

## Intersex Surgery

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

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### 1.0 CPT<sup>1</sup> PROCEDURE CODE RANGE

55970 - 55980

### 2.0 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.

### 3.0 POLICY

Surgery performed to correct ambiguous genitalia which has been documented to be present at birth is a covered benefit.

### 4.0 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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