

## Intersex Surgery

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Revision:

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### 1.0 CPT 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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