

KX Modifier

Reimbursement Policy ID: RPC.0062.FLEX

Recent review date: 08/2025

Next review date: 06/2027

AmeriHealth Caritas Next reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Next may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy describes AmeriHealth Caritas Next reimbursement criteria for procedures appended with modifier KX, which is used to indicate the provider's confirmation that services are justified by appropriate documentation in the medical record.

Exceptions

N/A

Reimbursement Guidelines

AmeriHealth Caritas Next will consider services and supplies appended with modifier KX for reimbursement when documentation in the medical record supports at least one of the following:

- That a patient's experienced gender differs from their sex assigned at birth. Use of the KX modifier will prevent inappropriate application of gender-specific clinical edits in this situation.
(NOTE: Inpatient and outpatient facility providers should report claim Condition Code 45 for accurate reimbursement.)
- That durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) or physical therapy (PT), speech-language pathology (SLP), and/or occupational therapy (OT) services at and above the published Medicare service cap are medically necessary.

Definitions

Condition Code 45 – Gender Incongruence

A person's marked and persistent experience of an incompatibility between that person's gender identity and their sex assigned at birth.

Edit Sources

- I. Current Procedural Terminology (CPT).
- II. Healthcare Common Procedure Coding System (HCPCS).
- III. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10).
- IV. Centers for Medicare and Medicaid Services (CMS) 2023-06-08-MLNC, Weekly Edition.
- V. CMS Medicare Claims Processing Manual
- VI. The National Correct Coding Initiative (NCCI).
- VII. AmeriHealth Caritas Next Fee Schedule(s).

Attachments

N/A

Associated Policies

N/A

Policy History

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| 08/2025 | Reimbursement Policy Committee Approval |
| 08/2025 | Annual review <ul style="list-style-type: none">• No revisions |
| 06/2025 | Minor updates to formatting and syntax |
| 04/2025 | Revised preamble |
| 04/2024 | Revised preamble |
| 01/2024 | Reimbursement Policy Committee Approval |
| 08/2023 | Removal of policy implemented by AmeriHealth Caritas Next from Policy History section |
| 01/2023 | Template revised <ul style="list-style-type: none">• Revised preamble• Removal of Applicable Claim Types table• Coding section renamed to Reimbursement Guidelines |

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| | <ul style="list-style-type: none">• Added Associated Policies section |
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