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Effective Date	09/01/2024
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Origination Date	07/01/2024
Originated Department	Medical Management

Billing for Gender Discordant Claims

Audience
Medical Management, Claims

Purpose
<p>Medical policies provide general support for applying Mountain Health Co-Op member policy document coverage decisions, and the member-specific benefit plan document must be referenced. The terms of the member-specific Policy document may differ from the standard benefit plan based on this medical policy. If there is a conflict between a member-specific policy document and the Mountain Health Co-Op medical policy, the document supersedes this policy. Any person(s) applying this medical policy must identify member eligibility, the member-specific policy document, and related policies or guidelines before applying this medical policy, including the existence of any state or federal guidance. Mountain Health Co-Op medical policies are designed for informational purposes only and are not an authorization, explanation of benefits, or contract. Receipt of benefits is subject to the satisfaction of all terms and conditions of the member-specific policy document coverage. Mountain Health Co-Op reserves the sole discretionary right to modify all policies and guidelines at any time.</p>

Definition
<p>Modifiers are an important component to correct coding and billing for services. Claims for some services for beneficiaries with transgender, ambiguous genitalia, and hermaphrodite issues may inadvertently be denied due to sex-related edits unless these services are appropriately billed. The KX modifier requirements specified in the medical policy have been met and established by CMS for use in claims related to transgender issues. Condition code 45, ambiguous gender category, is also recommended to be used when claims are billed on a UB 40 form for gender-discordant claims. These multipurpose informational modifiers identify services for transgender, ambiguous genitalia, and hermaphrodite beneficiaries in addition to their other existing uses.</p>

Policy/Procedure

Mountain Health Co-Op Health Plans requires using the KX modifier on claims billed for transgender populations with any procedure code that could potentially receive a gender-specific edit. Institutional providers are to report condition code 45 on any inpatient or outpatient claims related to transgender, ambiguous genitalia, or hermaphrodite issues. This claim-level condition code should be used by institutional providers to identify these unique claims. It also alerts the plan that the gender/procedure or gender/diagnosis conflict is not an error, allowing the sex-related edits to be bypassed.

The KX modifier is to be billed on the detail line only with the procedure code(s) that is gender-specific for transgender, ambiguous genitalia, and hermaphrodite beneficiaries. Physicians and non-physician practitioners should use modifier KX with procedure codes that are gender-specific in the particular cases of transgender, ambiguous genitalia, and hermaphrodite beneficiaries. Therefore, if a gender/procedure or gender/diagnosis conflict edit occurs, the KX modifier alerts the plan that it is not an error and will allow the claim to continue with standard processing.

NOTE: *The KX modifier is a multipurpose informational modifier and may also be used with other medical policies.*

Condition Code 45 (Ambiguous Gender Category) for UB-04 billing alerts us that the gender/procedure or gender/diagnosis conflict is not an error, allowing the claim to continue standard processing.

Claims for some services for members with transgender, ambiguous genitalia, and hermaphrodite issues will be denied due to sex-related edits unless these services are appropriately billed.

Clinical Rationale

Because transgender beneficiaries may have changed their sex on record, they are at a high risk for experiencing gender/procedure conflicts. In this instance, a transman (female to male transition) may have his claim for a medically necessary pelvic examination rejected inappropriately. Therefore, condition codes 45, and the KX modifier is used to process claims with gender-specific editing that CMS normally rejects due to gender/procedure mismatches.

Applicable Coding

Modifiers

KX Requirements specified in the medical policy have been met

CPT Codes

Applicable codes would be those designated with a female or male gender symbol as defined by AMA CPT.

HCPCS Codes

No applicable HCPCS codes

References

- Centers for Medicare and Medicaid Services (CMS). Medicare Claims Processing Manual; Chapter 5 – Part B “Outpatient Rehabilitation and CORF/OPT Services”. Rev. 11129, Issued: 11-22-21, Effective: 01-01-22, Implementation: 01-03-22. [https://www.cms.gov/Regulations- andGuidance/Guidance/Manuals/Downloads/clm104c05.pdf](https://www.cms.gov/Regulations-andGuidance/Guidance/Manuals/Downloads/clm104c05.pdf)
- Proctor, K., et al. (2016). "Identifying the Transgender Population in the Medicare Program." Transgender Health 1(1): 250265.

Vendors

- Health Plan Services (HPS)

Review/Revision/Approval History

Date	Description
07/01/2024	New Policy

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult appropriate healthcare providers for medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member’s benefit plan, effective when services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Including or excluding a procedure, diagnosis, or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as they apply to an individual member.

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