

# Fertility Preservation Benefit Mandates: A Toolkit to Improve Effectiveness for Patients

Prepared by  
University of California, San Diego and Alliance for Fertility Preservation

UC San Diego  
Moores Cancer Center



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# Executive Summary

Fertility preservation (FP) is the process of preserving reproductive cells (e.g., sperm, eggs (oocytes), reproductive tissue) to protect them from being harmed and/or destroyed by medical intervention (e.g., cancer treatment) (ASCO, 2025). FP services are expensive and not typically covered by health insurance. Starting in 2017, state legislatures began to require state-regulated health insurance plans to cover FP services, yet challenges to accessing these benefits have been reported. This Toolkit outlines specific strategies and recommendations for improving the implementation of FP benefit mandates among key partners, including patients. There are additional Toolkits for other key partners, including legislators in states with and without mandates, state health insurance regulators, health insurance plans, oncology and fertility clinics, advocacy organizations, researchers and funders.

## Key Recommendations for Patients

1. Learn health insurance basics
2. Verify FP benefit coverage with health insurance plan
3. Confirm FP state-level benefit mandate requirements
4. Learn about the appeals process for denials of FP benefit coverage

This toolkit includes specific materials that can be used to improve access to FP benefits:

- [Background on Fertility Preservation](#)
- [Overview of State Fertility Preservation Benefit Mandates](#)
- [Methodology for Development of Toolkit Recommendations](#)
- [Recommendations for FP Patients](#)
- [Appendix](#)

# Background on Fertility Preservation

## What is fertility preservation?

Fertility preservation (FP) is the process of preserving reproductive cells (e.g., sperm, eggs, reproductive tissue) to protect them from being harmed and/or destroyed by a medical intervention (e.g., cancer treatment) (ASCO, 2025).

## Who is in need of fertility preservation?

Individuals who undergo medical interventions (e.g., systemic therapy such as chemotherapy, surgery, radiation) that increase the risk for iatrogenic infertility (i.e., medically induced infertility) and would like to preserve their fertility options for the future (AFP, 2024).

## Cost of fertility preservation services and lack of insurance coverage

To date, FP care and services remain largely inaccessible among patients seeking care due to the prohibitive costs and limited coverage by their private or public (i.e., Medicaid) health insurance providers (Weigel et al., 2020). Therefore, individuals who choose to pursue FP services often pay for these services out-of-pocket, even among those who are insured (Weigel et al., 2020). Per the Alliance for Fertility Preservation (AFP, 2024), the average cost for one cycle of egg freezing (or egg banking) in the United States is equal to \$12,400, not including the costs for medications required to undergo these treatments (equal to ~\$5,000). Specific to sperm banking, the cost to test, analyze, and freeze sperm can range from \$500 to \$1,000. Furthermore, the cost to store reproductive cells such as eggs or sperm can range from \$200 to \$500 per year (AFP, 2024). In addition to the costs for initial treatment and annual storage, patients can incur expenses for office visits, diagnostic and genetic testing, among other expenses such as indirect economic losses due to time away from work (Weigel et al., 2020).

## How is fertility preservation different from infertility treatment?

FP and infertility treatment are distinct yet interconnected aspects of reproductive healthcare. FP addresses future potential fertility challenges that may occur as a result of needed medical treatments that may compromise fertility, such as cancer therapies or certain medical procedures. FP services like egg or sperm freezing are used to preserve reproductive material for future use. In contrast, infertility treatment addresses existing fertility challenges in individuals or couples who are actively trying to conceive but facing difficulties. While FP aims to proactively preserve reproductive options, infertility treatment seeks to overcome existing barriers to achieving pregnancy. Treatments for infertility may involve assisted reproductive technologies (ART) such as in vitro fertilization (IVF), intrauterine insemination (IUI), or fertility medications to overcome specific barriers to conception, such as ovulatory disorders or sperm abnormalities. Despite their different indications, both FP and infertility treatment involve many of the same medical services and play vital roles in supporting individuals' reproductive journeys and achieving their desired family-building goals.

