

TITLE: The Use of the “KX” Modifier for Gender Specific Procedures

POLICY/PURPOSE: The “KX” modifier (*Requirements specified in the medical policy have been met*) is now a multipurpose informational modifier and will also be used to identify services for Transgender, Ambiguous Genitalia, and Hermaphrodite patients in addition to its other existing uses. Physicians and advanced practice professionals should use modifier “KX” with procedure codes that are gender specific in the particular cases of Transgender, Ambiguous Genitalia, and Hermaphrodite patients. Therefore, if a gender/procedure or gender/diagnosis conflict edit occurs, the KX modifier alerts the Medicare Administrative Contractor (MAC) that it is not an error and will allow the claim to continue with normal processing.

DEFINITIONS:

Ambiguous Genitalia – sex organs that are not fully differentiated between male and female, as in girls born with a clitoris that could be mistaken for a penis.

Gender Identity – one’s self-identification as male or female.

Hermaphrodite/Hermaphroditism – an outdated term for a group of conditions in which there is a discrepancy between the external genitals and the internal genitals (the testes and ovaries). Sometimes referred to as Intersex.

Transgender – having or relating to a Gender Identity that differs from the culturally determined gender roles for one’s birth sex (i.e., the biological sex one was born with) or for one’s sex as surgically assigned at birth.

PROCEDURE: 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 patients.

It is important to note that the KX modifier is only to be reported if the procedure code itself includes a gender specific reference and the patient is Transgender, a Hermaphrodite, or has Ambiguous Genitalia. This information should be expressly documented in the medical record.

NOTE: The KX modifier is a multipurpose informational modifier, and may also be used in conjunction with other medical policies such as therapy services that have met the capped amount.

REFERENCES:

American Psychological Association. APA Dictionary of Psychology.
[APA Dictionary of Psychology](#)

CMS. *Medicare Claims Processing Manual* 100-04, Ch. 32, §240.

National Library of Medicine. Medline Plus. Medical Encyclopedia.
[Intersex: MedlinePlus Medical Encyclopedia](#)

APPROVED BY: Robert Michalski
Maryann Palmeter