

Gender to Diagnosis Code and Procedure Code Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 for Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication. UnitedHealthcare Community Plan uses a customized version of the Optum Claims Editing System known as iCES Clearinghouse to process claims in accordance with UnitedHealthcare Community Plan reimbursement policies.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Arizona, District of Columbia, Kansas, Missouri and North Carolina Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all Arizona, District of Columbia, Kansas, Missouri and North Carolina Medicaid products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

Gender designations are assigned to select World Health Organization (WHO) International Classification of Diseases, Ninth Revision (ICD-10-CM) codes based on code descriptions or on publications and guidelines from sources such as professional specialty societies, the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA) or the AHA (American Hospital Association) Coding Clinic.

Gender editing can result in incorrect denials for claims for transgender and hermaphrodite members.

Reimbursement Guidelines

UnitedHealthcare Community Plan will apply gender edits to Arizona, District of Columbia, Kansas, Missouri and North Carolina Medicaid claims when diagnosis and/or procedure codes are reported inappropriately for the patient's gender.

State Exceptions	
Arizona	<ul style="list-style-type: none"> Arizona Health Care Cost Containment System (AHCCCS), which is the Arizona (AZ) Medicaid program, publishes customized, State identified gender designated CPT and ICD-10 code lists. AHCCCS requires review of documentation and authorization before denying for inappropriate gender. CPT and HCPCS codes billed with modifier KX are exempt from gender edit requirements for Arizona Medicaid. (i.e. transgender or hermaphrodite members) AHCCCS follows CMS guidelines which state: "Use of the KX modifier will alert the MAC that the physician/practitioner is performing a service on a patient for whom gender specific editing may apply, but should have such editing by-passed for the beneficiary." (CMS Transmittal 1877) (MLN Matters #MM6638)
Kansas	<ul style="list-style-type: none"> Kansas Medicaid only applies gender editing to ICD10 Codes. Kansas Medicaid publishes a customized, State identified gender designated ICD-10 code list which is included in this policy. Per state guidelines, Kansas will bypass gender related edits when modifier KX is billed.
Missouri	<ul style="list-style-type: none"> Missouri Medicaid publishes customized, State identified gender designated CPT and ICD-10 code lists which are included in this policy.

Definitions	
Modifier KX	Per MLN Matters #6638: "The KX modifier, which is defined as "Requirements specified in the medical policy have been met", is a multipurpose informational modifier for Part B professional claims. In addition to its other existing uses, the KX modifier should also be used to identify services that are gender specific (i.e., services that are considered female or male only) for effected beneficiaries on claims submitted by physicians and non-physician practitioners to Medicare carriers and MACs. Use of the KX modifier will alert the carrier/MAC that the physician/practitioner is performing a service on a patient for whom gender specific editing may apply, and that the service should be allowed to continue with normal processing. Payment will be made if the coverage and reporting criteria have been met for the service."

Attachments	
<u>Arizona Medicaid ICD-10 to Gender Policy List</u>	ICD-10 codes with designated appropriate gender for Arizona Medicaid.
<u>Arizona Medicaid Procedure to Gender Policy List</u>	CPT codes with designated appropriate gender for Arizona Medicaid
<u>Kansas Medicaid ICD-10 to Gender Policy List</u>	ICD-10 codes with designated appropriate gender for Kansas Medicaid.
<u>Missouri Medicaid ICD-10 to Gender Policy List</u>	ICD-10 codes with designated inappropriate gender for Missouri Medicaid.

Missouri Medicaid Procedure to Gender Policy List	CPT codes with designated inappropriate gender for Missouri Medicaid
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Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®) Professional Edition* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

History

4/28/2024	Policy Version Change Attachments Section: Updated Arizona Medicaid Procedure to Gender Policy List
4/14/2024	Policy Version Change Attachments Section: Updated Arizona Medicaid Procedure to Gender Policy List Policy Version Change History section: Archived history older than 4/14/2022
2/4/2024	Policy Version Change Attachments Section: Updated Arizona Medicaid ICD-10 to Gender Policy List and Arizona Medicaid Procedure to Gender Policy List
11/5/2023	Policy Version Change Attachments Section: Updated Kansas Medicaid ICD-10 to Gender Policy List History section: Archived history older than 11/5/2021
8/20/2023	Policy Version Change State Exceptions Section: Kansas updated
7/23/2023	Policy Version Change State Exceptions Section: Kansas updated History section: Archived history older than 7/23/2021
5/28/2023	Policy Version Change Attachments Section: Updated Kansas Medicaid ICD-10 to Gender Policy List
3/12/2023	Policy Version Change Application Section: Added District of Columbia Reimbursement Guidelines: Added District of Columbia History section: Archived history older than 3/12/2021
1/15/2023	Policy Version Change Application Section: Added North Carolina Reimbursement Guidelines: Added North Carolina History section: Archived history older than 1/15/2021
12/1/2022	Policy Version Change History section: Archived history older than 12/1/2020
10/23/2022	Policy Version Change Attachments Section: Updated Kansas Medicaid ICD-10 to Gender Policy List

	History section: Archived history older than 10/23/2020
5/19/2008	Age & Gender to Diagnosis & Procedure Codes Policy implementation by UnitedHealthcare Community Plan