# Overview of State Fertility Preservation Benefit Mandates

## Background on State-Level Fertility Preservation Benefit Mandates

To address the high cost and lack of access to FP services, states have begun passing legislation requiring coverage of FP benefits in state-regulated health insurance plans (i.e. FP benefit mandates). Connecticut and Rhode Island were the first two states to pass FP benefit mandates in 2017 (AFP, 2025). Since then, 19 states and the District of Columbia have followed suit, with an additional 19 states either previously or currently considering FP benefit mandates (AFP, 2025). **Appendix Table 1** provides an overview of the 20 current FP benefit mandates in the United States. This includes an overview of covered services and the extent to which they were based off of clinical practice guidelines, limitations to coverage such as the number of cycles covered, if FP services are covered at parity with other specialty benefits, if prior authorization is required, and the market that is impacted by the benefit.

## Barriers to Accessing Fertility Preservation Benefits in States with Mandates

Previous research has documented barriers that exist to patients being able to access FP benefits in states with mandates (McMenamin et al., 2025). These barriers exist at the legislative, health insurance regulator, health insurance plan, and fertility and oncology clinic levels and are presented in **Table 1**. This toolkit presents recommendations for addressing these barriers at each of these levels in the sections that follow.

**Table 1: Summary of Barriers to Accessing Fertility Preservation Benefits**

Barriers (Level)	
<b>Legislation – Text of Benefit Mandate</b>	<ul style="list-style-type: none"> <li>• Coverage is not specific and/or not comprehensive</li> <li>• Prior authorization is not prohibited</li> <li>• Cost-sharing at parity with other specialty services is not specified</li> </ul>
<b>Health Insurance Regulator</b>	<ul style="list-style-type: none"> <li>• Guidance issued is not specific</li> <li>• Need for expedited appeals processing</li> <li>• Monitoring and enforcement of FP coverage is insufficient</li> </ul>
<b>Health Insurance Plan</b>	<ul style="list-style-type: none"> <li>• Comprehensive benefits not covered at parity</li> <li>• Urgent timeline and prior authorization process</li> <li>• Claims systems not differentiating FP and infertility care</li> <li>• Benefit verification information is not easily accessible</li> <li>• Lack of familiarity with FP benefits</li> <li>• Inadequacies in provider networks</li> </ul>
<b>Clinic</b>	<ul style="list-style-type: none"> <li>• Lack of interaction between fertility clinics and health insurers</li> <li>• Clinic infrastructure challenges</li> <li>• Role of oncologist in FP</li> </ul>

Source: McMenamin et al., 2025

## Methodology for Development of Toolkit Recommendations

Supported by grant funding from the National Cancer Institute and California Breast Cancer Research Program, researchers at UC San Diego convened a core team with expertise in FP care, health policy, health insurance plans, insurance regulators, financial navigation, and patient advocacy. The team conducted primary research between 2019 and 2024 to learn about state-level health insurance benefit mandates for fertility preservation, how they are implemented, what are the associated barriers and facilitators, and what are possible strategies to improve patient access (Flores Ortega et al., 2021; Su et al., 2024; McMenamin et al., 2025). In January, 2025 the team then convened a [symposium](#) to review the most current research and multi-level stakeholder perspectives on improving equitable access to fertility preservation for cancer survivors, to derive practice and research recommendations. Symposium presentations and discussions on these recommendations were summarized, revised, and prioritized by participants. Final practice and research recommendations are summarized in these documents.

# Recommendations for Improving Fertility Preservation Benefit Access by Patients

Patients in need of counseling and procedures for medically indicated FP face significant psychosocial, time, medical, and socioeconomic challenges to undergoing FP care. The costs of FP care can be prohibitively high and whether these costs are covered in part or fully by health insurance is often unclear. For instance, even though some states say health insurance must cover fertility preservation services, the rules for who qualifies can change depending on where you live. In addition, patients may experience challenges verifying their benefits, getting them pre-authorized, or dealing with insurance claims. Patients should learn about their health insurance plan, how to access benefits and submit appeals, and whether they are eligible for mandated FP benefits. Often, patients and their families need to advocate for FP services that they are entitled to under the law. Having access to advocates to understand their rights and for receipt of FP services can help improve access to the health insurance FP benefits they are entitled to. Specific recommendations for patients are provided below.

