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/R693OTN.pdf on the CMS website.

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