

KX Modifier

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[↪ Terms and Conditions](#)

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Related Policies
None

Policy Summary

[↪ See Purpose](#)

Overview

This policy is applicable to the list below. Other uses of KX may be required and addressed in other policies as needed.

Supplier usage of the KX modifier identifies that the requirements identified in the medical policy have been met. Documentation is essential to support that the item is reasonable and necessary and that the specific coverage criteria specified in each policy have been met.

Below is a list of LCDs which include a KX modifier requirement for some or all items within that specific LCD. Use of the KX modifier with any other DMEPOS is inappropriate usage.

- Ankle-Foot/Knee-Ankle-Foot Orthosis
- Automatic External Defibrillators
- Cervical Traction Devices
- Commodes
- External Infusion Pumps
- Glucose Monitors
- High Frequency Chest Wall Oscillation Devices
- Hospital Beds
- Immunosuppressive Drugs
- Knee Orthoses
- Manual Wheelchair Bases
- Nebulizers
- Negative Pressure Wound Therapy Devices
- Oral Antiemetic Drugs (Replacement for Intravenous Antiemetics)
- Oral Appliances for Obstructive Sleep Apnea / Respiratory Assist Devices
- Orthopedic Footwear
- Patient Lifts
- Positive Airway Pressure Devices
- Power Mobility Devices
- Pressure Reducing Support Surfaces
- Refractive Lenses

- Speech Generating Devices
- Therapeutic Shoes for Persons with Diabetes
- Transcutaneous Electrical Nerve Stimulators (TENS)
- Urological Supplies
- Walkers
- Wheelchair Options and Accessories
- Wheelchair Seating

Guidelines

The KX modifier has differing requirements for usage depending on the specific Local Coverage Determination (LCD); suppliers should review the LCD/Article's carefully to understand the documentation requirements and the proper use of the KX modifier for each policy.

It is important to remember, if the requirements specified in the LCD/Article are not met the KX modifier must not be used.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code

[KX Modifier: HCPCS Code List](#)

Modifier	Description
KX	Requirements specified in the medical policy have been met

References

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	DME MAC
L33312 Wheelchair Seating	A52505 Wheelchair Seating – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY, MP
L33318 Knee Orthoses	A52465 Knee Orthoses – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY, MP

LCD	Article	Contractor	DME MAC
L33369 Therapeutic Shoes for Persons with Diabetes	A52501 Therapeutic Shoes for Persons with Diabetes – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY, MP
L33370 Nebulizers	A52466 Nebulizers – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY, MP
L33611 Oral Appliances for Obstructive Sleep Apnea	A52512 Oral Appliances for Obstructive Sleep Apnea – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY, MP
L33641 Orthopedic Footwear	A52481 Orthopedic Footwear – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY, MP
L33642 Pressure Reducing Support Surfaces – Group 2	A52490 Pressure Reducing Support Surfaces – Group 2 – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY, MP
L33686 Ankle-Foot/Knee-Ankle-Foot Orthosis	A52457 Ankle-Foot/Knee-Ankle-Foot Orthoses – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY, MP

LCD	Article	Contractor	DME MAC
L33690 Automatic External Defibrillators	A52458 Automatic External Defibrillators – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY, MP
L33692 Pressure Reducing Support Surfaces – Group 3	A52468 Pressure Reducing Support Surfaces – Group 3 – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY, MP
L33718 Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea	A52467 Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY, MP
L33736 Commodes	A52461 Commodes – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY, MP
L33739 Speech Generating Devices (SGD)	A52469 Speech Generating Devices (SGD) – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY, MP
L33785 High Frequency Chest Wall Oscillation Devices	A52494 High Frequency Chest Wall Oscillation Devices – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY, MP

LCD	Article	Contractor	DME MAC
L33788 Manual Wheelchair Bases	A52497 Manual Wheelchair Bases – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY, MP
L33789 Power Mobility Devices	A52498 Power Mobility Devices – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY, MP
L33791 Walkers	A52503 Walkers – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY, MP
L33792 Wheelchair Options/Accessories	A52504 Wheelchair Options/Accessories – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY, MP
L33793 Refractive Lenses	A52499 Refractive Lenses – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY, MP
L33794 External Infusion Pumps	A52507 External Infusion Pumps – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY, MP

LCD	Article	Contractor	DME MAC
L33799 Patient Lifts	A52516 Patient Lifts – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY, MP
L33800 Respiratory Assist Devices	A52517 Respiratory Assist Devices – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY, MP
L33802 Transcutaneous Electrical Nerve Stimulators (TENS)	A52520 Transcutaneous Electrical Nerve Stimulators (TENS) – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY, MP
L33803 Urological Supplies	A52521 Urological Supplies – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY, MP
L33820 Hospital Beds and Accessories	A52508 Hospital Beds and Accessories – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY, MP
L33821 Negative Pressure Wound Therapy Pumps	A52511 Negative Pressure Wound Therapy Pumps – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY, MP

LCD	Article	Contractor	DME MAC
L33822 Glucose Monitors	A52464 Glucose Monitor – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY, MP
L33823 Cervical Traction Devices	A52476 Cervical Traction Devices – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY, MP
L33824 Immunosuppressive Drugs	A52474 Immunosuppressive Drugs – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY, MP
L33827 Oral Antiemetic Drugs (Replacement for Intravenous Antiemetics)	A52480 Oral Antiemetic Drugs (Replacement for Intravenous Antiemetics) – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY, MP
L33830 Pressure Reducing Support Surfaces – Group 1	A52489 Pressure Reducing Support Surfaces – Group 1 – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY, MP

CMS Benefit Policy Manual

[Chapter 5 Part B Outpatient Rehabilitation and CORF/OPT Services](#)

MLN Matters

[Article MM5916, Adjudicating Claims for Immunosuppressive Drugs When Medicare Did Not Pay for the Original Transplant](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none">Reformatted policy; transferred content to new template
05/13/2020	Applicable Codes <i>HCPCS Codes</i> Ankle-Foot/Knee-Ankle-Foot Orthosis <ul style="list-style-type: none">Added HCPCS code L2006 External Infusion Pumps <ul style="list-style-type: none">Added HCPCS code E0787 Wheelchair Options/Accessories <ul style="list-style-type: none">Added HCPCS code E2398 Supporting Information <ul style="list-style-type: none">Archived previous policy version MPG360.04

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LGAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage

Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).