## Key Recommendations for FP Patients

1. Learn health insurance basics
2. Verify FP benefit coverage with health insurance plan
3. Confirm FP state-level benefit mandate requirements
4. Learn about the appeals process for denials of FP benefit coverage

### Recommendation 1: Learn Health Insurance Basics

It is common for clinicians and health insurance plans to use insurance terms that lay people do not understand. By learning common health insurance terms, patients and families can better communicate and navigate health insurance for FP. (**Appendix 5: Patient Guide – Health Insurance Basics**).

### Recommendation 2: Verify Fertility Preservation Benefit Coverage with Health Insurance Plan

While clinics can help verify whether patients have FP benefits, insurance plans response to clinics are not always the same as their response to patients, which can lead to conflicting information. Also, some clinics may not have patient financial navigation services available. Since clinics and insurers may not understand the interpretation of the state's mandate or the patient's insurance type, it is important that patients are able to verify their own health insurance coverage. This will help patients understand what services and treatments are included in their plan, which providers and facilities are in-network, and whether there are out-of-network benefits. (**Appendix 5: Patient Guide – benefit verification phone script, YouTube videos on health insurance basics, benefit verification, in-network providers and clinics, and appeals**). By being able to verify their health insurance coverage and benefits, patients can decrease

unexpected or incorrect medical expenses while allowing themselves to plan for necessary healthcare services.

### **Recommendation 3: Confirm Fertility Preservation State-level Benefit Mandate Requirements**

Fertility preservation benefit mandates vary by state as well as type of health insurance, so it is important that patients understand how to check if their health insurance is required by law to have a FP benefit. This way, if the insurance plan looks like there is no FP benefit when they are required to have one, the patient can appeal to get coverage. See **Appendix 5: Patient Guide** – is your health insurance required by law to have FP benefits.

### **Recommendation 4: Learn about the Appeals Process for Denied Fertility Preservation Coverage**

It is important for patients to familiarize themselves with the health insurance appeals process for when they encounter coverage denials. By understanding the appeals process and the option to file an expedited appeal for urgent situations, patients will be able to advocate for their healthcare needs and seek the coverage that they are entitled to under their health insurance plan. (**Appendix 5: Patient Guide** – appeals and appeal template letter).

#### **Check-List for Patients:**

1. Watch FP health insurance access YouTube videos (**Appendix 5: Patient Guide**)
2. Complete FP workbook (**Appendix 5: Patient Guide**)

## Appendix

**Appendix 1: Summary of Health Insurance Benefit Mandate Coverage**

**Appendix 2: Medically Indicated Fertility Preservation Versus Infertility Services**

**Appendix 3: CPT Codes and Medications for Common FP Services**

**Appendix 4: Philanthropic Resources**

**Appendix 5: Patient Guide**

- YouTube videos on health insurance basics, benefit verification, finding in-network doctors and clinics, and appeals
- Health insurance basics: glossary of commonly used terms
- Health insurance benefit verification phone script
- Is your health insurance required by law to have a fertility preservation benefit
- Appeals
- Appeal template letter for California

# Appendix 1: Summary of Health Insurance Benefit Mandate Coverage

**Appendix Table 1: Summary of Health Insurance Benefit Mandate Coverage Specifics for Fertility Preservation by State, June 1, 2025.**

