



Modifier KX

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

The use of the KX modifier indicates that the requirements specified in the medical policy have been met. In addition to an appropriate HCPCS code for the Durable Medical Equipment (DME) item, many HCPCS codes require a modifier. These modifiers provide additional information about the item. The Centers for Medicare & Medicaid Services (CMS) has designated that the use of the KX modifier will indicate whether the applicable payment criteria are met. If oxygen and oxygen equipment (codes E0424-E0447, E1390-E1392, E1405-E1406, K0738) are not reported with an appropriate modifier, the item will be denied due to missing information.

KX Modifier = Documentation on File

- The KX modifier should be added to the code to indicate that specific required documentation is on file to support the medical necessity of the oxygen or oxygen equipment.
- Documentation must be available upon request.

Local Coverage Article

Oxygen and Oxygen Equipment - Policy Article (A52514)

CGS Administrators, LLC, DME MAC, 18003 - DME MAC, J-C:

This policy applies to the following regions:

- Alabama
- Arkansas
- Colorado
- Florida
- Georgia
- Louisiana
- Mississippi
- New Mexico
- North Carolina
- Oklahoma
- Puerto Rico
- South Carolina
- Tennessee
- Texas
- Virgin Islands
- Virginia
- West Virginia



Molina Oxygen and Oxygen Equipment KX Modifier Policy 10361

Oxygen and oxygen equipment (codes E0424-E0447, E1390-E1392, E1405-E1406, K0738) are not payable when billed without the KX modifier.

Documentation History

Type	Date	Action
Effective Date	11/20/2020	New Policy
Revised Date	10/19/2022	Reviewed link
Revised Date	08/16/2023	Verified links- TP
Revised Date	12/12/2024	Updated the templated and verified the links

References

Government Agencies

<https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleid=52514>

CODING DISCLAIMER. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed