

Age to Diagnosis Code & Procedure Code Policy, Professional for Louisiana

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 reimbursement policies may 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.

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.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare 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 enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, 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 due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare 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.

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>

Attachments	
LA ICD-10 to Age Policy List	ICD-10 codes with designated age to be used on or after date of service October 1, 2015.
LA CPT to Age Policy List	CPT codes with designated age ranges

Resources	
Individual state Medicaid regulations, manuals & fee schedules	
American Medical Association, <i>Current Procedural Terminology (CPT®) Professional Edition</i> 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	
3/30/2025	Policy Version Change Attachment Section: Updated LA ICD-10 to Age Policy List
2/9/2025	Policy Version Change Attachment Section: Updated CPT to Age Policy List History Section: Entries prior to 8/20/2023 archived
11/10/2024	Policy Version Change Attachment Section: Updated CPT to Age Policy List
8/20/2023	Policy Version Change

	Header: Updated Branding Attachment Section: Updated CPT to Age Policy List
5/19/2008	Implementation by UnitedHealthcare Community Plan