	Services Associated with FP <sup>a</sup>	Egg Retrieval	Cryopreservation Egg	Cryopreservation Embryo	Cryopreservation Sperm	Cryopreservation Other tissue	Storage	Cycle Limitations	Parity Required	Prior Auth Prohibited	Market ...Public (Medicaid)	Commercial ...Individual	Commercial ...Small	Commercial ...Large
CA	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	No	Yes	Yes	Yes
CO	Yes	Yes	NS	NS	NS	NS	NS	3 O	Yes	NS	No	Yes	Yes	Yes
CT	NS	Yes	NS	NS	NS	NS	EXC	2 IVF	NS	No	No	No	Yes	Yes
DE	Yes	Yes	Yes	Yes	Yes	Yes	Yes	6 O	Yes	NS	No	Yes	No	Yes
DC	NS	Yes	NS	NS	NS	NS	NS	>3 O	Yes	NS	No	Yes	Yes	Yes
GA	Yes	NS	Yes	Yes	Yes	Yes	Yes	NS	Yes	NS	No	Yes	Yes	Yes
IL	Yes	Yes	Yes	NS	Yes	NS	Yes	NS	NS	NS	Yes <sup>d</sup>	Yes	Yes	Yes
KY	Yes	Yes	Yes	EXC	Yes	NS	1 <sup>b</sup>	1 O/S <sup>c</sup>	NS	NS	No	Yes	Yes	Yes
LA	NS	Yes	Yes	NS	Yes	NS	3 <sup>b</sup>	NS	NS	Yes	No	Yes	Yes	Yes
MA	NS	Yes	Yes <sup>1</sup>	Yes	Yes <sup>1</sup>	Yes	NS	NS	Yes	NS	No	Yes	Yes	Yes
MD	Yes	Yes	Yes	NS	Yes	NS	EXC	NS	NS	NS	No	No	No	Yes
ME	Yes	Yes	Yes	Yes	Yes	Yes	5 <sup>b</sup>	None	Yes	NS	No	Yes	Yes	Yes
MT	NS	NS	NS	NS	NS	NS	NS	NS	Yes	NS	Yes	Yes	Yes	Yes
NH	Yes	Yes	Yes	Yes	Yes	Yes	OPT	NS	Yes	NS	No	No	Yes	Yes
NJ	NS	NS	NS	NS	NS	NS	EXC	NS	Yes	NS	No	No	Yes	Yes
NY	Yes	Yes	Yes	Yes	Yes	Yes	Yes	3 IVF	Yes	NS	No	Yes	Yes	Yes
OK	NS	Yes	Yes	NS	Yes	Yes	EXC	NS	NS	Yes	No	Yes	Yes	Yes
RI	NS	NS	NS	NS	NS	NS	NS	\$100,000	NS	NS	No	Yes	Yes	Yes

<b>TX</b>	NS	Yes	Yes	EXC	Yes	Yes	EXC	NS	NS	NS	No	Yes	Yes	Yes
<b>UT</b>	NS	NS	Yes	Yes	Yes	Yes	Yes	NS	NS	NS	Yes	No	No	No

**Source:** Derived from Flores Ortega et al., 2021, and UC San Diego analysis and synthesis of data collected by the Alliance for Fertility Preservation (2024b)<sup>1</sup>

**Notes:** Abbreviations: FP indicates fertility preservation. NS indicates not specified. Yes indicates included. EXC indicates excluded. OPT indicates optional. O indicates limitation is related to egg retrieval. S indicates that limitation is related to sperm retrieval. (a) Services associated with FP include medical evaluation, ultrasonography, medication, and/or lab work. (b) Number of years. (c) May include a lifetime limit but does not require a lifetime limit. (d) legislation does not specify Medicaid coverage, but insurance regulator guidance does. Utah also requires FP coverage for Public Employees.

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<sup>1</sup> As of publication, nine additional states are actively considering FP benefit mandate legislation (AFP, 2025).

## Appendix 2: Medically Indicated Fertility Preservation Versus Infertility Services

**Medically indicated FP, planned FP, and infertility treatment involve many of the same services but for very different indications.** FP services like egg, sperm, and embryo freezing are used to preserve reproductive material for future use. In contrast, infertility treatment addresses existing fertility challenges in individuals or couples who are actively trying to conceive but facing difficulties. **Medically indicated FP** addresses future potential infertility risk due to medically necessary treatments that may compromise fertility, such as chemotherapy, pelvic radiation, stem cell transplant, or removal of ovaries. Medically indicated FP is distinct from **planned oocyte cryopreservation** for individuals attempting to extend their reproductive window in the face of expected reproductive aging (ASRM, 2019) and **infertility** in individuals who are unable to achieve a successful pregnancy based on their medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination of those factors (ASRM, 2023). Legislation has to specify coverage of medically indicated FP, planned FP, and/or infertility. **Appendix Table 2** shows different indications and timing requirements in the setting of procedures that overlap between FP and infertility.

