

Why is my Provider Using Gender Dysphoria Codes?

Information for transgender,
nonbinary, gender nonconforming/
expansive and questioning patients

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Many people who are transgender, nonbinary, or gender nonconforming/expansive (TNBGNC), or who are questioning whether they may be TNBGNC, may not feel that “Gender Dysphoria” describes their experience. Gender Dysphoria is the term used by medical and mental health professionals and by some TNBGNC people to describe stress that arises from the difference between the sex they were assigned at birth and their gender. Some TNBGNC people experience dysphoria about their gender or part(s) of their bodies, while others do not experience this.

This document explains what “gender-related codes” are, the reasons that your UW Health provider may use these codes in your medical chart and for insurance billing, and some other frequently asked questions about coding, insurance, and your medical chart.

What is a diagnosis/procedure code?

Diagnosis and procedure codes tell the insurance company why a patient was seen in the office, explain what services the patient received, and prove to the insurance company that the medical services and charges submitted were really necessary. Insurance companies then review the codes and pay for the services based on the codes the provider submitted.

These codes must accurately and honestly explain the patient’s concern(s) that were addressed on the day of the appointment based on the codes that are available. The diagnosis and procedure codes your provider uses come from two sources:

- ICD-10 (International Classification of Diseases, 10th Revision), which describes the patient’s diagnosis;
- CPT (Current Procedural Terminology), which describes the procedures performed by the provider.

Providers are required to code as specifically as possible. For example, if a patient has a cough caused by pneumonia, the provider must code for what is causing it (pneumonia), rather than coding for “cough.”

What are the codes for TNBGNC patient services?

According to the ICD-10, there are numeric codes (F64.0 to F64.9, Z87.890) that should be used by providers to describe a visit with a TNBGNC patient when the visit involves talking about gender or transition, starting or monitoring hormones, discussing or making referrals for other kinds of transition-related care (like surgery or hair removal) and/or to mark if a person had gender confirmation surgery or other transition care in the past.

The ICD-10 drew language from the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-4), the most updated version available when the ICD-10 was written. Because of this, when a provider uses one of the codes above (F64.0 – F64.9, Z87.890), the diagnosis that may ultimately show up for billing in your chart is “Gender Identity Disorder,” even though that terminology is outdated.

Which codes do UW Health providers use for TNBGNC patient visits?

While we believe the codes should be updated, UW Health must follow official coding guidelines (ICD-10) by using gender-related codes, therefore UW Health providers will use the gender-related codes in all visits where gender and/or transition are discussed for all TNBGNC patients. This includes visits with people who do not experience any gender or body dysphoria, those who do not want hormones or surgery, and those who would say that they have “completed” transition or no longer identify as transgender. This means that if you go to UW Health specifically about your gender or transition—including a therapist, psychiatrist, primary care provider, surgeon, or any other medical provider—a gender-related code will be entered as a billing code for your insurance. It may also be added to the “problem list” portion of your medical records that other UW Health providers can see and review.

These codes should not be added to your chart if you go to a provider for care that is not related to your gender or transition.

Who adds and sees the codes in my medical chart?

Your medical privacy is protected by HIPAA. For more information about what this means, please see HIPAA and Patient Privacy Information at uwhealth.org/patientrecords.

Most commonly, only providers you see and medical coders (who review the provider’s coding and make sure that it is accurate) within UW Health will see your medical chart. Less commonly, there may be someone such as an auditor or claims processor, who, for business reasons, would need to see these codes. For more detailed information about medical privacy and who is able to see your record, please see the Summary of the Notice of Privacy Practices at uwhealth.org/patientrights.

Will my medical chart “out” me?

The providers that you see at UW Health can review your chart. Providers outside of UW Health are able to review your medical chart if they have permission to access your records. It is possible that a provider you have not told that you are TNBGNC may see one of the gender-related codes

added by another provider or a diagnosis from a previous visit. Other providers do not generally look at billing codes, only the diagnosis codes and notes in the “problem list” portion of your electronic medical chart.

If this is a concern for you, talk to the provider you see for gender-affirming or transition-related care. They can work with you to make sure that they both accurately code for billing and reduce the likelihood that you will be “outed” to another provider by changing what they include in the “problem list” section.

Your insurance company will receive the gender-related billing code when it is added to your chart. This should not cause your insurance to stop paying for your medical care that is not about your gender or transition. It will only affect payment for gender-affirming or transition-related care you need if your insurance plan has a specific exclusion. Your provider can help to advocate with the insurance company for you, including writing appeals for coverage.

Will my insurance cover my UW Health visit if a gender-related code is used for it?

This depends on your particular insurance plan. There is a large range of what insurance plans might cover from all gender-affirming/transition-related care to none of it.

If your plan excludes gender-affirming/transition-related care, it is possible that many parts of your visit—including clinic visits, labs, hormones, and counseling/therapy—may not be covered. Generally, both private and public insurance plans with this exclusion will only refuse to cover the parts of your visit that are specifically about your gender or transition.

If you don't know what your insurance plan covers, there are a few places you might be able to find the information. First, you can look at your plan description. This description could be available online or in the booklet that you were given or sent when you started the insurance plan. Second, you can call the insurance company and ask. Unfortunately, many insurance companies still use outdated and stigmatizing language to talk about transition-related care like “services related to sex change” or “sex/gender transformation services.” It is possible that is how the transition-related care coverage or exclusion would be listed or explained to you.

