

Using Insurance for Fertility Preservation: A Patient Guide

Prepared by
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UC San Diego
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**We would love your help to improve this patient guide.
Please provide feedback at the link below:**



https://redcap.link/ucsd_fertility_toolkit

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YouTube Videos

Welcome to our course for those who are facing treatments that can harm future fertility. This course will help you figure out if you have health insurance coverage for fertility preservation treatments and where you can go to receive fertility preservation treatments. While completing this guide, please review the following videos:

Chapter 1 – Overview:



Chapter 2 – Health Insurance Basics:



Chapter 3 – Benefit Verification:



Chapter 4 – In-network Doctors and Clinics:



Chapter 5 – Appeals:



Health Insurance Benefit Verification Script

Instructions: Follow this telephone script to learn if you have fertility preservation coverage. Instructions for you are in bold. *What you should say to the health insurance plan is italicized.* Note, some health insurance companies have a nurse navigator who can help you verify your benefits. Additionally, a [glossary](#) of terms is available at the end of this guide.

Patient Information

Please fill out this portion before you call your health insurance.

Name:

Date of birth:

For health insurance, are you the:

Subscriber/policyholder Dependent or Spouse

If you get your insurance through a spouse or parent/guardian, please write:

Spouse/Parent/Guardian Name:

Date of birth:

Medical condition for why you need fertility preservation (example: breast cancer)

Name of condition:

ICD-10 Code of condition (your doctor's office can provide this code):

Health Insurance Plan Name:

Policy ID:

Group/Account:

Health Insurance Plan Type: PPO POS HMO Other:

Health Insurance Phone #:

Health Insurance Type

Before calling, verify if your health insurance plan is required by the state you live in to have fertility preservation benefits through state fertility preservation benefit laws:

Is my health insurance plan through being an active-duty service member, a veteran, or a federal employee?

- Yes [**You are eligible for fertility preservation benefits, proceed to the next section: Fertility Preservation Coverage**]
- No [**Proceed to the next question**]

Is my health insurance plan through my job, my employer, or a private/commercial insurance?

- Yes [**You may be eligible for fertility preservation benefits, proceed to the next section: Fertility Preservation Coverage**]
- No [**Proceed to the next question**]

Is my health insurance plan through Medicaid?

- Yes [**Check if you live in a state with a fertility preservation benefit mandate for Medicaid (see Table 1 on Page 17). If you do, you are eligible for fertility preservation benefits, proceed to the next section: Fertility Preservation Coverage. If you do not, you are ineligible for fertility preservation benefits, proceed to the last section: No Coverage**]
- No [**Proceed to the next question**]

Is my health insurance plan through being a dependent or family member on a military plan?

- Yes [**You are ineligible for fertility preservation benefits, proceed to the last section: No Coverage**]
- No [**Proceed to the next question**]

Is my health insurance plan through Medicare?

- Yes [**You are ineligible for fertility preservation benefits, proceed to the last section: No Coverage**]
- No [**Reconfirm your type of health insurance plan and restart this section: Health Insurance Type**]

Fertility Preservation Coverage

Call member services (the number is on the back of your health insurance ID card) and follow the phone prompts to benefits and eligibility to talk to a benefit agent. If you hear an automated menu, try saying “Representative,” pressing 0, or waiting on the line until an agent answers. The benefit agent will verify your identity by asking for your name, policy ID, and date of birth (DOB).

Next proceed to tell the benefit agent the following:

I have been diagnosed with _____ (add medical condition for why you need fertility preservation), and my planned treatment can harm my future fertility. I am calling to verify if my benefit allows coverage for medically-indicated fertility preservation, which is also known as iatrogenic infertility. This is not the same thing as general infertility benefits - I am asking specifically about fertility preservation for medical reasons.

Verify which fertility preservation insurance codes are covered by your plan.

You will give them “CPT codes” to check for coverage for specific services. They are unique codes for every fertility preservation procedure. The benefit agent will check each code against the plan policy for determination.

I have a list of CPT codes that will be needed during my fertility preservation treatment. They are NOT being used for the treatment of standard infertility. They are for preventative fertility preservation services before I undergo treatments for _____ (cancer or medical conditions) which can make me infertile. Can you tell me if they are billable codes for my plan?