**Appendix Table 2: Medically Indicated FP versus Infertility: Indications, Timing Requirements, and Procedures.**

	<b>Medically Indicated Fertility Preservation</b>	<b>Infertility</b>
<b>Indications</b>	Treatment for a medical condition has the potential to harm future fertility	Inability to achieve a successful pregnancy based on a patient’s medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination of those factors
<b>Timing requirements</b>	<b>URGENT because fertility preservation treatment has to happen before treatment for medical conditions like cancer can start</b>	Less time urgency
<b>Procedures that are used for either fertility preservation or infertility treatment (CPT code)</b>	Egg Retrieval (58970) Oocyte identification (89254) Culture (89250) Sperm preparation (89261) Insemination (89268) ICSI (89280/89281) Cumulus co-culture (89251) Assisted hatching (89253) Blastocyst (89272)	

	<p>Oocyte cryopreservation (89337) Embryo cryopreservation (89258) Embryo biopsy (89290, 89291) Preimplantation genetic testing - aneuploidy (88299) Preimplantation genetic testing – PGT-M or PGT-SR (81228, 81479, 81229) Oocyte storage (89346) Embryo storage (89342) Sperm preparation (89261) Sperm cryopreservation (89259) Sperm storage (89343) Biopsy of testis (54500, 54505) Biopsy of epididymis (54800)</p>
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## Appendix 3: CPT Codes and Medications for Common FP Services

**Appendix Table 3: CPT Codes and Medications for Common FP Services**

<b>Procedure (CPT Code) - Female</b>
Egg Retrieval (58970)
Oocyte identification (89254)
Culture (89250)
Sperm preparation (89261)
Insemination (89268)
ICSI (89280/89281)
Cumulus co-culture (89251)
Assisted hatching (89253)
Blastocyst (89272)
Oocyte cryopreservation (89337)
Embryo cryopreservation (89258)
Embryo biopsy (89290, 89291)
Preimplantation genetic testing - aneuploidy (88299)
Preimplantation genetic testing – PGT-M or PGT-SR (81228, 81479, 81229)
Oocyte storage (89346)
Embryo storage (89342)
Oophorectomy (58940)
Ovarian tissue cryopreservation (89398)
<b>Procedure (CPT Code) - Male</b>
Sperm preparation (89261)
Sperm cryopreservation (89259)
Sperm storage (89343)
Biopsy of testis (54500, 54505)
Biopsy of epididymis (54800)
<b>Common Drugs for Females</b>
Gonal-F
Follistim
Menopur
Ganirelix Acetate
Cetrotide
Clomiphene citrate
Letrozole
Pregnyl
Ovidrel
Novarel

## Appendix 4: Philanthropic Resources

Entity and/or Grant Title	Description	Tips and Important Considerations	Link and More Information
<b>Fertility Preservation Resources</b>			
Allyson Whitney Foundation	Provides grants for young adults diagnosed with rare cancers.	Eligibility: US citizen; age 16-36; "rare" cancer diagnosis; "active treatment" (see website for definitions) Coverage: egg retrieval, sperm banking Applications must be requested by a facility (oncology social worker, doctor's office, patient navigator, etc.)	<a href="https://allysonwhitney.org/grants/">https://allysonwhitney.org/grants/</a>
Chick Mission	Provides grants for cancer patients seeking to preserve their fertility ahead of treatment.	Need to submit screening information before contacting you with grant application. Available only in CA, CO, IL, NJ, NY, TX.	<a href="https://www.thechickmission.org/hope-grants/">https://www.thechickmission.org/hope-grants/</a>
Expect Miracles Foundation SAMFund	Provides financial assistance to young cancer survivors.	Eligibility: US resident; age 21-39; and more Notification within 10 to 11 weeks after application deadline	<a href="https://expectmiraclesfoundation.org/get-help/">https://expectmiraclesfoundation.org/get-help/</a>
Fertility Within Reach	Provides educational resources for access to fertility treatment and fertility preservation.	Patients and clinic should complete application together	<a href="https://fertilitywithinreach.org/fertility-preservation">https://fertilitywithinreach.org/fertility-preservation</a>
Livestrong Fertility	Provides reproductive information, resources and financial support to survivors whose cancer and its treatment present risks to their fertility.	Eligibility: Present in the US; diagnosis of cancer; oncologist determined cancer treatment poses risk to fertility; oncologist or reproductive endocrinologist have determined treatment is appropriate.	<a href="https://livestrong.org/how-we-help/livestrong-fertility/">https://livestrong.org/how-we-help/livestrong-fertility/</a>
NMDP (formerly known as Be The Match)	Provides fertility preservation grants to patients with sickle cell disease.	Eligibility: diagnosis of sickle cell disease; pre-transplant; and more Coverage: egg retrieval and cryopreservation; embryo culture, fertilization, cryopreservation; ovarian tissue freezing; sperm banking; TESI, storage fees, medication	<a href="https://www.sicklecellconnect.com/">https://www.sicklecellconnect.com/</a>
ReUnite Oncofertility	Offers discounted medications to oncology patients undergoing fertility preservation.	Eligible medications: follistim AQ cartridge; ganirelix acetate injection; pregynl	<a href="https://reuniterx.com/discount-programs/">https://reuniterx.com/discount-programs/</a>

