



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 [Assisted Reproductive Services/Infertility Services](#) medical policy.

Content last updated on May 20, 2021 - PDF generated from: <https://transhealthproject.org/resources/health-insurance-medical-policies/views/> on Jan. 31, 2026.

If you find this helpful, please consider making a donation at <https://transgenderlegaldefense.networkforgood.com> to support our work.

Copyright © 2024 Advocates For Trans Equality, Inc. | Tel: (202) 642-4542