Fertility Preservation Services

Policy Number: **M20260826043**

Effective Date: **10/1/2026**

Sponsoring Department: **Health Care Services**

Impacted Department(s): **Health Care Services**

Type of Policy: ☒ Internal ☒ External

Data Classification: ☐Confidential ☐Restricted ☒Public

Applies to (Line of Business):

☐ Corporate (All)

✦ State Products, if yes which plan(s): ☒MediSource; ☒MediSource Connect; ☒Child Health Plus; ☒Essential Plan

✦ Medicare, if yes, which plan(s): ☒MAPD; ☒PDP; ☒ISNP; ☒CSNP

✦ Commercial, if yes, which type: ☒Large Group; ☒Small Group; ☒Individual

☒ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

This section is intended to list specific LOB products that are excluded from adhering to this policy (due to differences in law/regulations). If not applicable, please indicate N/A.

Applicable to Vendors? Yes ☐ No☒

Purpose and Applicability:

To set forth the medical necessity criteria for Fertility Preservation Services.

Policy:

Background

Iatrogenic infertility is an impairment of fertility by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes.

This policy addresses fertility preservation services for iatrogenic infertility.

Fertility Preservation Services are covered when the member requires medical treatment that may directly or indirectly cause iatrogenic infertility. Iatrogenic infertility means impairment of fertility by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes. Coverage is for the collecting, freezing, preserving,

and storage of mature oocytes (ova) or sperm for members who have no prior history of sterilization, in the presence or absence of ongoing infertility care. Fertility Preservation Services are also available to individuals receiving affirming care for the treatment of gender dysphoria.

The following services are eligible for coverage for fertility preservation as a result of iatrogenic infertility:

- Collecting and retrieval of mature oocytes or sperm
- Cryopreservation of sperm or mature oocytes
- Monitoring, storage, and thawing of cryopreserved oocytes or sperm

Authorization Requirements

Independent Health's authorization requirements comply with all relevant statutes and regulations, including but not limited to Part L of the Health and Mental Hygiene portion of the budget (A.2007-C/S.1507-C); New York State Insurance Laws §3216, §3221, §4303.

Independent Health's authorization requirements comply with all billing and coverage guidance issued by the NY State Department of Health.

This policy addresses fertility preservation services for iatrogenic infertility.

For plans that have in vitro fertilization coverage; see the Independent Health Advanced Infertility Services and In Vitro Fertilization (IVF) Medical Policy.

For plans that do not have in vitro fertilization coverage or fertility preservation coverage; see the Independent Health Basic Infertility Services (No IVF or FPS benefits) Medical Policy.

For pharmacologic treatment of infertility please refer to the applicable Independent Health Pharmacy policies.

Some Self-Funded products may have fertility preservation services (FPS) coverage. Please consult the members individual plan description (SPD) regarding Self-Funded group coverage for IVF and fertility preservation services coverage. If a Self-Funded group has coverage for IVF and FPS, then the coverage criteria described in this policy applies.

Commercial and Self-Funded: Fertility preservation services may be covered utilizing the criteria below.

Medicare Advantage: Fertility preservation services are not a covered benefit for Medicare advantage members.

Child Health Plus: Fertility preservation services are not covered for Child Health Plus.

Essential Plan: Independent Health covers standard fertility preservation services when a medical treatment will directly or indirectly lead to iatrogenic infertility. Standard fertility preservation services include the collecting, preserving, and storing of ova or sperm. "Iatrogenic infertility" means an impairment of your fertility by surgery, radiation, chemotherapy or other medical treatment affecting reproductive organs or processes. Cryopreservation and storage of sperm and ova except when performed as fertility preservation services.

Independent Health does not cover in vitro fertilization, gamete intrafallopian tube transfers or zygote intrafallopian tube transfers, costs associated with an ovum or sperm donor including the donor's medical expenses, cryopreservation and storage of embryos, ovulation predictor kits, reversal of tubal ligations, reversal of vasectomies, costs for and relating to surrogate motherhood that are not otherwise covered services under the Essential Plan contract, cloning or medical and surgical procedures that are experimental or investigational, unless our denial is overturned by an External Appeal Agent. All services must be provided by Providers who are qualified to provide such services in accordance with the guidelines established and adopted by the American Society for Reproductive Medicine. We will not discriminate based on Your expected length of life, present or predicted disability, degree of medical dependency, perceived quality of life, other health conditions, or based on personal characteristics including age, sex, sexual orientation, marital status or gender identity, when determining coverage under this benefit.