<b>Entity and/or Grant Title</b>	<b>Description</b>	<b>Tips and Important Considerations</b>	<b>Link and More Information</b>
Team Maggie's Dream	Supports, educates and provides financial assistance to teens and young adults with cancer seeking fertility preservation.	Eligibility: US citizen; age 15-37; and more	<a href="https://www.teammaggiesdream.org/grants">https://www.teammaggiesdream.org/grants</a>
Verna's Purse	Provide discounted long-term storage for clients with eggs/semen/ovarian tissue/testicular tissue.	Requires blood testing for infectious disease	<a href="https://reprotech.com/vernas-purse/">https://reprotech.com/vernas-purse/</a>
Walgreens Specialty Pharmacy	Provide female patients going through fertility preservation treatment with select fertility products donated by Ferring Pharmaceuticals.	Eligibility: new diagnosis of cancer; female; and more Coverage: 2 fertility preservation cycles	<a href="https://www.walgreens.com/topic/pharmacy/specialty-pharmacy/fertility-preservation.jsp">https://www.walgreens.com/topic/pharmacy/specialty-pharmacy/fertility-preservation.jsp</a>
<b>General Infertility Resources</b>			
AGC Scholarships	Provides advocacy and scholarships for people struggling with infertility for any reason.	Eligibility: US citizen; age 18 plus; diagnosis of infertility Notification within two to three weeks after application deadline	<a href="https://agcscholarships.org/application/">https://agcscholarships.org/application/</a>
BabyQuest Foundation	Provides grant financial assistance to those who cannot afford infertility treatments such as IVF, egg and sperm donation, egg freezing, and gestational surrogacy.	Eligibility: US permanent resident; ASRM definition of infertility; fertility treatment has not yet begun; and more Coverage: egg and sperm donation, egg freezing, IVF, IVF with PGD, embryo donation, surrogacy Notification within four to six weeks after application deadline	<a href="https://babyquestfoundation.org/applying-for-a-grant-2/">https://babyquestfoundation.org/applying-for-a-grant-2/</a>
Bob Woodruff Foundation	Provides resources and financial support to veterans struggling with infertility due to service-related issues and who are ineligible for IVF through the VA.	Eligibility: service-connected condition causing infertility; use a SART clinic that can provide a W-9 form	<a href="https://bobwoodrufffoundation.org/VIVA/">https://bobwoodrufffoundation.org/VIVA/</a>

