



MAY 2020

KMAP GENERAL BULLETIN 20114

Gender Restriction for ICD-10 Diagnosis Code Update

Effective May 19, 2020, retroactive to dates of service on or after July 1, 2019, the female only gender editing for ICD-10 diagnosis code Z798.90 (hormone replacement therapy) will be ended. The diagnosis code is covered for both male and female patients.

Impacted claims will be identified and reprocessed.

Note: The effective date of the policy is May 19, 2020, retroactive to dates of service on or after July 1, 2019. The implementation of State policy by the KanCare managed care organizations (MCOs) may vary from the date noted in the Kansas Medical Assistance Program (KMAP) bulletins. The KanCare Open Claims Resolution Log on the KMAP Bulletins page documents the MCO system status for policy implementation and any associated reprocessing completion dates, once the policy is implemented.

KMAP

[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

Customer Service

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.
Monday - Friday

DXC Technology is the fiscal agent of KMAP.