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Procedure 1203- Age & Gender to Diagnosis Code

Lines of Business: All

Purpose: This guideline addresses the edits involving International Classification of Diseases (ICD) diagnosis codes with age and gender limitations and applies to services reported on the CMS 1500 and the UB Claim Forms or their electronic equivalents.

In addition, age and gender designations are assigned to select World Health Organization (WHO) ICD codes based on code descriptions or on publications and guidelines from sources such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), the American Hospital Association (AHA) Coding Clinic, or other professional specialty societies.

Procedure: Network Health develops edits for age and/or gender 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, and AHA). The guidelines can be either definitive or interpretive.

A **definitive source** is defined as sources that contain the exact codes, modifiers or very specific instructions from the source.

An **interpretive source** is defined as 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.

In addition, Network Health will utilize claims editing software to generate reports in order to identify claims with CPT codes that are incompatible with gender type. CPT codes reported inappropriately will be considered billing errors and denied retrospectively.

Revised/approved: 12/2009; 12/2011; 11/2012; 02/2014, 10/2014; 05/2016