Keystone First
Community HealthChoices

Diagnosis Procedure Age Guidelines

Reimbursement Policy ID: RPC.0030.72KF

Recent review date: 12/2025

Next review date: 07/2026

Keystone First Community HealthChoices reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. Keystone First Community HealthChoices may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy addresses age-specific coding edits involving select diagnosis and procedure codes from International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM), and ICD-10-PCS) ICD-10 Procedure Code System (ICD-10-PCS), the Current Procedural Terminology (CPT) code set, and the Healthcare Common Procedure Coding System (HCPCS) that have age limitations.

Appliable age ranges for diagnosis and procedure codes are determined based on code descriptions, published coding guidelines, and publications from sources such as professional specialty societies, the World Health Organization (WHO), the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA) and the American Hospital Association (AHA) Coding Clinic.

Exceptions

N/A

Reimbursement Guidelines

Keystone First Community HealthChoices applies claim edits for age to 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 (e.g., WHO, CMS, AMA). As shown in the examples below, procedure-age edits apply when diagnosis and/or procedure codes are reported inappropriately for the patient's age. Diagnosis and procedure age conflicts are considered billing errors and will not be reimbursed.

EXAMPLES:

ICD-10	HCPCS/CPT	Member Age	Outcome and Rationale
Z00.00	99202	10 years	DENY - Diagnosis code “Encounter for general *adult* medical examination with abnormal findings” is inappropriate for a ten-year-old per diagnosis code description.
N40.2	99383	8 years	DENY - Diagnosis of benign prostate hypertrophy applies only to adults aged 15 to 124 years per diagnosis code description.

Definitions

N/A

Edit Sources

I. Current Procedural Terminology (CPT).
II. Healthcare Common Procedure Coding System (HCPCS) .
III. International Classification, 10th revision, Clinical Modification (ICD-10-CM), https://www.cms.gov/files/document/fy-2024-icd-10-cm-coding-guidelines.pdf.
IV. International Classification, 10th revision, Procedure Code System (ICD-10-PCS), https://www.cms.gov/files/document/2024-official-icd-10-pcs-coding-guidelines.pdf.
V. The National Correct Coding Initiative (NCCI).
VI. Corresponding Keystone First Community HealthChoices Clinical Policies.
VII. Applicable Keystone First Community HealthChoices provider manual references.
VIII. Commonwealth of Pennsylvania Medicaid Program guidance.
IX. Commonwealth of Pennsylvania Medicaid Program fee schedule(s).

Attachments

N/A

Associated Policies

N/A

Policy History

12/2025	Reimbursement Policy Committee approval
11/2025	Annual policy review
06/2025	Minor updates to formatting and syntax

04/2025	Revised preamble
04/2024	Revised preamble
02/2024	Reimbursement Policy Committee Approval
06/2023	Policy Implemented by Keystone First Community HealthChoices
06/2023	Reimbursement Policy Committee Approval
01/2023	Template revised • Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section