

INTERSEX SURGERY

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Authority: [32 CFR 199.4\(e\)\(7\)](#) and [\(g\)\(29\)](#)

I. PROCEDURE CODE RANGE

55970 - 55980

II. DESCRIPTION

Intersex involves an individual who shows intermingling, in varying degrees, of the characteristics of each sex, including physical form, reproductive organs, and sexual behavior.

III. POLICY

Surgery performed to correct sex gender confusion (i.e., ambiguous genitalia) which has been documented to be present at birth is a covered benefit.

IV. EXCLUSION

All services and supplies directly and indirectly related to intersex surgery for other than ambiguous genitalia documented to be present at birth, are excluded from cost-sharing.

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