MediSource, MediSource Connect: Fertility Preservation Services (FPS) are not a covered benefit.

Clinical Indications

Fertility Preservation Services are covered for **ALL** of the following:

- When the member requires medical treatment that may directly or indirectly cause iatrogenic infertility. Iatrogenic infertility means impairment of fertility by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes. Fertility Preservation Services are also available to individuals receiving affirming care for the treatment of gender dysphoria
- Coverage is requested for **1 or more** of the following, for members who have no prior history of sterilization, in the presence or absence of ongoing infertility care:
    - Collecting and retrieval of mature oocytes (ova) or sperm
    - Cryopreservation of mature oocytes (ova) or sperm
    - Monitoring, storage, and thawing of cryopreserved oocytes or sperm

Exclusions and Benefit Limitations:

NOT COVERED for **ANY** of the following:

- Fertility Preservation Services (FPS) are not a covered benefit for MediSource and Medicare Advantage Plans. Any fertility preservation services rendered in connection with any non-covered infertility procedure, including frozen embryo transfer (FET), IVF, GIFT, ZIFT program, cycle or treatment are not covered
- For Essential Plan members, cryopreservation and storage of sperm and ova except when performed as fertility preservation services. Cryopreservation as a routine procedure for backup in the absence of a confirmed physical or psychological diagnosis requiring cryopreservation is excluded from coverage

The following procedures for iatrogenic infertility done prior to commencing treatment that is likely to affect fertility are considered investigational and are **NOT COVERED** for **ANY** of the following:

- Cryopreservation of immature oocytes
- Ovarian tissue cryopreservation and auto-transplantation procedures
- Testicular tissue or spermatogonial cryopreservation
- Reimplantation or grafting of human testicular tissue
- Reproductive tissue (testicular/ovarian) cryopreservation, thawing or storage
- Ovarian suppression with gonadotropin releasing hormone (GnRHa) or antagonists
- Testicular suppression with GnRHa or antagonists
- Cryopreservation to circumvent reproductive aging in healthy persons

Pre-Authorization Required? Yes ☒ No ☐

Definitions

Enter definitions here. Remember to **bold** words throughout Policy section that require definitions. Definitions should be included when: 1) The word may be unclear or may mean something different, in different situations/contexts; 2) The word is not commonly used or known. Please refer to the Policy Writing Toolkit for additional information and direction.

References

Related Policies, Processes and Other Documents

Independent Health Basic Infertility Services Policy
Independent Health Advanced Infertility Services and In Vitro Fertilization (IVF) Policy

Non-Regulatory References

American Society for Reproductive Medicine (ASRM), Ovarian tissue and oocyte cryopreservation. Practice Committee of the American Society for Reproductive Medicine. Fertil Steril. 2004;82:993-998.

American Society for Reproductive Medicine (ASRM). A Practice Committee Technical Bulletin. Sperm retrieval for obstructive azoospermia. Fertil Steril. 2008e Nov; 90(5 Suppl):S): S213-8. Available: https://www.fertstert.org/article/S0015-0282(08)03512-7/fulltext.

American Society for Reproductive Medicine (ASRM). A Practice Committee Report. The Role of Assisted Hatching in in vitro fertilization: a guideline. Fertil Steril 2014; 102-348-51. © 2014 American Society for Reproductive Medicine.

American Society for Reproductive Medicine (ASRM). Definitions of infertility and recurrent pregnancy loss: A committee opinion. Fertil Steril. 2013;99(1):63.

American Society for Reproductive Medicine (ASRM). Diagnostic Evaluation of the Infertile Male: a committee opinion. Fertil Steril 2012e:98:294e: 98:294-301. Revised Fertil Steril® 2015;103:e103: e18-e25. Available: Diagnostic evaluation of the infertile male: a committee opinion - Fertility and Sterility.

American Society for Reproductive Medicine (ASRM). Endometriosis and infertility. Educational Bulletin. Fertil Steril. 2004;81:1441-1446.

American Society for Reproductive Medicine (ASRM). Evidence-based treatments for couples with unexplained infertility: A guideline. Fertil Steril. 2020;113(2):305-322.

American Society for Reproductive Medicine (ASRM). Use of clomiphene citrate in infertile women: a committee opinion. Fertil Steril. August 2013e 100(2) 341-348. Available: https://www.fertstert.org/article/S0015-0282(13)00643-2/fulltext.

