

Sex Transformation Surgery
Policy Number: SU0600

Active policy, not scheduled for routine review.

Definition:

Sex transformation surgery is a procedure in which there is an anatomical change of sex in response to a person's conscious desire to be of the opposite sex.

Coverage:

Sex transformation surgery is not covered in any situation.

Approval Procedures:

Not applicable.

Limitations and Exclusions:

Hermaphroditism is a congenital anomaly ovarian and testicular tissue in the same individual and surgery to correct this condition is not the same as sex transformation surgery.

Authority:

G.S. 135-40.7(14)

G.S. 135-40.6(6)b

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