<b>Entity and/or Grant Title</b>	<b>Description</b>	<b>Tips and Important Considerations</b>	<b>Link and More Information</b>
Fertility for Colored Girls	Provides education and grants to African American women experiencing infertility to seek treatments	Coverage: 1 IVF cycle with genetic testing; 1 year of frozen embryo storage; does NOT include donor eggs or sperm	<a href="https://www.fertilityforcoloredgirls.org/">https://www.fertilityforcoloredgirls.org/</a>
Footsteps for Fertility Foundation	Provides grants for people struggling with infertility for treatments including IVF, frozen embryo transfer, and intrauterine insemination.	Eligibility: diagnosis of infertility Grants around \$5,000 are awarded by random selection.	<a href="https://footstepsforfertility.org/grants">https://footstepsforfertility.org/grants</a>
Gift of Parenthood	Provides grants for people struggling with infertility, and also helps patients start their own fundraisers.	Eligibility: must donate to enter their grant giveaway Grants of \$15,000 are awarded monthly.	<a href="https://giftofparenthood.org/">https://giftofparenthood.org/</a>
Hasidah	Provides IVF grants and peer support to Jewish families struggling with infertility.	Eligibility: meet ASRM definition of infertility, certification by reproductive endocrinologist that IVF is necessary (rather than preferable) Coverage: IVF; IVF-ICSI; IVF with egg or sperm donation; TESE; and more Notification within four to six weeks after application is received Grants range from \$5,000 to \$10,000.	<a href="https://hasidah.org/FinancialAid/">https://hasidah.org/FinancialAid/</a>
Hope for Fertility Foundation	Provides grants for people struggling with infertility to access fertility treatments.	Eligibility: US citizens or permanent residents; diagnosis of infertility; legally married Grants range from \$250 to \$10,000.	<a href="https://www.hopeforfertility.org/grant/">https://www.hopeforfertility.org/grant/</a>
Infant CPR	Provides grants for IVF treatment for those struggling with infertility.	Eligibility: US citizen; first-time parent; 250-word essay Scholarship is \$1,000. Applications must be submitted by December 31st; scholarships awarded on January 30th.	<a href="https://infantcpr.com/ivf-grant/">https://infantcpr.com/ivf-grant/</a>
InterNational Council on Infertility Information Dissemination Fertility Scholarship	Partners with clinics to provide free IVF procedures to those struggling with infertility.	Eligibility: US resident; INCIID member; ASRM definition of infertility Scholarship consists of donated IVF treatment, no money is provided.	<a href="https://www.inciid.org/ivf-scholarship/">https://www.inciid.org/ivf-scholarship/</a>

<b>Entity and/or Grant Title</b>	<b>Description</b>	<b>Tips and Important Considerations</b>	<b>Link and More Information</b>
Men Having Babies	Provides discounted or free fertility and surrogacy services as well as grants to gay prospective parents.	Eligibility: homosexual male or transgender woman; first-time parent Program includes two stages.	<a href="https://menhavingbabies.org/assistance/">https://menhavingbabies.org/assistance/</a>
Nest Egg Foundation	Provides grants for IVF treatment for those struggling with infertility.	Eligibility: US citizen; age 25-44; resident of CT or NY; diagnosis of infertility; first-time parent Notification within 12 weeks of application deadline.	<a href="https://www.nesteggfoundation.org/">https://www.nesteggfoundation.org/</a>
Starfish Infertility Foundation	Provides grants to those struggling with infertility and do not have fertility coverage through their insurance.	No marriage or age restrictions.	<a href="https://starfishinfertilityfoundation.org/">https://starfishinfertilityfoundation.org/</a>

# Appendix 5: Patient Guide

## Using Insurance for Fertility Preservation: A Patient Guide

Prepared by  
University of California San Diego and Alliance for Fertility Preservation

UC San Diego  
Moores Cancer Center



**We would love your help to improve this patient guide.  
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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.

<h2>Patient Information</h2>
------------------------------

**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?*

<b>Procedure (CPT Code) - Female</b>	<b>Billable code?</b>	<b>Co-Pay \$</b>	<b>Co-insurance %</b>
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?*

<b>Common Drugs for Females</b>	<b>Billable?</b>	<b>Co-Pay \$</b>	<b>Co-insurance %</b>
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?

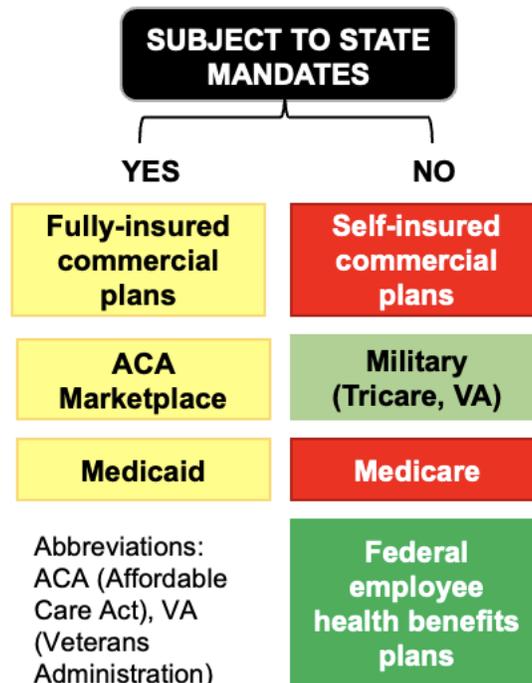
Even if you are told that you DO NOT have fertility preservation coverage, the state your health insurance is through may have a benefit mandate that requires your insurance plan to have one. Here is how to find out:

