

#### **Provider Bulletin**

March 2022

# **Gender affirming claims requirements**

To align with our *Clinical Utilization Management (UM) Guideline CG-SURG-27* on gender affirming surgery, providers will be required to include additional data on the claim form **for dates of service (DOS) on and after April 1, 2022**.

# **Professional modifier requirement**

Professional providers submitting gender affirming claims on a *CMS-1500/837P* claim form will be required to append the modifier listed below.

| Modifier | Description   |
|----------|---|
| KX       | Requirements specified in medical policy have been met. |

## Institutional condition code requirement

Institutional providers submitting gender affirming claims on a *UB-04/837I* claim form will be required to include the condition code listed below.

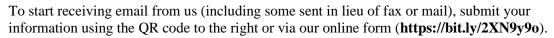
| Code | Description               |
|------|---------------------------|
| 45   | Ambiguous Gender Category |

This applies to claims submitted with DOS on or after April 1, 2022, for gender affirming medical and surgical procedures. Gender affirming claims submitted without the KX modifier or condition code 45 and appropriate diagnosis code(s), as indicated in the clinical guidelines, will be denied. These changes are intended to align billing across insurance products.

For more information, please review the information from CMS.



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Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

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