriers expanded coverage to include fertility benefits for patients with an infertility diagnosis. See number 5 below.

4. What services does Progyny provide for GEHA members who are part of the Progyny Federal Services program?

- Support a member's family planning care journey with dedicated PCAs.
- Collect and review provider's clinical documentation required to verify a member's diagnosis of infertility.
- Create prior authorizations for covered services.

5. What fertility services are covered for GEHA members that have an infertility diagnosis?

- Unlimited Intrauterine Insemination (IUI) or Artificial Insemination (AI) and associated medications.
 - Medication associated with in-vitro fertilization (IVF) treatment (limited to 3 cycles annually).
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- Fertility preservation treatment for iatrogenic infertility (oncofertility and gender affirming care patients).

6. How does GEHA define an infertility diagnosis?

- GEHA defines infertility as the inability to conceive a pregnancy within a 12 month period for individuals under age 35 (6 months for persons aged 35 or older) through unprotected intercourse or artificial insemination. Infertility may also be established through evidence of medical history and diagnostic testing.
- Iatrogenic Infertility is an impairment of fertility by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs including gonadotoxic therapies, or ovary or testicle removal for treatment of disease; also includes infertility associated with medical and surgical gender affirmation.

7. Is diagnostic testing covered for GEHA members?

Diagnostic testing to establish an infertility diagnosis is a covered benefit and does not require pre-authorization.

8. How should providers request prior authorization for GEHA members?

Providers should direct GEHA members to their Progyny PCA for support creating a prior authorization request. Progyny has a GEHA-dedicated phone line: **866.960.3951**.

9. Can providers request prior authorizations through the Progyny provider portal?

No. The provider portal is only for members covered by Progyny. Members covered by GEHA will not appear in the Progyny Provider Portal. All prior authorization requests should be initiated by the patient through a PCA.



10. How will providers be notified of a decision for a prior authorization request?

A copy of the decision letter will be mailed to the member and provider within 15 days of receipt of all required documentation.

11. How will providers know which CPT codes are covered with a prior authorization?

When a prior authorization request is approved, the individual CPT codes and medications covered are included in the approval letter. GEHA will only reimburse providers for the covered CPT codes indicated on the approval letter.

QUICK TIPS:

12. How can you identify a GEHA member?

Providers can identify a GEHA member by their insurance card.

A sample of an insurance card is below:



13. How does billing work for GEHA patients?

Progyny does not process claims for GEHA members. Providers should submit medical claims for GEHA members to the location indicated on the member's ID card. Additional resources for GEHA claims submission may be found here: www.geha.com/en/resource-center/provider-resources/where-to-submit-claims

14. What happens if a claim is mistakenly sent to Progyny for a GEHA patient?

- If submitted as a paper claim, the provider will receive a letter with the claim indicating “Member is not a Progyny member”.
- If submitted as an electronic claim, the claim will be sent back via the clearinghouse on a 277-response indicating member not found.

15. What does a sample member journey look like?

- Patient goes to the physician for an Initial Consultation.
- Patient receives a diagnosis of infertility from that appointment.
- Patient contacts Patient Care Advocate (PCA) to request a prior authorization.
- Patient and physician receive a letter confirming prior authorization for treatment.
- Patient receives treatment from their physician.
- The physician submits claims to GEHA.
- The physician receives payment from GEHA.



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