Procedure (CPT Code) - Female	Billable code?	Co-Pay \$	Co-insurance %
Egg Retrieval (58970)	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Oocyte identification (89254)	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Culture (89250)	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Sperm preparation (89261)	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Insemination (89268)	<input type="checkbox"/> No <input type="checkbox"/> Yes		
ICSI (89280/89281)	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Cumulus co-culture (89251)	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Assisted hatching (89253)	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Blastocyst (89272)	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Oocyte cryopreservation (89337)	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Embryo cryopreservation (89258)	<input type="checkbox"/> No <input type="checkbox"/> Yes		

Embryo biopsy (89290, 89291)	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Preimplantation genetic testing - aneuploidy (88299)	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Preimplantation genetic testing – PGT-M or PGT-SR (81228, 81479, 81229)	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Oocyte storage (89346) Length allowable _____	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Embryo storage (89342) Length allowable _____	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Ovarian tissue cryopreservation (89398)	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Oophorectomy (58940)	<input type="checkbox"/> No <input type="checkbox"/> Yes		

Procedure (CPT Code) - Male	Billable code?	Co-Pay \$	Co-insurance %
Sperm preparation (89261)	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Sperm cryopreservation (89259)	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Sperm storage (89343) Length allowable _____	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Biopsy of testis (54500, 54505)	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Biopsy of epididymis (54800)	<input type="checkbox"/> No <input type="checkbox"/> Yes		

If there is coverage, proceed to the next section: Lifetime Maximum

If there is no coverage for fertility preservation services, proceed to the questions below to confirm your health insurance funding status and what state your health insurance is based out of:

I would like to confirm my health insurance’s funding status. Is my plan self-funded or fully-funded?

- Self-funded [**You are not eligible for fertility preservation benefits, hang up and proceed to the section: No Coverage**]
- Fully-funded [**Proceed to the next question**]

What state is my fully-funded health plan based out of? (Check if your health insurance is based in a state with a fertility preservation benefit mandate for commercial insurance (see Table 1 on Page 17)

- No, the state does not have a fertility preservation benefit mandate [**You are ineligible for fertility preservation benefits, hang up and proceed to the section: No Coverage**]

- Yes, the state does have a fertility preservation benefit mandate [**Proceed to the next question**]

I would like to escalate my inquiry to your supervisor as I may have an insurance plan that is subject to a state law requiring fertility preservation coverage. Can you please connect me?

Proceed to tell the supervisor the following:

I have been diagnosed with (add medical condition for why you need fertility preservation), and my planned treatment can harm my future fertility. I am calling to verify if my benefit allows coverage for medically-indicated fertility preservation, which is also known as iatrogenic infertility. This is not the same thing as general infertility benefits - I am asking specifically about fertility preservation for medical reasons. I have a fully-funded health plan based out of (add the state the health insurance is based out of)

- Yes, you are eligible and are receiving fertility preservation benefits [**Restart this section: Fertility Preservation Coverage**]
- Yes, you are eligible, but no fertility preservation benefits appear [**Proceed to the questions below**]

How do I appeal the decision that there is NO coverage for fertility preservation services?

May I have your name and a reference number for today's call?

Date of calling health insurance plan:

Insurance benefit agent name:

Insurance call reference number:

Hang up and proceed to the section: Appeals

Lifetime Maximum

Is there a lifetime maximum for fertility preservation services? Yes No

If yes, lifetime maximum for fertility preservation services:

Number of cycles

Maximum \$

Do both medications and treatments accumulate toward the lifetime maximum?

Lifetime maximum includes medications and treatments: Yes No

Is there any coverage exclusion if I have previously been sterilized?

Previous Sterilization: Yes No

Is there any limit based on my age? Age Limit: Yes No

What is the age limit for treatment coverage?

Are there any other limits or exclusions that I should be aware of?

Proceed to the next section: Finding an In-Network Clinic

Finding an In-Network Clinic

Now let's look for an in-network provider using the CPT codes from the Fertility Preservation Coverage section:

Can you help me find an in-network provider using the CPT codes that we just ran through?

No [If no in-network clinics are available, proceed to the next section: **Out-of-Network Coverage**]

Yes [If in-network clinics are available, proceed with recording them below]

Write down the clinic names and phone numbers in the space below:

You may also request a PDF list of local in-network clinics to be emailed to you.

Proceed to the section: **Out-of-Pocket Costs**

Out-of-Network Coverage

Is there out-of-network coverage?

- No [**Proceed to the next section: Out-of-Pocket Costs**]
 Yes [**Proceed to the questions below**]

I have a list of questions about out-of-network coverage:

Are there out-of-network surgery benefits? Yes No

Are there out-of-network physician benefits? Yes No

What is the out-of-network individual deductible amount? \$

Has the out-of-network individual deductible been met for this year? Yes

No, amount met to date: \$

What is the copay for out-of-network fertility preservation specialist visits? \$

What is the co-insurance percentage for out-of-network specialist services? %

Are deductibles, copays, and co-insurance from out-of-network specialist services applied to the maximum out-of-pocket costs? Yes No

What are the out-of-network individual out-of-pocket maximum costs? \$

How do I submit out-of-network claims for reimbursement?

