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.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's 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 may 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.

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State Exceptions	
Arizona	Arizona utilizes a customized, state identified age list and requires review of both documentation and authorization before denying for inappropriate age. Per state regulations CPT 90678 is reimbursable for adults 60 years and older, or pregnant patients at 32–36 weeks gestation.
Florida	Florida Medicaid HCBS allows: • B4160, B4161, B4162 for ages 0 days – 999 years
Hawaii	HI Medicaid allows: • B4160 & B4161 for members regardless of age
Indiana	Indiana Medicaid allows coverage of codes as follows: • 49491 and 49492 for ages 0 to 6 months • 90681 for ages 0 to 2 years • 90633 and 90634 for ages 0 to 18 years • 97151 and 97152 for ages 0 to 20 years • 46750, 46760, 46761, Q4001 and Q4002 for ages 15 to 999 years • G0296 for ages 50 to 80 years • A9513 for ages 12 to 999 years • J9329 for ages 18 to 999 years
Kansas	Kansas Medicaid allows: • CPT 90382 for ages 0-7 months • CPT 90623, 90624 for ages 10-999 years • CPT 90382 for ages 0-7 months • CPT 90651 for ages 9-45 years • CPT 90653, 90662, 90670, 90671, 90677, 90686, 90688, 90707, 90716 for ages 0-999 years • CPT 90673 for ages 9-999 years • CPT 90678 for ages 9-49 years, w/ a gestation dx, or 50-999 years • CPT 90683 for ages 50-999 years • CPT 90697 for ages 0-18 years • CPT 90684, 90750 for ages 19-999 years • CPT 61885, 61888, 64568, 64569, 64570, 90710 for ages 4-999 years • CPT 91318 for ages 0-4 years • CPT 91323 for ages 12-999 years • CPT 71271 and HCPCS G0296 for ages 50-77 years • CPT 91321 for ages 0-11 years • CPT 96380, 96381 and HCPCS S1040 for ages 0-2 years • CPT 28296, 96112, 96113, 96127 and HCPCS A9274, A9276, A9277, A9278, T1029 for ages 0-20 years • CPT 99483 for ages 21-999 years • HCPCS A4288 for ages 12-55 years
Kentucky	Kentucky Allows: 90632 for ages 18-999 years 90649 and 90651 for ages 9-26 years 90657 for ages 6 months-999 years 90678 for ages 60-999 years 90700 and 90702 for ahes 0 years – 7 years 90744 for ages 0 years – 20 years 90678 for DX Z3A32 – Z3A36 for ages 9-64 years A7520, A7521, B4088 when billed with modifier U2 are only allowed for ages 0-21
Maryland	Maryland Medicaid allows: • CPT 81528 for ages 45-85 • CPT 90710 for ages 4-999

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Michigan	Michigan Medicaid allows: • CPT code 90647 for members 8 weeks to 124 years of age • CPT codes G9871, G9880, G9881, G9886, G9887, G9888 for members 18 and over only. • CPT codes 90620 and 90621 for members 10-124 years.
Mississippi	Mississippi Medicaid allows: • CPT codes S9470 can be used for members 0 to 55 years of age • CPT codes L5826, L5973, L6711, L6712¸L6713, L6714, L7045, V2623, V2624, V2625, V2626 are covered for members from 0 to 20 years old. • CPT codes L7185, L7186, L7190 & L7191 doesn't have a age restriction.
Missouri	Missouri Medicaid allows: • HCPC A7507 for ages 0 to 20 years. • HCPC Q4001 & Q4002 for members under the age of 11 years • CPT Code 90647 for members 6 weeks to 59 months of age • CPT Code 90677, 91322 must be billed with modifier SL for ages 0-18 • CPT Codes 90867, 90868, 90869 for ages 15 to 999 • 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: • 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 90647 for members 6 weeks to 5 years • CPT 90677 can be used for members 0 days of age or greater • HCPCS Code H2000 and H2000 with mod 52 for members 0-20 years old • HCPCS codes H2013 and T2048 are only allowed for members from 0 to 20 years old
New Jersey	New Jersey Medicaid allows: • CPT code 3008F for ages 3-17 years
New Mexico	New Mexico Medicaid allows: • HCPCS code S9445 for members 0-5 years of age • HCPCS Code T1026 can be used for members of any age
New York	New York Medicaid allows: • CPT code 99401 for members 0-20 years of age • CPT code 90480 for members 19 and older • HCPCS G9919 and G9920 for members 0-65 years of age • CPT code 64582 for members 13 thru 17 years old allowed with DX codes G47.30, • G47.31, G47.33, G47.37, G47.39, Q90.0, Q90.1, Q90.2, Q90.9 • CPT code 64583 for members 13 thru 17 years old allowed with DX codes G47.30, G47.31, G47.33, G47.37, G47.39, Q90.0, Q90.1, Q90.2, Q90.9 • CPT code 64584 for members 13 thru 17 years old allowed with DX codes G47.30, G47.31, G47.33, G47.37, G47.39, Q90.0, Q90.1, Q90.2, Q90.9 • CPT code 64582 for members 18 and over allowed with DX codes G47.30, G47.31, G47.33, G47.37, G47.39 • CPT code 64583 for members 18 and over allowed with DX codes G47.30, G47.31, G47.33, G47.37, G47.39 • CPT code 64584 for members 18 and over allowed with DX codes G47.30, G47.31, G47.33, G47.37, G47.39
North Carolina	Provider should use the NCTracks Recipient Eligibility Verification function in the Provider Portal to verify enrollment information of the newborn and bill the appropriate health plan. When a child is enrolled in a health plan, that health plan will be visible to providers when they confirm the

