



Network Notification

Date: September 1, 2018 **Number:** 31

TO: All Well Sense Health Plan Providers

FROM: Well Sense Health Plan

SUBJECT: Billing Instructions for Claims Containing Gender / Procedure Conflict

PRODUCT: New Hampshire Medicaid New Hampshire Health Protection Program

Summary

In situations where a member's recorded gender does not match the gender-specific service billed, Well Sense Health Plan follows the Centers for Medicare & Medicaid Services (CMS) guidelines that include the following billing requirements, **effective November 1, 2018:**

- Physician and non-physician practitioners must append modifier "KX" to the gender-specific procedure code.
- Institutional providers must add the condition code "45" to the appropriate claim field to indicate that a gender specific service was performed.

The following reimbursement policy has been updated to include this change:

- General Clinical Editing and Payment Accuracy Review Guidelines, WS 4.18

Questions?

If you have any questions about this Network Notification, please contact your Provider Relations Consultant or call the provider line at 877-957-1300, option 3. All Well Sense Health Plan [Network Notifications](#) and [reimbursement policies](#) are available online at wellsense.org.