Billing for Gender Discordant Claims

Policy REIMB-037

Origination Date: 01/25/2023

Reviewed/Revised Date: 01/22/2025

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Current Effective Date: 01/22/2025

Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.
3. Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
4. This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.
5. Provisions and terms of the provider contract may supersede this policy.

Description:

The use of modifiers is 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 billed properly. The KX modifier requirements specified in the medical policy have been met and established by CMS to be used for 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.

Policy Statement and Criteria

1. Commercial Plans

U of U Health Plans requires use of the KX modifier to be used 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 and 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 normal processing.

NOTE: The KX modifier is a multipurpose informational modifier and may also be used in conjunction 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 normal 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 billed properly.

2. **Medicaid Plans**

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at: https://medicaid.utah.gov/utah-medicaid-official-publications/ or the Utah Medicaid code Look-Up tool

CPT/HCPCS codes covered by Utah State Medicaid may still require further evaluation to determine medical necessity for coverage.

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 code 45 and the KX modifier are used to process claims with gender-specific editing that CMS would normally reject 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:

1. 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. Accessed: December 6, 2022. Available at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c05.pdf
2. Proctor, K., et al. (2016). "Identifying the Transgender Population in the Medicare Program." Transgend Health 1(1): 250-265.