



Claims Payment Policy

Subject: Gender-Specific Services for Transgender or Intersex Members
Policy Number: CP2024015

Louisiana Medicaid Payment Policy

In addition to this policy, claims payments are subject to other plan requirements for the processing and payment of claims, including, but not limited to, requirements of medical necessity and reasonableness and applicable referral or authorization requirements.

For a service that is not otherwise excluded, Humana allows a medically necessary gender-specific service provided to a transgender or intersex member. Humana recognizes condition code 45 and modifier KX, when submitted on a claim for a charge for a gender-specific service, as an indication that the service may be medically necessary, despite an apparent conflict between reported gender and the gender-specific service.

Humana encourages providers to follow the appropriate Centers for Medicare & Medicaid Services (CMS) guidance available in the [References](#) section of this policy for correctly coding a gender-specific service and diagnosis for a transgender or intersex member. For a facility claim, Humana encourages a provider to report condition code 45 when billing for an inpatient or outpatient service that is gender-specific. For a professional claim, Humana encourages a provider to include modifier KX with a procedure code for a gender-specific service.

Definitions of Italicized Terms

- Condition code 45: Gender incongruence.
- Facility claim: Charges for facility services submitted on the UB-04 form, or its electronic equivalent.
- Intersex: Umbrella term for people with congenital inconsistency between external genitalia, internal gonadal tissue or chromosomal sex.
- Modifier KX: Requirements specified in the medical policy have been met.
- Professional claim: Charges for professional services submitted on the CMS-1500 form, or its electronic equivalent; or charges for professional services submitted on the UB-04 form, or its electronic equivalent.
- Transgender: Umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth.

References

- Centers for Medicare & Medicaid Services website. Medicare Claims Processing Manual. [Chapter 32 – Billing Requirements for Special Services](#). Section 240 – Special Instructions for Services with a Gender/Procedure Conflict. www.cms.gov.
- Centers for Medicare & Medicaid Services HCPCS Level II and associated publications and services.
- Optum™. Uniform Billing Editor.
- Louisiana Department of Health website. [Louisiana Medicaid](#). www.lamedicaid.com.
- Humana website. [Humana Healthy Horizons in Louisiana](#). Humana.com.

General Humana Resources

- [Availity](#) – Providers can register for access to information on a variety of topics such as eligibility, benefits, referrals, authorizations, claims and electronic remittances.
- [Claims processing edit notifications](#) – Alerts of upcoming claims payment changes are posted on the first Friday of each month.
- [Claims resources](#) – Providers can find information on referrals, authorizations, electronic claim submissions and more.
- [Making it easier](#) – This page contains an educational series for providers and healthcare professionals.
- [Medical and pharmacy coverage policies](#) – Humana publishes determinations of coverage of medical procedures, devices and medications for the treatment of various conditions. There may be variances in coverage among plans.
- [Publications](#) – This page can help you find our quarterly newsletter, provider manual and other resources to help you do business with us.

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