

North Carolina
State Health Plan
for Teachers and State Employees and
NC Health Choice for Children

www.shpnc.org

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. 135-42(b)

G.S. 108A-70.21(b)

G.S. 135-40.7(14) (statute effective through 06/30/2008 for Predecessor Plan)

G.S. 135-40.6(6)b (statute effective through 06/30/2008 for Predecessor Plan)

G.S. 135-40.7(5) (statute effective through 06/30/2008 for Predecessor Plan)

Complete Review of Policy:

December 1989

March 2005

Revised:

December 2008