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 Illinois

**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 Massachusetts

**Policy Title:** Gender Affirming Services (Transgender Services)

**Fertility Preservation:**

Oocyte, embryo, or sperm retrieval, freezing and storage for up to 24 months for transgender members prior to undergoing hormone therapy or genital sex reassignment surgery may be considered MEDICALLY NECESSARY. (See medical policy [#086](#), Infertility Diagnosis and Treatment)

- Per subscriber certificate language, cryopreservation is limited to one cycle only.
Policy Issued By: Blue Cross Blue Shield of Minnesota

Policy Title: Gender Affirming Procedures for Gender Dysphoria

Fertility Preservation:

Preservation of fertility is subject to the member’s contract benefits. This includes but is not limited to procurement, cryopreservation/freezing, storage/banking, and thawing of reproductive tissues, such as oocytes, ovaries, embryos, spermatozoa, and testicular tissue.

Policy Issued By: Blue Cross Blue Shield of Montana

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 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
Policy Title: Transgender Health Services

Fertility Preservation:

Harvard Pilgrim Health Care (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: 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: Hawaii Medical Service Association

Policy Title: Gender Identity Services

Fertility Preservation:

Fertility counseling is covered (subject to Limitations and Administrative Guidelines) when all of the following criteria are met:

1. Fertility counseling is provided by a qualified health care professional;
2. The service is provided prior to removal of testes or ovaries; and
3. The counselor documents that the patient has been advised about contraceptive use, effects of transition on fertility, and options for fertility preservation and reproduction.

Policy Issued By: HMSA

Policy Title: Gender Identity Services

Fertility Preservation:

Fertility counseling is covered (subject to Limitations and Administrative Guidelines) when all of the following criteria are met:

1. Fertility counseling is provided by a qualified health care professional;
2. The service is provided prior to removal of testes or ovaries; and
3. The counselor documents that the patient has been advised about contraceptive use, effects of transition on fertility, and options for fertility preservation and reproduction

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 Assisted Reproductive Services/Infertility Services medical policy.

Policy Issued By: UnitedHealthcare West

Policy Title: Gender Dysphoria (Gender Identity Disorder) Treatment (Oregon)

Fertility Preservation:

Coverage is available for medical, behavioral or pharmacological treatment that is Medically Necessary for Gender Dysphoria. UnitedHealthcare does not exclude or deny covered health care benefits based on associated diagnosis of Gender Dysphoria, or otherwise discriminate against the member on the basis that treatment is for Gender Dysphoria.

Policy Issued By: UnitedHealthcare West

Policy Title: Gender Dysphoria (Gender Identity Disorder) Treatment (Washington)

Fertility Preservation:

Coverage is available for medical, behavioral or pharmacological treatment that is Medically Necessary for Gender Dysphoria. UnitedHealthcare does not exclude or deny covered health care benefits based on associated diagnosis of Gender Dysphoria, or otherwise discriminate against the member on the basis that treatment is for Gender Dysphoria.

Policy Issued By: University Health Alliance

Policy Title: Gender Identity Services

Fertility Preservation:

Fertility counseling is covered (subject to Limitations and Administrative Guidelines) when all of the following criteria are met:

1. Fertility counseling is provided by a qualified health care professional;
2. The service is provided prior to removal of testes or ovaries; and
3. The counselor documents that the patient has been advised about contraceptive use, effects of transition on fertility, and options for fertility preservation and reproduction.


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