
FERTILITY PRESERVATION SERVICES FOR IATROGENIC INFERTILITY

Policy:

Ventura County Health Care Plan (VCHCP) covers fertility preservation for iatrogenic infertility at 100% as a regular health benefit with the same copays as it would have for any other normal medical/surgical health benefit.

(a) VCHCP covers medically necessary standard fertility preservation services pursuant to Health and Safety Code section 1374.551 if either of the following:

(1) (A) The enrollee's provider has recommended the enrollee receive a covered medical treatment that may cause infertility; and

(B) the provider recommends the enrollee receive such treatment within the next 12 months and the enrollee attests that the enrollee plans to undergo such treatment in the next 12 months.

(2) (A) The enrollee received a covered medical treatment that may cause infertility; and

(B) the enrollee's medical condition was such that the enrollee was unable to either undergo fertility preservation or complete their fertility preservation cycle(s); and

(C) the enrollee faces an ongoing risk for infertility due to reproductive damage caused by those treatments.

Examples of medical treatments that may cause iatrogenic infertility include:

(A) Gonadotoxic therapies or gonadectomy for the treatment of cancer.

(B) Gender-affirming hormone therapy or gonadectomy for the treatment of gender dysphoria.

(b) As used in this section "standard fertility preservation services" means any of the following services when the provision of such services to the enrollee is consistent with the current guidelines or recommendations for standard fertility preservation therapies established by the American Society of Clinical Oncology or the American Society for Reproductive Medicine:

(1) Retrieval of gametes as follows:

(A) A lifetime limit of up to two cycles for oocyte retrieval for enrollees with ovaries.

(B) A lifetime limit of up to two attempts to collect sperm for enrollees with testicles.

(2) A lifetime limit of up to two attempts of embryo creation. However, VCHCP is not required to cover any costs associated with the retrieval of gametes from anyone

other than the enrollee undergoing the medical treatment that may cause iatrogenic infertility.

(3) A lifetime limit of up to two attempts to retrieve gonadal tissue.

(4) Cryopreservation and storage of sperm, oocytes, and gonadal tissue, embryos as follows:

(A) Until the enrollee reaches the age of 26 for an enrollee who is under the age of 18 years on the date the enrollee's genetic material is first cryopreserved.

(B) Until the enrollee reaches age 26 or for three years, whichever period is longer, for an enrollee who is 18 years or older but not yet 26 years old on the date the enrollee's genetic material is first cryopreserved.

(C) For a period of three years for an enrollee who is 26 years or older at the time the enrollee's genetic material is first cryopreserved.

(5) Gonadal shielding or transposition during a procedure or treatment, if not already included in the usual reimbursement coverage for that procedure or treatment.

(6) Any other standard fertility preservation services related to iatrogenic fertility consistent with the established medical practices and professional guidelines published by the American Society of Clinical Oncology or the American Society for Reproductive Medicine.

(c) VCHCP cannot deny a coverage request for medically necessary fertility preservation services based solely upon:

(1) A prior diagnosis of infertility, where medical evaluation indicates that the enrollee would have a reasonable chance of responding to such services .

(2) The enrollee's age.

(3) The enrollee's gender.

(4) The enrollee's gender identity.

(5) The enrollee's sexual orientation.

(d) VCHCP shall have no obligation to continue to cover storage for an individual who is no longer enrolled with the plan. If an enrollee changes health plans during the covered storage period, the enrollee's new health plan shall cover storage for the remainder of the applicable storage time frame to the extent required by this section.

(e) VCHCP may not deny a request for coverage of standard fertility preservation services based upon an exclusion for infertility treatments contained in the health plan's Evidence of Coverage or related documents.

- (f) Nothing in this section shall require a health plan to cover services that are not medically necessary.
- (g) Nothing in this section shall be interpreted to require VCHCP to cover services that are considered experimental or investigational. If VCHCP denies coverage on the basis that a requested service is experimental or investigational, that decision is subject to review under Section 1370.4 of the Health and Safety Code.
- (h) VCHCP’s contract shall not impose higher deductibles, copayments, coinsurance, longer waiting periods, or any other limitations on coverage for medically necessary standard fertility preservation services than those imposed upon benefits for other basic health care services not related to fertility preservation.
- (i) Any medical necessity determination or the utilization review criteria that VCHCP applies to determine the medical necessity of standard fertility preservation services shall be consistent with current guidelines or recommendations for standard fertility preservation therapies established by the American Society of Clinical Oncology or the American Society for Reproductive Medicine as mentioned in this policy.
- (j) “Iatrogenic infertility” as defined by Health and Safety Code section 1374.551(b)(1) does not include infertility caused by a medical treatment performed for the purpose of preventing pregnancy, including vasectomy or tubal ligation.

A. Attachments: None

B. References: None

C. History:

Committee Review: UM: February 8, 2024; QAC: February 27, 2024

Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
2/8/24	No	Howard Taekman, MD; Robert Sterling, MD	New policy to meet DMHC’s requirement on Fertility Preservation Services for Iatrogenic Infertility.