(If relevant because you have multiple family members on this insurance policy)

What is the out-of-network family deductible amount? \$

Has the out-of-network family deductible been met for this year? Yes

No, amount met to date: \$

What are the out-of-network family out-of-pocket maximum costs? \$

Proceed to the next section: Out-of-Pocket Costs

Out-of-Pocket Costs

Write down the share of costs that you pay out of your pocket.

I have a list of questions about the In-Network Fertility Preservation Benefit, specifically:

Is this a high deductible plan?

Yes No Notes:

What is my in-network individual deductible amount?

Have I met the in-network individual deductible for this year?

Yes No Notes:

What is the copay for in-network office visits for fertility preservation services?

What is the co-insurance percentage for in-network fertility preservation services?

Are deductibles, copays, or co-insurance from in-network specialist services applied to the maximum out-of-pocket costs?

Yes No Notes:

What are the in-network individual out-of-pocket maximum costs? \$

Proceed to the next section: Pharmacy Benefits

Pharmacy Benefits

Check for pharmacy benefits, but they may be through a different company.

Do I have pharmacy benefits for fertility drugs?

Common Drugs for Females	Billable?	Co-Pay \$	Co-insurance %
Gonal-F	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Follistim	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Menopur	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Ganirelix Acetate	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cetrotide	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Clomiphene citrate	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Letrozole	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pregnyl	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Ovidrel	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Novarel	<input type="checkbox"/> Yes <input type="checkbox"/> No		

What is the lifetime maximum for fertility drugs? \$

If your pharmacy benefits are through a different company, ask for the below information:

What is my prescription plan number?

What is the phone number where I can check my pharmacy benefits?

Write down the date and whom you talked with:

May I have your name and a reference number for today's call?

Date of calling health insurance plan:

Insurance benefit agent name:

Insurance call reference number:

You may now end the call and begin fertility preservation. To contact a clinic, call their phone number and tell them you are a new cancer patient and would like a fertility preservation consultation.

No Coverage

If you are not eligible for fertility preservation benefits, seek philanthropic resources through the [Alliance for Fertility Preservation's website](#).

Is Your Health Insurance Required by Law to Have Fertility Preservation Benefits?

Even if you are told that you DO NOT have fertility preservation coverage, the state your health insurance is through may have a benefit mandate that requires your insurance plan to have one. Here is how to find out:

First, please use this link to view the Alliance for Fertility Preservation’s map of State Laws and Legislation by State and see if your state has a fertility preservation benefit mandate.

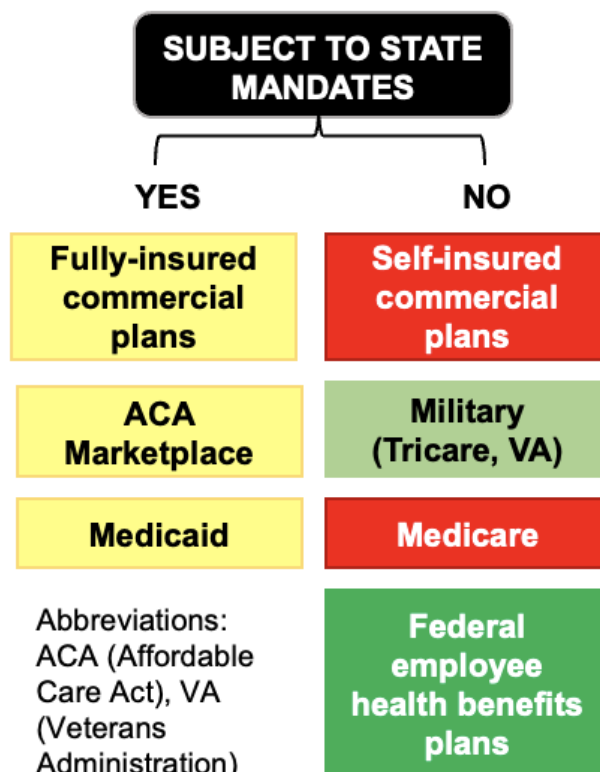
If your state has a fertility preservation benefit mandate, the type of health insurance you have can determine if your insurance plan is required to have fertility preservation coverage.

Figure 1: Type of health insurance plans in the U.S. by whether they are subject to federal mandates or state mandates. Colors indicate whether they currently have mandated fertility preservation benefits.