UW Health knows that gender-affirming/transition-related care is medically necessary, and that denials of insurance coverage for these services can cause real and serious harm to our TNBGNC patients. If you are denied coverage for this necessary care, your provider can advocate for you, including filing appeals with your insurance company to work for coverage.

Why can't my UW Health provider use a different code so that my insurance does not discriminate against me and I'm not "outed?"

It is illegal for a provider to intentionally use a code that is different or less specific to increase the likelihood of insurance coverage. Your provider has to use the most specific code they can to describe the main reason for your visit, which will sometimes be one of the gender-related codes.

How will visits that have nothing to do with my gender or transition be coded?

If your gender or transition are not discussed or the main reason you are getting care, your provider should not use a gender-related code for that visit. For example, if you see an Endocrinologist about your thyroid or go to an Urgent Care Clinic for a broken arm, the main reason for your visit is not related to your gender or transition. Because of this, those providers should not use any of the "Gender Dysphoria" codes for that visit.

A provider may add a KX modifier to one of the procedure codes in your chart at a visit that is not related to your gender or transition. Insurance companies traditionally consider certain tests, exams, and medication as specifically for one binary gender (men or women). If you receive any of these, and the gender on your medical chart and/or insurance plan is not the same as the gender the insurance company associates with that test, exam, or medication, the company will often refuse to pay for it. Your provider will add the letters "KX" to a standard code to show the insurance company that the service has been coded correctly for billing the necessary care.

The KX modifier helps make sure that you are able to get the care you need for the body parts you have, no matter which gender marker is on your medical chart or insurance plan. For example, the KX modifier will help you to get a pap smear, prostate exam, breast/chest exam, prenatal care, and many other tests, exams, and medications covered by insurance.

If you are intersex or have a Difference of Sexual Development (DSD), providers may also use the KX modifier to make sure you get the care you need.

Will the gender-related code(s) be in my medical chart forever?

Yes. Codes are not removed from your medical records after a certain length of time or event. This is true even if you change the gender marker on your medical chart and your insurance. If you or your provider(s) see an error in your medical chart, you can request an amendment to it. This process is explained on the next page of this guide.

How can I get a copy of my medical chart to see what is in it?

There are several ways to look at your medical chart.

First, you can go on MyChart at uwhealthmychart.org/mychart to see what is included. Right now, MyChart does not show you your full medical chart. UW Health is working to make MyChart more useful and show you more of what your provider writes in your medical chart in the near future.

Second, you can ask your provider to show you how it appears to them at your next visit. This will give you a better idea of what they and other providers can see, what the problem list looks like, and what notes might be included.

Finally, if you want to see your full medical chart, you can request it by visiting uwhealth.org/patientrecords rather than waiting for your next appointment. There is a \$6.50 flat fee to get a copy of the electronic part of your record, as well as a \$0.07/page fee for any paper part of your record.

What can I do if I feel like something has been coded incorrectly in my medical chart?

You can request an amendment to your medical record through UW Health Information Management if you believe something is wrong. For more information, go to uwhealth.org/patientrecords. You can also call (608) 662-0821 to ask questions or get help with your request.

There is no charge to request an amendment to your medical record, and you will receive a response within 30-60 days, depending on what you are asking to have amended. However, there are several reasons that your request could be denied, including if the provider who entered the information believes that it is accurate.

What if my insurance denies something I think it should have covered?

You can work with your provider to file an appeal to try to get your care paid for by your insurance plan.

First, get some information from your insurance company. Call and ask for this information: 1) the reason(s) that your care was not covered; 2) the specific appeal process for your company; and 3) the timeline for the appeal. This information can help your provider appeal the denial to address the reason the insurance company refused to cover your care.

Talk with the provider that gave you the care that was rejected by your insurance company. Your provider can then write an appeal to the insurance company that says why the care you received was medically

necessary. You can also contact UW Health Patient Relations for more information about or help with insurance appeals at (608) 263-8009.

More information about your options if your insurance company continues to deny coverage:

- Wisconsin Office of the Commissioner of Insurance: ociaccess.oci.wi.gov/complaints/public
- Office for Civil Rights of the U.S. Department of Health and Human Services: hhs.gov/civil-rights/filing-a-complaint/index.html

What can I do to advocate for change to what my insurance covers?

The Affordable Care Act (ACA), also called “Obamacare,” requires that all private and public insurance companies do not discriminate against people based on sex, which has been interpreted to include TNBGNC people. This rule means that all insurance would be required to cover all gender-affirming and transition-related care. There have been legal challenges to this interpretation. If you are interested in learning more about the current state of laws around insurance coverage for gender-related services, please go to <https://transequality.org/know-your-rights/healthcare>.

You can advocate with your insurance company directly, asking it to cover gender-affirming/transition-related care in all of its plans. This can be more effective if you organize with other TNBGNC people and supporters, as well as companies or municipalities (cities, counties, etc.) who are current, former or potential future customers. Together, you can call, email, and send letters demanding that this care be covered. Having individual and group (company/municipality) customers asking for this coverage or stating that they will leave without the coverage being added in the next year can sometimes be enough for the insurance company to make changes.

If I have concerns about or feedback for UW Health about the gender-related coding, who should I speak to?

Please contact UW Health Patient Relations at (608) 263-8009. More information about your rights and responsibilities as a patient can be found at uwhealth.org/patientrights.

You can also speak directly with your provider about your concerns or to get more information about how this coding may affect you as a patient.

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