



## Instructions Regarding the Processing of Inpatient Claims for Gender/Procedure Conflict – JA6917

Related CR Release Date: April 29, 2010

Date Job Aid Revised: May 5, 2010

Effective Date: October 1, 2010

Implementation Date: October 4, 2010

**Key Words** MM66917, CR6917, R693OTN, Inpatient, Gender, Transgender or Hermaphrodite

**Contractors Affected**

- Fiscal Intermediaries (FIs)
- Part A/B Medicare Administrative Contractors (A/B MACs)

**Provider Types Affected** Provider types affected are hospitals that submit inpatient claims to Medicare FIs and A/B MACs for services provided to Medicare beneficiaries.



Change Request (CR) 6917 reminds institutional providers to report condition code 45 (Ambiguous Gender Category) on inpatient claims related to transgender or hermaphrodite beneficiaries where the service performed is gender specific (i.e., services that are considered female or male only).

**Provider Needs to Know...**

- The National Uniform Billing Committee (NUBC) approved condition code 45 (Ambiguous Gender Category) to identify these unique claims and to allow the sex related edits to be processed correctly.
- This claim level condition code should be used by providers to identify these unique claims and to allow the claims to bypass Medicare's sex related edits and to be processed correctly.

**Background** Claims for some services for beneficiaries who are transgender or hermaphrodite may be inadvertently denied due to sex related edits unless these services are billed properly.

Operational  
Impact

---

---

The related MLN Matters® article can be found at  
<http://www.cms.gov/MLN MattersArticles/downloads/MM6917.pdf> on the CMS website.

Reference  
Materials

The official instruction (CR6917) issued regarding this change may be found at  
<http://www.cms.gov/Transmittals/downloads/R693OTN.pdf> on the CMS website.

---

---