American Urological Association, Inc. (AUA) The Optimal Evaluation of the Infertile Male. AUA Best Practice Statement. Published April 2001. Revised 2010 (a). Reviewed and Validity Confirmed 2011.

Check ML, Check JH, Kaplan H. Pregnancy despite imminent ovarian failure and extremely high endogenous gonadotropins and therapeutic strategies: Case report and review. Clin Exp Obstet Gynecol. 2004;31(4):299-301.

Diamond MP, Legro RS, Coutifaris C, et al; NICHD Reproductive Medicine Network. Letrozole, gonadotropin, or clomiphene for unexplained infertility. N Engl J Med. 2015;373(13):1230-1240.

Fabbri R, Porcu E, Marsella T, et al. Human oocyte cryopreservation: new perspectives regarding oocyte survival. Hum Reprod. 2001;16(3):411-416.

Griffo J, Hodes-Wertz B, Lee H-L. Single thawed euploid embryo transfer improves IVF pregnancy, miscarriage, and multiple gestation outcomes and has similar implantation rates as egg donation. J Assist Reprod Genet. 2013 Feb;30(2):259-64.

Guzick D.S., Carson S.A., Coutifaris C., Overstreet J.W., Factor-Litvak P., Steinkampf M.P., et al. Efficacy of super ovulation and intrauterine insemination in the treatment of infertility. National Cooperative Reproductive Medicine Network [see comments]. N Engl J Med 1999; 340:177-83.

Heineman MJ, Beerendonk CC, Kaandorp CJ. National guideline 'Cryopreservation of ovarian tissue'. Ned Tijdschr Geneeskd. 2008;152(45):2452-2455.

Hershlag, A., et al. Acrobeads test as a predictor of fertilization In Vitro. American Journal of Reproductive Immunology. 1997; 37(4): 291-299.

Huang EY, Shandley LM, Mehta A, et al. Fertility preservation for iatrogenic infertility: Patient barriers and opportunities for the reproductive medicine workforce. Urol Pract. 2025;12(2):194-201.

Kervancioglu ME, Saridogan E, Atasu T, Camlibel T, Demircan A, Sarikamis B, Djahanbakhch O. Human Fallopian tube epithelial cell co-culture increases fertilization rates in male factor infertility but not in tubal or unexplained infertility. Hum Reprod. 1997 Jun;12(6):1253-8.

National Institute for Clinical Excellence. Fertility problems: assessment and treatment. Nice Guidance [NG257. March 2026. Available: https://www.nice.org.uk/guidance/ng257.

Pfeifer S, Goldberg J, McClure D, et al.; Practice Committees of the American Society for Reproductive Medicine and the Society for Assisted Reproductive Technology. Mature oocyte cryopreservation: A guideline. Fertil Steril. 2013;99(1):37-43.

Rubio C, Simon C, Mercader A, Garcia-Velasco J, Remohi J, Pellicer A. Clinical experience employing co-culture of human embryos with autologous human endometrial epithelial cells. Hum Reprod. 2000 Dec;15 Suppl 6:31-8.

Speroff L, Fritz MA. Female infertility. In: Clinical Gynecologic Endocrinology and Infertility. Seventh ed. Philadelphia: Lippincott Williams & Wilkins; 2005. p. 1013-1067.

The Practice Committee of the American Society for Reproductive Medicine. Effectiveness and treatment for unexplained infertility. Fertil Steril 2006; 86:S86: S111-4. Available: https://www.fertstert.org/article/S0015-0282(06)03249-3/fulltext.

Wiemer KE, Cohen J, Tucker MJ, Godke RA. The application of co-culture in assisted reproduction: 10 years of experience with human embryos. Hum Reprod. 1998 Dec;13 Suppl 4:226-38.

Regulatory References

New York State Department of Financial Services. IVF and Fertility Preservation Law Q&A Guidance. https://www.dfs.ny.gov/apps_and_licensing/health_insurers/ivf_fertility_preservation_law_qa_guidance

State of New York Insurance Law § 7657, Amendment 11723, effective 2003 Jan. Part L of the Health and Mental Hygiene portion of the budget (A.2007-C/S.1507-C); New York State Insurance Laws §3216, §3221, §4303.

Version Control

Signature / Approval on File? Yes ☒ No☐

Revision Date	Policy Author / Owner	Notes
10/1/2026	Health Care Services	New Policy
Click here to enter a date.	Click here to enter text.	Click here to enter text.
Click here to enter a date.	Click here to enter text.	Click here to enter text.
Click here to enter a date.	Click here to enter text.	Click here to enter text.