

# Medical Policy

<b>Policy:</b>	<b>202302</b>	<b>Initial Effective Date:</b>	<b>02/02/2023</b>
<b>SUBJECT:</b>	<b>Fertility Preservation for Iatrogenic Infertility</b>	<b>Annual Review Date:</b>	<b>01/18/2024</b>
		<b>Last Revised Date:</b>	<b>01/18/2024</b>

**Some or all procedure codes listed in this Corporate Medical Policy may be considered experimental/investigational.**

**Certain plans may include coverage for fertility preservation. Please refer to the member-specific benefit plan document to determine if this corporate medical policy applies. All coverage is subject to the terms and conditions of the plan. The following corporate medical policy is applicable only to members whose plans cover infertility services.**

**Definition:** Certain malignancies and/or their treatment, as well as other medical procedures, can cause permanent infertility. Fertility preservation refers to the services that protect or save mature oocytes, sperm, or other reproductive tissue in order to facilitate reproduction at a time in the future. Fertility preservation services may be recommended for members diagnosed with malignancies or who are undergoing medical procedures that are known to cause permanent infertility.

**Medical Necessity:** The Company considers fertility preservation to be **medically necessary** and eligible for reimbursement, providing that **all** of the following medical necessity criteria are met:

- Anticipated infertility will be unavoidable, permanent, and irreversible; and
- Infertility is iatrogenic in nature (e.g., caused by chemotherapy, radiation treatment, gonadotoxic therapies, and/or bilateral oophorectomy due to malignancy); and
- Fertility preservation services are provided by a physician or under the supervision of a physician; and
- Services include **at least one** of the following:
  - Oocyte retrieval (CPT Code 58970); or
  - Collection of sperm (HCPCS S4030, S4031); or
  - Embryo cryopreservation\* (CPT Code 89258); or
  - Oocyte cryopreservation\* (CPT Codes 89337); or
  - Cryopreservation of sperm\* (CPT Code 89259, HCPCS S4030, S4031).

\*Coverage of cryopreservation storage services (CPT Codes 89342, 89343, 89346, HCPCS Codes S4027, S4040) is limited to one year.

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## IMPORTANT NOTES:

- Fertility preservation services for members who have undergone voluntary sterilization procedures are considered **not medically necessary** and **not** eligible for reimbursement.
- Cryopreservation and storage of testicular tissue (**CPT Code 55899, 89335, 89344, 89398**) or ovarian tissue (**CPT Codes 58999, 89344, 89398**) is considered **investigational** and **not** eligible for reimbursement.
- Medications related to fertility preservation are not in scope for this Corporate Medical Policy. Please refer to member-specific pharmacy benefit plan documents for more details.

## Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member, and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results, and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply, and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

**NOTE: After reviewing the relevant documentation, the Company reserves the right to apply this policy to the service, or procedure, supply, product, or accommodation performed or furnished regardless of how the service, or procedure, supply, product, or accommodation was coded by the Provider.**

*Approval or clearance by the U.S. Food and Drug Administration alone is not a basis for coverage.*

*Coverage may differ for Medicare Advantage plan members; please see any applicable national and/or local coverage determinations for details. This information may be available at the Centers for Medicare & Medicaid Services (CMS) website.*

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**Sources of Information:**

- American Cancer Society.
  - Fertility preservation for females with cancer. (2020). Available at: <https://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects/fertility-and-women-with-cancer/preserving-fertility-in-women.html>. Accessed January 11, 2024.
  - Preserving Fertility in Males with Cancer. (2020). Available at: <https://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects/fertility-and-men-with-cancer/preserving-fertility-in-men.html>. Accessed January 11, 2024.
- American Society for Reproductive Medicine. (2019). Fertility preservation in patients undergoing gonadotoxic therapy or gonadectomy: a committee opinion. *Fertil Steril*, 112(6):1022–1033.
- National Comprehensive Cancer Network. (2022). NCCN Guidelines Version 2.2023 Adolescent and Young Adult (AYA) Oncology. Available at: [https://www.nccn.org/professionals/physician\\_gls/pdf/aya.pdf](https://www.nccn.org/professionals/physician_gls/pdf/aya.pdf). Accessed January 11, 2024.
- Oktay K, Harvey BE, Partridge AH, Quinn GP, Reinecke J, Taylor HS, ... Loren AW. (2018). Fertility Preservation in Patients with Cancer: ASCO Clinical Practice Guideline Update. *J Clin Oncol*, 36(19):1994–2001.

<b>Applicable Code(s):</b>	
<b>CPT:</b>	<b>55899, 58970, 58999, 89258, 89259, 89335, 89337, 89342, 89343, 89344, 89346, 89398</b>
<b>HCPCS:</b>	<b>S4027, S4030, S4031, S4040</b>
<b>ICD10 Procedure Codes:</b>	

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