



AmeriHealth Caritas[™]
District of Columbia

To: AmeriHealth Caritas DC Providers

Date: May 14, 2021

Subject: Use of the KX Modifier for Transgender Patients

To allow for normal claims processing, the KX modifier should be used when billing for certain services administered to transgender patients. Failing to use the KX modifier may result in a claim being denied because the procedure or diagnosis code does not typically agree with the patient's gender.

The KX Modifier should be used in the following circumstances to allow for normal claims processing:

- The procedure is not typical for the patient's gender
- The diagnosis is not typical for the patient's gender

For Ambulatory surgery centers (ASCs):

- 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

The specific policies, as determined by the Centers for Medicare and Medicaid Services (CMS), are noted below.

[AmeriHealth Caritas DC] shall override any gender specific edits (gender/procedure conflict) that occur for a given **procedure** code if the KX modifier is billed with that code, and allow the claim to continue normal processing.

[AmeriHealth Caritas DC] shall override any gender specific edits (gender/diagnosis conflict) that occur for a given **diagnosis** code if the KX modifier is billed with that code, and allow the claim to continue normal processing.

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 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. [AmeriHealth Caritas DC] shall override any gender specific edits (gender/diagnosis conflict) that occur for a given



diagnosis code if the KX modifier is billed with that code, and allow the claim to continue normal processing.

If you have any questions about this communication, please contact your Provider Account Executive or the Provider Services department at 202-408-2237.