

Trans Health Project

Working for Transgender Equal Rights

Health Insurance Medical Policies

Fertility Preservation

These are a list of clinical criteria that have explicit coverage for fertility preservation.

Policy Issued By: AvMed

Policy Title: Gender Reassignment Surgery

Fertility Preservation:

In addition, the following procedures are not covered:

Procurement, cryopreservation or storage of embryo, sperm, oocytes for the preservation
of fertility and the cryopreservation, storage, and thawing of reproductive tissue (i.e.,
ovaries, testicular tissue).

Policy Issued By: Blue Cross Blue Shield of New Mexico

Policy Title: Gender Assignment Surgery and Gender Reassignment Surgery with Related Services

Fertility Preservation:

Procurement, cryopreservation/freezing, storage/banking, and thawing of reproductive tissues, such as oocytes, ovaries, embryos, spermatozoa, and testicular tissue **may be considered medically necessary for individuals with gender dysphoria because** gender reassignment services, such as long-term cross-sex hormone therapy or surgical procedures, may render an individual infertile whether or not the individual has reproduced in the past.

See related policy:

OB402.023 Reproductive Technologies or Techniques and Related Services

Policy Issued By: Blue Cross Blue Shield of Texas

Policy Title: Gender Assignment Surgery and Gender Reassignment Surgery with Related Services

Fertility Preservation:

H. Gender Reassignment Reproductive Services:

Procurement, cryopreservation/freezing, storage/banking, and thawing of reproductive tissues, such as oocytes, ovaries, embryos, spermatozoa, and testicular tissue **may be considered medically necessary** for individuals with gender dysphoria because gender reassignment services, such as long-term cross-sex hormone therapy or surgical procedures, may render an individual infertile whether or not the individual has reproduced in the past.

Policy Issued By: Harvard Pilgrim Health Care (Stride HMO Medicare Advantage)

Policy Title: Transgender Health Services

Fertility Preservation:

HPHC also covers retrieval, cryopreservation, and storage (up to one year) of sperm or eggs when documentation confirms an eligible member with gender dysphoria/gender incongruence will be undergoing gender reassignment treatment that is likely to result in infertility.

Policy Issued By: Mass General Brigham Health Plan

Policy Title: Gender Affirming Procedures

Fertility Preservation:

Mass General Brigham Health Plan covers services related to fertility preservation in members undergoing gender affirming procedures including oocyte, embryo, or sperm retrieval, freezing and storage for up to 2 years for trans members undergoing hormonal therapy or genital affirmation surgery. Please refer to details of coverage in Mass General Brigham Health Plan's <u>Assisted Reproductive Services/Infertility Services</u> medical policy.

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