Green: Required to include fertility preservation benefits

Yellow: Mandated fertility preservation benefits varies by state

Red: Not required to include fertility preservation benefits



Here is how each type of health insurance is affected:

- **Fully insured (also called fully funded)** health insurance plans are subject to state mandates. These are commercial plans purchased by employers from insurance companies for the employer's employees. These plans can be individual, small group or large group. They may or may not be required to provide fertility preservation benefits depending on the state. If a patient is in a state with a benefit mandate and does not see the fertility preservation benefit in their insurance plan, they can appeal to the health insurance plan and should contact their state health insurance regulator. See the Table below to find out what fertility preservation benefits are required in your state for commercial insurance plans.
- **ACA Marketplace** health insurance plans are subject to state mandates. They may or may not be required to provide fertility preservation benefits depending on the state. If a patient is in a state with a benefit mandate and does not see the benefit in their insurance plan, they can appeal.
- **Medicaid and CHIP** health insurance plans can be subject to state mandates. They may or may not be required to provide fertility preservation benefits depending on the state. If a patient is in a state with a benefit mandate that includes Medicaid and CHIP and does not see the benefit in their insurance plan, they can appeal.

The following insurance types are not subject to state benefit mandates:

- **Federal employee health benefit plans** are not subject to state mandates but are required to have fertility preservation benefits due to federal statute. If the patient does not have benefits in their insurance plan, they can appeal.
- **Military** health insurance plans are not subject to state mandates, so they are not required to have fertility preservation benefits. As of May 2024, they cover fertility preservation for active service members.
- **Medicare/Medicaid** health insurance plans are not subject to state mandates, so they are not required to have fertility preservation benefits. As of October 2024, they do not cover fertility preservation. See the Table below to find out what fertility preservation benefits are required in your state for Medicaid plans.
- **Self-insured (also called self-funded)** health insurance plans are not subject to state mandates, so they are not required to have fertility preservation benefits. These are commercial plans designed by large employers who carry the actuarial risk of funding the insurance coverage for their employees. Employers can choose to include fertility preservation benefits. If the patient does not see fertility preservation benefits, they are unlikely to win an appeal for coverage.

Table 1: Health Insurance Plan Fertility Preservation Coverage by State, June 1, 2025.

State	Medicaid	Commercial (Fully funded)
Alabama	No	No
Alaska	No	No
Arizona	No	No
Arkansas	No	No
California	No	Yes
Colorado	No	Yes
Connecticut	No	Yes*
Delaware	No	Yes*
District of Columbia	No	Yes
Florida	No	No
Georgia	No	Yes
Hawaii	No	No
Idaho	No	No
Illinois	Yes	Yes
Indiana	No	No
Iowa	No	No
Kansas	No	No
Kentucky	No	Yes
Louisiana	No	Yes
Maine	No	Yes
Maryland	No	Yes*
Massachusetts	No	Yes
Michigan	No	No
Minnesota	No	No
Mississippi	No	No
Missouri	No	No
Montana	Yes	Yes
Nebraska	No	No
Nevada	No	No
New Hampshire	No	Yes*
New Jersey	No	Yes*
New Mexico	No	No
New York	No	Yes
North Carolina	No	No
North Dakota	No	No
Ohio	No	No
Oklahoma	No	Yes
Oregon	No	No
Pennsylvania	No	No
Rhode Island	No	Yes
South Carolina	No	No

South Dakota	No	No
Tennessee	No	No
Texas	No	Yes
Utah	Yes	No
Vermont	No	No
Virginia	No	No
Washington	No	No
West Virginia	No	No
Wisconsin	No	No
Wyoming	No	No

Notes:

Yes indicates included.

No indicates not included.

* indicates coverage may vary depending on individual, small, or large commercial insurance plans.

Appeals

You may have problems getting access to fertility preservation benefits. For instance, even though some states say health insurance must cover fertility preservation, the rules for who qualifies can change depending on where you live. In addition, you may experience challenges verifying your benefits, getting them pre-authorized, or dealing with insurance claims. Many steps in this process can be appealed. While the length of the appeal process may vary, it is typically 30 to 60 days for non-urgent cases, and four days for urgent cases. On the next page is an example of an appeal template letter that a physician can submit on your behalf.

Appeal Template Letter for California

Appeal letter language in red can be removed or substituted for state-specific laws. Make sure to include all relevant patient medical records with the appeal letter.

Date:

Patient Name:

Patient DOB:

FOR URGENT REVIEW

_____ is a young woman with _____, for which she PLANNED TREATMENT. As the treatments have potential to cause iatrogenic infertility, and may cause the patient to be unable to have biological children after completion of her cancer treatment, it was therefore medically necessary for _____ to undergo egg/embryo cryopreservation to protect and store her gametes prior to initiation of her chemotherapy. I am writing that it is medically necessary for her undergo fertility preservation procedures.

