

Intersex Surgery

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1.0 CPT¹ 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 (CPT¹ procedure codes 55970 and 55980).**

- END -

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