

## Chapter 4

## Section 16.1

### Intersex Surgery

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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 **surgical treatment (i.e., sex gender change), except when performed to correct ambiguous genitalia which is documented to have been present at birth (CPT<sup>1</sup> procedure codes 55970 and 55980).**

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