

Last Review Date: 04/21

# Fertility Preservation for Health Plan Members Policy

## PURPOSE

The purpose of this policy is to identify when Fertility Preservation Services are considered Medically Necessary for Members.

## POLICY

It is policy that standard Fertility Preservation Services are provided as basic health care services when a covered treatment may result in Iatrogenic Infertility.

## SCOPE

This policy applies to Sutter Health, and any legal entity for which Sutter Health or an affiliate is the sole member or directly or indirectly controls at least 51% of the voting power, if that entity performs delegated Utilization Management (UM) for specific benefit/service as indicated in Health Plan contract, for Health Plan Members on behalf of Sutter Bay Medical Foundation or Sutter Valley Medical Foundation (herein after referred to as "Sutter").

Sutter is not responsible for reviewing and/or making a final determination on a request that has been identified as Health Plan responsibility to review.

## DEFINITIONS

**Fertility Preservation Services** are those procedures consistent with the established medical practices and professional guidelines published by the American Society of Clinical Oncology (ASCO) or the American Society for Reproductive Medicine (ASRM) that are intended to help Members retain fertility and minimize reproductive system damage.

**Health Plan** means health care service plans, Health Maintenance Organizations (HMOs) and other purchasers of covered services that arrange for the provision of health care services to their Members.

**Iatrogenic Infertility** means infertility caused directly or indirectly by surgery, chemotherapy, radiation or other medical treatment.

**Disclaimer:** This policy is for informational purposes and does not constitute medical advice or medical care and is not intended to replace medical judgment for treatment of individuals.

**Medically Necessary** means health care services or supplies needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

**Member** is a person covered under a Health Plan, either the enrollee or eligible dependent.

**Utilization Management (UM)** means the evaluation of the medical necessity, appropriateness, and efficiency of the use of health care services, procedures, and facilities under the provisions of the applicable health benefits plan, sometimes called 'utilization review.'

**World Professional Association for Transgender Health (WPATH)** is an international, multidisciplinary, professional association whose mission is to promote evidence-based care, education, research, advocacy, public policy, and respect for transgender health.

## PROCEDURE

- A. Fertility Preservation Services should be discussed by providers with all Members of reproductive age, and with the parents or guardians of children and adolescents prior to commencement of treatment, if Iatrogenic Infertility is a potential risk.
  1. In most cases, Fertility Preservation Services need to be provided prior to the start of treatment that is likely to result in Iatrogenic Infertility.
- B. The following Fertility Preservation Services and supplies are considered Medically Necessary for women and adolescent girls when performed or provided prior to commencement of treatment that is likely to result in infertility:
  1. Gonadal radiation shielding.
  2. Ovarian transposition (oophoropexy).
  3. Conservative gynecologic surgery, including but not limited to the following:
    - a. Radical trachelectomy in early stage cervical cancer (i.e., stage IA2 to IB cervical cancer with diameter less than two (2) centimeters and invasion less than ten (10) millimeters).
  4. Services and supplies related to the retrieval, cryopreservation and storage of mature oocytes.
  5. Services and supplies related to the creation, cryopreservation and storage of embryos.
- C. The following Fertility Preservation Services and supplies are considered Medically Necessary for men and adolescent boys when performed or provided prior to commencement of treatment that is likely to result in infertility:
  1. Gonadal radiation shielding.

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2. Services and supplies related to the retrieval, cryopreservation and storage of sperm.
- D. The following Fertility Preservation Services are considered investigational:
1. Cryopreservation of immature oocytes.
  2. Ovarian tissue cryopreservation and reimplantation.
  3. Testicular tissue cryopreservation and reimplantation.
  4. Testicular suppression with gonadotropin-releasing hormone agonists (GnRHa).
- E. The World Professional Association of Transgender Health (WPATH) recommends that all transgender persons be counseled before starting hormone therapy or undergoing surgery to alter or remove their reproductive organs regarding the effect of such treatment on fertility and options for Fertility Preservation Services.

## REFERENCE

California Health and Safety Code § 1374.551

[American Society of Clinical Oncology \(ASCO\), "Fertility Preservation in Patients with Cancer: ASCO Clinical Practice Guideline Update," 2018.](#)

[National Comprehensive Cancer Network \(NCCN\) Guidelines Version 1.2020, Adolescent and Young Adult Oncology, 7/11/2019.](#)

[American Society for Reproductive Medicine \(ASRM\), "Fertility Preservation in Patients Undergoing Gonadotoxic Therapy or Gonadectomy: A Committee Opinion," 2018.](#)

[World Professional Association for Transgender Health \(WPATH\). WPATH Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th version.](#)

## ATTACHMENTS

None