

Age to Diagnosis Code & Procedure Code Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses 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.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid Products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

This policy addresses edits involving diagnosis (ICD10-CM) codes and CPT® codes with age limitations. Age designations are assigned to select World Health Organization (WHO) International Classification of Diseases, Tenth Revision ICD10-CM) codes based on code descriptions or on publications and guidelines from sources such as professional specialty societies, the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA) or the AHA (American Hospital Association) Coding Clinic.

Reimbursement Guidelines

UnitedHealthcare Community Plan develops edits for age for certain codes based on code descriptions, publications and guidelines from sources such as professional specialty societies or similar institutions and from the entities that create the codes (WHO, CMS, AMA). These guidelines can be either definitive or interpretive.

UnitedHealthcare Community Plan will apply age edits when diagnosis &/or procedure codes are reported for the appropriate patient's age. Diagnosis &/or procedure codes reported inappropriately will be considered billing errors and will not be reimbursed.

State Exceptions	
Arizona	Arizona Medicaid uses customized, state identified age lists which are included in this policy. Arizona Medicaid requires review of documentation and authorization before denying for inappropriate age.
Hawaii	HI Medicaid allows: <ul style="list-style-type: none"> • B4160 & B4161 for members regardless of age.
Iowa	IA Medicaid allows: <ul style="list-style-type: none"> • HCPCS S5136 with modifier UA, U1-U7 and HI for members under 18 years of age receiving RBSCCL (Residential-Based Supported Community Living) services.
Kansas	Kansas Medicaid allows: <ul style="list-style-type: none"> • Coverage of code 90651 for ages 9-45 years old.
Michigan	Michigan Medicaid allows: <ul style="list-style-type: none"> • CPT codes 90620 and 90621 can be used for members up to 26 years of age. • CPT code 90647 for members 6 weeks to 260 weeks (5 years) of age.
Missouri	Missouri Medicaid allows: <ul style="list-style-type: none"> • HCPC Q4001 & Q4002 for members under the age of 11 years • CPT 90647 for members 6 weeks to 59 months of age • Diagnosis codes Z00.121 and/or Z00.129 when billed with 99385-EP or 99395-EP for members birth through age 20 years.
Nebraska	Nebraska Medicaid allows: <ul style="list-style-type: none"> • Breast pump codes E0602, E0603 & E0604 can be billed under the mother or the baby's ID (male or female). • When covered members are the unborn child and the age on the claim is zero, the claim is excluded from this policy. • CPT code 90674 for members 6 weeks to 156 weeks (2 years) of age.
Texas	Texas Medicaid under THSteps allows: <ul style="list-style-type: none"> • Diagnosis code Z23 for immunizations administered during a checkup for members birth through age 20.
Washington	Washington Medicaid: <ul style="list-style-type: none"> • Has no age restrictions on CPT 90687 • CPT 99429 and 99499 when billed with a DA modifier is limited to ages 0 through 5 years old.
Wisconsin	Wisconsin Medicaid allows: <ul style="list-style-type: none"> • There is no age restrictions on CPT codes: 90756, 90746, 90744, 90743, 90734, 90732, 90723, 90716, 90715, 90714, 90713, 90710, 90707, 90702, 90700, 90698, 90696, 90688, 90686, 90685, 90681, 90680, 90673, 90672, 90661, 90660, 90658, 90657, 90656, 90655, 90650, 90649, 90648, 90647, 90644, 90636, 90633, 90632.

Definitions	
Definitive Source	Definitive sources contain the exact codes, modifiers or very specific instructions from the given source.
Interpretive Source	An edit source that includes guidelines; however, no exact or specific code or modifier information is listed. Therefore, an interpretation must be made as to what codes correlate to the guidelines. Additionally, an interpretation may be applied to surrounding or similar codes based on related definitively sourced edits.

Questions and Answers

1	<p>Q: How does UnitedHealthcare Community Plan handle a claim that includes codes not reimbursed due to Age edits if the codes were reported in error?</p> <p>A: Age edits are utilized by UnitedHealthcare Community Plan to avoid incorrect payments due to billing and data entry errors. UnitedHealthcare Community Plan intends to reimburse all services performed that are billed with proper coding in accordance with its reimbursement policies and benefit or provider contracts. Therefore, UnitedHealthcare Community Plan will consider for payment a claim that is resubmitted with codes that denote the appropriate age of the patient.</p>
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Attachments

UnitedHealthcare Community Plan ICD-10 to Age Policy List	ICD-10 codes with designated age ranges.
Arizona Medicaid ICD-10 to Age Policy List	ICD-10 codes with designated age ranges for Arizona Medicaid.
UnitedHealthcare Community Plan CPT to Age Policy List	CPT codes with designated age ranges.
Arizona Medicaid CPT to Age List	CPT codes with designated age ranges for Arizona Medicaid

Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®) Professional Edition* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

History

4/19/2020	Policy Version Change Attachment Section: UnitedHealthcare Community Plan CPT to Age Policy List updated State Exceptions: Michigan, Wisconsin, and Nebraska verbiage updated
4/5/2020	Policy Version Change Attachment Section: Arizona Medicaid ICD-10 to Age Policy List and Arizona Medicaid CPT to Age List, both updated
2/23/2020	Policy Version Change Attachment Section: UnitedHealthcare Community Plan CPT to Age Policy List
2/4/2020	Policy Version Change

	State Exceptions section: Washington and Michigan state exceptions updated
1/16/2020	Policy Version Change State Exceptions section: Washington state exceptions updated History Section: Entries prior to 1/1/2018 archived
1/1/2020	Policy Version Change Attachment Section: UnitedHealthcare Community Plan CPT to Age Policy List updated
12/6/2019	Annual Anniversary Date and Version Change Preamble: Updated verbiage History Section: Entries prior to 1/1/2017 archived
8/6/2019	Updated: Arizona Medicaid ICD-10 to Age Policy List, Arizona Medicaid CPT to Age List and UnitedHealthcare Community Plan CPT to Age Policy List
7/10/2019	Wisconsin Medicaid exception verbiage updated
5/19/2019	Arizona Medicaid ICD-10 to Age Policy List updated
3/1/2019	Kansas state exceptions updated
1/24/2019	Kansas state exceptions removed
11/18/2018	CPT codes with designated age ranges Arizona Medicaid updated
10/29/2018	Missouri state exceptions updated Texas state exceptions updated
9/23/2018	Iowa state exceptions updated
8/19/2018	Arizona Medicaid CPT to Age List and UnitedHealthcare Community Plan CPT to Age Policy List updated Washington state exceptions added
7/9/2018	UnitedHealthcare Community Plan CPT to Age Policy List updated
5/20/2018	Annual Policy Version Change State Exception: Hawaii state exception added. Arizona Medicaid ICD-10 to Age Policy List updated Arizona Medicaid CPT to Age List updated UnitedHealthcare Community Plan CPT to Age Policy List updated
5/19/2008	Implementation by UnitedHealthcare Community Plan

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