Egg, sperm and embryo cryopreservation are considered standard medical procedures for the purpose of fertility preservation [1, 2]. The use of fertility preservation for those at risk of iatrogenic infertility is supported by guidelines from the American Society of Clinical Oncology (ASCO) [1] and the American Society for Reproductive Medicine (ASRM) [3, 4]. In addition, the American Medical Association has adopted a policy supporting coverage by all insurance providers of fertility preservation therapies for patients requiring cancer treatments that may result in infertility [5].

The California Department of Managed Healthcare (DMHC) recognizes fertility preservation for cancer patients at risk for iatrogenic infertility as a covered benefit under the Knox-Keene Health Care Service Plan Act of 1975, and this was detailed with the passage of California Senate Bill 600 in 2019. Because this is a covered benefit, the only inquiry that remains is whether or not these services are medically necessary for _____. We urge a review of her case on this basis.

Further, three Independent Medical Reviews (IMRs) addressing this coverage were recently decided and published. [7] All found similarly-situated patients should have been granted coverage for egg or embryo cryopreservation.

Please reconsider your previous denial of coverage for the following:

- SERVICES

If you have any questions or need further information, please do not hesitate to contact me.

Provider Name

Job title

Facility

Address

City, State, Zip code

Phone number

Fax number

Sincerely,

Clinician name

Clinic contact information

Health Insurance Basics: Glossary of Commonly Used Terms

Examples of how these terms apply to fertility treatments can be found at:

<https://www.fertilityiq.com/fertilityiq/fertility-on-a-budget/insurance-101>

- **Benefit Verification**: Check/verify what medical services are covered by your health insurance plan.
- **Claims Processing**: How insurance processes the amount to pay for a medical service after it is completed.
- **Claims**: Requests for payments from your insurance company for medical costs after the medical service is completed.
- **Clinic**: A type of facility where you receive medical assessments, advice, and care for monitoring, such as bloodwork or ultrasounds.
- **Co-insurance**: Percentage of medical costs you share with your insurance company after your deductible.
- **Co-pay**: A fixed amount of money you pay for a medical service.
- **CPT Code**: A unique code for a medical service.
- **Deductible**: The amount of money you must pay for approved services before your insurance starts to pay for any medical services.
- **Facilities**: Places you go for medical services, including clinics, surgery centers, hospitals, laboratories, assisted reproductive technology laboratories, sperm banks.
- **Fertility Specialist**: A doctor who focuses on helping people have children now or in the future.
- **Financial Counselor**: Someone who works at a clinic and provides advice on the costs of medical care. Financial counselors may help with benefit verification, prior authorization, claims processing, and appeals.
- **Formulary**: A list of generic and brand-name prescription drugs covered by a specific health insurance plan.
- **Fully Insured Plans**: When an employer purchases insurance from an insurance company to cover employee health benefits. This is sometimes called “fully funded.”
- **Grievance**: Complaint or dispute expressing dissatisfaction.
- **Human Resources**: The department in a company that deals with employee-related matters, including benefits. There may be different types of human resources within your company that provide different services.
- **Iatrogenic**: Illness or condition caused by medical treatment (a side effect).

- ICD-10 Code: The International Classification of Diseases and Related Health Problems is a health care classification system, in which health conditions are assigned a specific code.
- IMR: Independent medical review. This is a state process that provides consumers with an independent external review of coverage denials by their insurance company.
- In-Network: Healthcare providers and facilities that have agreed to work with your insurer, costing less for you.
- Insurance: A service that helps cover the cost of medical care.
- Medically Indicated Fertility Preservation: Fertility preservation services done to decrease the chance of infertility after medical treatments such as chemotherapy, radiation, removal of reproductive organs, or transplant.
- NPI (National Provider Identifier): A unique number assigned to a healthcare provider.
- Out-of-Network: Healthcare providers and facilities that have not agreed to work with your insurance plan, which often costs more for you.
- Pharmacy: A place you can go to get medicine.
- Predetermination: Approval from your insurer that a medical service will be covered.
- Prior Authorization: Approval from insurance company before a medical service.
- Public Plan: A government-sponsored health insurance program, like Medicare, Medicaid, and military health insurance plans.
- Reimbursement: Repayment for money that you spent.
- Self-Insured Plans: When an employer provides employee health benefits directly to the employees. Here, an insurance company only administers the plan.
- Tax ID: A unique identification number used by healthcare facilities for tax purposes.

Treatments: Medical acts or interventions to improve health, like medicine or surgery