Maryland
DEPARTMENT OF HEALTH

Fertility Preservation (Clinical Criteria & Prior Authorization Requirements)

Fertility Preservation Services[1] are those procedures that are considered medically necessary to preserve fertility due to a need for medical treatment that may directly or indirectly cause iatrogenic infertility. Iatrogenic Infertility is considered to be the impairment of fertility by surgery, radiation, chemotherapy or other medical treatment or intervention affecting reproductive organs or processes. Fertility preservation services are distinct and different from infertility services.[1]

Covered Services:

- 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.

I. Criteria for Initial Approval

- Pre Authorization Required.
- Patients Ages: Reproductive ages of Puberty - Menopause (except as noted below for ovarian tissue preservation).
- Provider Type: Reproductive Endocrinologist
- Consent: When consent involves a minor, parental consent will be required, and the current Maryland Minor Consent Laws[2] will define who can consent for what services and providers' obligations.
- Fertility Preservation may be considered for coverage with documentation of Iatrogenic Infertility. This includes impairment of fertility by surgery, radiation,

[1] (MD. Code, Ins. § 15-810.1)
[2] Maryland Code, Health-General § 20-102, https://health.maryland.gov/psych/pdfs/Treatment.pdf.

chemotherapy or other medical treatment or intervention affecting reproductive organs or processes.

- Copy of Treatment plan of the proposed Fertility Preservation Services.
- For approval of Gonadal Suppression with GNRH Analogs.
    - GnRH agonists may be offered only to specific breast cancer patients to reduce the risk of premature ovarian insufficiency.
    - Not be used in place of other fertility preservation alternatives.
- For approval of Ovarian tissue cryopreservation
    - Insufficient time for oocyte retrieval or the patient is prepubertal, **AND**
    - Ovarian tissue is free from malignancy.

II. Exclusions from Coverage

Non-Covered Services:

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

III. Length of Authorization for Initial Therapy

Fertility Preservation procedures that require a pre authorization will be authorized for 3 months when criteria for initial approval are met.

Cryopreservation of ovarian tissue and sperm would be a one- time benefit. A maximum of three cycles of ovarian stimulation and oocyte preservation will be covered.

Prior authorization of benefits is not the practice of medicine nor the substitute for the independent medical judgment of a treating medical provider. The materials provided are a component used to assist in making coverage decisions and administering benefits. Prior authorization does not constitute a contract or guarantee regarding member eligibility or payment. Prior authorization criteria are established based on a collaborative effort using input from the current medical literature and based on evidence available at the time.

Approved by MDH Clinical Criteria Committee: 9/1/2023
Last Reviewed Date: 9/1/2023

NOTE: Codes shaded in red will be new additions to the Maryland Medicaid Fee-for-Service Fee Schedule, effective October 7, 2023. Rates for new additions are included in the below tables.

Table 1. Fertility Preservation Codes

Code	Description	Rate
Procedures		
58825	Transposition of the ovary(s). This procedure protects the ovaries before the patient receives pelvic radiation to treat cancer.	
55870	Electroejaculation	By Report
58970	Follicle puncture for oocyte retrieval, any method	By Report
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	$56.77
89254	Oocyte identification from follicular fluid	$424
89257	Sperm identification from aspiration (other than seminal fluid)	$315.58
89259	Cryopreservation; sperm	$270
89264	Sperm identification from testis tissue, fresh or cryopreserved	$424
89337	Cryopreservation, mature oocyte(s)	$1,000
89398	Unlisted reproductive medicine laboratory procedure, cryopreservation of reproductive tissue, ovarian	$315.58
S4028	Microsurgical epididymal sperm aspiration (MESA)	By Report
S4042	Management of ovulation induction (interpretation of diagnostic tests and studies, non face- to- face medical management of the patient), per cycle	By Report
Medications		
J0725	Chorionic gonadotropin, per 1,000 USP units	$22.63
J3355	Injection, urofollitropin, 75 IU Injection	$125

S0122	Injection, menotropins, 75 IU	$225
S0126	Injection, follitropin alfa, 75 IU	$241
S0128	Injection, follitropin beta, 75 IU	$184
S0132	Injection, ganirelix acetate, 250 mcg	$184