**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.

# References

- Alliance for Fertility Preservation (AFP). (2020). *State Implementation of Fertility Preservation Laws*. Alliance for Fertility Preservation. <https://www.allianceforfertilitypreservation.org/wp-content/uploads/2021/11/Implementation-Memo-FINAL-9.02.20.pdf>
- Alliance for Fertility Preservation (AFP). (2024). *Frequently Asked Questions*. Alliance for Fertility Preservation. <https://www.allianceforfertilitypreservation.org/frequently-asked-questions/>
- Alliance for Fertility Preservation (AFP). (2025). *State Laws and Legislation*. Alliance for Fertility Preservation. <https://www.allianceforfertilitypreservation.org/state-legislation/>
- American Society of Clinical Oncology (ASCO). (2025). *Fertility Preservation in People with Cancer: ASCO Guideline Update*. <https://ascopubs.org/doi/10.1200/JCO-24-02782>
- American Society of Reproductive Medicine (ASRM). (2019). *Fertility Preservation in Patients Undergoing Gonadotoxic Therapy or Gonadectomy: A Committee Opinion*. <https://pubmed.ncbi.nlm.nih.gov/31843073/>
- American Society of Reproductive Medicine (ASRM). (2023). *Definition of Infertility: A Committee Opinion*. <https://www.asrm.org/practice-guidance/practice-committee-documents/definition-of-infertility/>
- Centers for Medicare & Medicaid Services (CMS). (2024). *CMS Interoperability and Prior Authorization Final Rule CMS-0057-F*. CMS.gov. <https://www.cms.gov/newsroom/fact-sheets/cms-interoperability-and-prior-authorization-final-rule-cms-0057-f>
- Flores Ortega RE, Yoeun SW, Mesina O, Kaiser BN, McMenamin SB, Su HI. (2021). Assessment of Health Insurance Benefit Mandates for Fertility Preservation among 11 US States. *JAMA Health Forum*, 2(12), e214309-e214309. <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2787255>
- McMenamin SB, Kaiser BN, Flores Ortega RE, Yoeun SW, Economou MA, Bisarya N, Goldman KN, Levine J, Schattman GL, Aarons GA, Romero SAD, Su HI. (2025). Improving Implementation of Fertility Preservation Benefit Mandates. *JAMA Health Forum*. 6(9):e253166. Doi:10.1001/jamahealthforum.2025.3166.
- Meernik C, Mersereau JM, Baggett CD, Engel SM, Moy LM, Cannizzaro NT, Peavey M, Kushi LH, Chao CR, Nichols HB. (2022). Fertility Preservation and Financial Hardship Among Adolescent and Young Adult Women with Cancer. *Cancer Epidemiology Biomarkers & Prevention*, 31(5), 1043-1051.
- National Association of Insurance Commissioners (NAIC). (nd). What do State Insurance Regulators Do? Naic.org <https://content.naic.org/sites/default/files/about-state-insurance-regulators.pdf>
- Su HI, Kaiser BN, Crable EL, Flores Ortega RE, Yoeun SW, Economou MA, Fernandez E, Romero SA, Aarons GA, McMenamin SB. (2024). Implementation of State Health Insurance Benefit Mandates for Cancer-related Fertility Preservation: Following Policy Through a Complex System. *Implementation Science*. 2024 Dec;19(1):1-5.

Weigel G, Ranji U, Long M, Salganicoff A. (2020). *Coverage and Use of Fertility Services in the U.S.* KFF. <https://www.kff.org/womens-health-policy/coverage-and-use-of-fertility-services-in-the-u-s/>