

Neighborhood Health Plan

Policy

[Gender Reassignment Surgery](#)

Policy Number

024

Policy Issued In

Massachusetts

Last Update

2017-06-01

Next Update

2017-11-01

Breast Reconstruction

NHP covers the following procedures for Male to Female: ... 6. Augmentation Mammoplasty

Related Policies

[Breast Surgeries Medical Policy](#)

Fertility Preservation

Related Policy: [Infertility Services Medical Policy](#)

Cryopreservation of Eggs/Embryos

NHP covers cryopreservation and storage for up to one year's storage when authorized in accordance with this policy and when one of the following criteria is met: ...

3. Female member will be undergoing medical treatment (e.g. chemotherapy, radiation, and gender reassignment) excluding voluntary sterilization that is likely to result in permanent infertility, and NHP has authorized an IVF cycle for stimulation and retrieval. Cryopreservation of eggs/embryos will be covered for up to one year from the time of the egg retrieval.

Cryopreservation of Sperm

NHP covers cryopreservation and storage for up to one year's storage for a male member who meets one of the following criteria: ...

3. Male member will be undergoing medical or surgical treatment (e.g. chemotherapy, radiation, gender reassignment surgery) excluding voluntary sterilization that is likely to result in permanent infertility. In this case the male member and/or couple do not need to be already receiving NHP-authorized infertility services. There must be a >5% probability of a future live birth using the member's cryopreserved sperm.

In Vitro Fertilization (IVF) for Member not in Active Infertility Treatment

NHP covers one cycle of IVF for the purpose of egg retrieval, processing and fertilization and a single cryopreservation of eggs/embryos for up to one year, when there is documentation that a member will be undergoing medical or surgical treatment (e.g. chemotherapy, radiation, gender reassignment), that is likely to result in permanent infertility.