

## **Policy 1203**

### **NHP/NHIC ~ Age & Gender to Diagnosis Code Policy**

**Purpose:** This policy addresses edits involving 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) International Classification of Diseases (ICD) 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 American Hospital Association (AHA) Coding Clinic.

**Policy and Procedure:** Network Health Plan/Network Health Insurance Corporation (NHP/NHIC) 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). 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, NHP/NHIC 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.

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**This policy is not a guarantee of coverage or payment. The claim(s) will be denied if it does not meet with all the terms and provisions of the members Certificate of Coverage. Actual benefits will be determined when the claim(s) or bill(s) are submitted to NHP/NHIC. NHP/NHIC reserves the right to periodically review and update all claims policies and procedures.**

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