

# Clinical Policy: Sex Assignment



Reference Number: QCP.PP.012  
Effective Date: 09/18/1995  
Date of Last Revision: 01/01/2017

CPT Codes: None  
Document: BI064:00

## Public Statement

### Effective Date:

- a) This policy will apply to all services performed on or after the above revision date which will become the new effective date.
- b) For all services referred to in this policy that were performed before the revision date, contact customer service for the rules that would apply.

Medical and surgical services, supplies and equipment intended to assist or complete the differentiation of a baby born with undifferentiated or ambiguous genitalia, will be covered.

## Medical Statement

For children born with ambiguous genitalia, sex assignment and related charges are considered medically necessary and shall be covered as a basic medical service.

## Limits

Intentionally left empty

## Reference

### Addendum:

Refer to (new) policy CP.MP.95 for individualized treatment of gender dysphoria.

## Application to Products

This policy applies to all health plans administered by QualChoice, both those insured by QualChoice and those that are self-funded by the sponsoring employer, unless there is indication in this policy otherwise or a stated exclusion in your medical plan booklet. Consult the individual plan sponsor Summary Plan Description (SPD) for self-insured plans or the specific Evidence of Coverage (EOC) for those plans insured by QualChoice. In the event of a discrepancy between this policy and a self-insured customer's SPD or the specific QualChoice EOC, the SPD or EOC, as applicable, will prevail. State and federal mandates will be followed as they apply.

Changes: QualChoice reserves the right to alter, amend, change or supplement benefit interpretations as needed.