



Fertility Preservation

Policy Number: PA 30

Original Effective Date: 10/7/2023

Policy

Maryland Care, Inc., dba Maryland Physicians Care (MPC) covers fertility preservation for iatrogenic infertility if specific criteria are met.

MPC considers members eligible for fertility preservation services when those procedures are considered medically necessary; are performed to preserve fertility due to a need for medical treatment that may directly or indirectly cause iatrogenic infertility, or in connection with gender-affirming treatments; and are delivered by a Reproductive Endocrinologist. Fertility preservation services are distinct and different from infertility services (MD. Code, Ins. § 15-810.1).

Covered Services include:

- Fertility Preservation consultation.
- Fertility Preservation Procedures include applicable laboratory assessments, medications, and medically necessary treatments.
- Ovulation induction, monitoring, oocyte retrieval (for the purposes of oocyte retrieval only).
- Oocyte cryopreservation and evaluation.
- Ovarian tissue cryopreservation and evaluation.
- Transposition of the ovary(s). This procedure protects the ovaries before the patient receives pelvic radiation to treat cancer.
- Sperm extraction, cryopreservation, and evaluation.
- Gonadal Suppression with GNRH Analogs.

Cryopreservation of ovarian tissue and sperm is a one-time benefit.

A maximum of three cycles of ovarian stimulation and oocyte preservation is covered.

Criteria for Initial Approval

1. Prior authorization is required and will be authorized for 3 months if the criteria are met.
2. The member is of reproductive age of puberty through menopause (except as noted below for ovarian tissue preservation).
3. The requesting/treating provider is a Reproductive Endocrinologist.
4. Signed consent is required. When consent involves a minor, parental or guardian consent is required as per MPC policy 8000.33 Consent to Treat Minors.
5. Documentation of Iatrogenic Infertility, including the impairment of fertility by surgery, radiation, chemotherapy, or other medical treatment or intervention affecting reproductive organs or processes.

Maryland Care, Incorporated
PROPRIETARY AND CONFIDENTIAL

Reviewed/Revised Date: 2/8/2024



Fertility Preservation

Policy Number: PA 30

Original Effective Date: 10/7/2023

6. A copy of the treatment plan of the proposed Fertility Preservation Services must be submitted with the request.
7. Additional criteria for the approval of Gonadal Suppression with GNRH Analogs include:
 - GnRH agonists may be offered only to specific breast cancer patients to reduce the risk of premature ovarian insufficiency.
 - Not to be used in place of other fertility preservation alternatives.
8. Additional criteria for approval of Ovarian tissue cryopreservation:
 - Insufficient time for oocyte retrieval or the patient is prepubertal, AND
 - Ovarian tissue is free from malignancy.

Limitations

Non-Covered Services and excluded from this policy:

- Donor Sperm.
- Donor Oocytes.
- Fertility Procedures, for example:
 - Intrauterine Insemination
 - In Vitro Fertilization
- Storage and thawing of testicular tissue including associated charges.
- Prepubertal testicular tissue cryopreservation. This is considered investigational.
- Sperm and oocyte banking/storage.
- Thawing of cryopreserved sperm or oocytes.

Under federal and state law, only medications approved by the Food and Drug Administration (FDA) and subject to the Federal Rebate Program are considered for Medicaid coverage. All medications are subject to restrictions outlined in COMAR 10.09.03.05 and COMAR 10.67.06.04.

Background

Iatrogenic Infertility is the impairment of fertility by surgery, radiation, chemotherapy or other medical treatment or intervention affecting reproductive organs or processes.

Codes:

For current codes refer to the MDH Medicaid FFS fee schedule site

<https://health.maryland.gov/mmcp/Pages/Preauthorization-Information.aspx>
<https://health.maryland.gov/mmcp/Pages/Provider-Information.aspx>



Fertility Preservation

Policy Number: PA 30

Original Effective Date: 10/7/2023

Code	Description

References

- MD. Code, Ins. § 15-810.1
- House Bill (HB) 908—*Coverage of Fertility Preservation Procedures for Iatrogenic Infertility* – (Ch. 715 of the Acts of 2018)
- Maryland Code, Health-General § 20-102,
<https://health.maryland.gov/psych/pdfs/Treatment.pdf>
- MDH MCO Transmittal No. 195 dated 12/12/2023.

Revision Log

Original Effective Date	10/7/2023