



News Flash – The Medicare Preventive Services Quick Reference Information Charts, which include (1) Quick Reference Information: Medicare Preventive Services, (2) Quick Reference Information: Medicare Immunization Billing, and (3) Quick Reference Information: The ABCs of Providing the Initial Preventive Physical Examination, have been updated and are now available in hardcopy format. To order copies of these products, please visit the “Preventive Services Educational Products” page at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/index.html> and select “MLN Product Ordering” in the “Related Links” section.

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Related Change Request (CR) #: 6917

Related CR Release Date: April 29, 2010

Effective Date: October 1, 2010

Related CR Transmittal #: R6930TN

Implementation Date: October 4, 2010

Note: This article was updated on December 6, 2012, to reflect current Web addresses. All other information remains unchanged.

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

Provider Types Affected

This article is for hospitals submitting inpatient claims to Medicare contractors (fiscal intermediaries (FIs) and Medicare Administrative Contractors (MAC)) for services provided to Medicare beneficiaries.

Provider Action Needed

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. 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 article 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

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considered female or male only). 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.

Please ensure that your billing staffs are aware of this change.

Additional Information

If you have questions, please contact your Medicare carrier and/or MAC at their toll-free number, which is available at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the Centers for Medicare & Medicaid Services (CMS) website.

The official instruction issued to your Medicare carrier and/or MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R6930TN.pdf> on the CMS website.

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