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	child's eligibility. Providers should bill the health plan the child is enrolled in, regardless of whether they are in-network or out-of-network. North Carolina allows: • CPT 90694 for members 21 years and older • CPT 90707 and 90710 can be used for members 0 days of age or greater • CPT 99502 for members 0 to 60 days • HCPCS E0202 for members 0 to 31 days • CPT codes 99381-99385 and 99391-99395 must be billed with modifier EP for members 0-20 years of age unless FP modifier is billed on the claims. • CPT code 96161 must be billed with modifier EP for ages 0-20 and without modifier EP for ages 21+. • CPT codes B4100 and S8265 are only cover for members 0 to 20 years. • HCPCS code 0421U is only cover for members 45 years and older. • CPT codes 96127 must be billed with EP for ages 0-20 and without modifier EP for ages 21+. • CPT codes 96160 must be billed with modifier EP for ages 11-20 and without modifier EP for ages 21+. • CPT code 96160 is not allowed for members ages 0-10. • CPT code 81515 is only cover for members 14+. • CPT code 96127 with FP modifier is only allowed with diagnosis code Z1331 or Z1332.
Ohio	Ohio Medicaid allows: • Diagnosis code Z62.21 for members 0 through 20 years of age
Rhode Island	Rhode Island Medicaid allows: • CPT 99385 can be used for members 5 through 11 years of age • CPT 99395 can be used for members 18 through 20 years of age
Tennessee	Tennessee Medicaid allows: • CPT codes 98960, 98961 & 98962 with modifier U8 regardless of age
Texas	Texas Medicaid under THSteps allows: • Diagnosis code Z23 for immunizations administered during a checkup for members birth through age 20 Refer to **Texas Medicaid CPT to Age list** for state specific age requirements
Virginia	Virginia Medicaid allows: • CPT 71271 and G0296 for members 50 to 80 years of age • CPT codes 90380 and 90381 can be used for members of any age • CPT 91317 can be used for members of any age • CPT codes 90649, 90650 and 90651 can be used regardless of age • H0023 when billed with diagnosis R69 for member age 0 to 7 years • L3206 can be used for members of any age • L3207 can be used for members of any age • 90661 allowed for members of any age • 99188 allowed for age 6 years and under
Washington	Washington Medicaid allows: • 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 • CPT 99429 when billed with modifier CR • B4102, B4103, B4158, B4159, B4160, B4161, B4162 when billed with BA modifier for all ages ○ B4102, B4103, B4158, B4159, B4160, B4161, B4162 when billed with BO modifier should retain the 0-21 age restriction • 90679 and 90736 for ages 60 years and older

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	• 90750 for age 50 years and older • 90684 for age 19 years and older • CPT 82233, 82234, 83884, 84393, 84394 for age 55 years and older • CPT 96110, 96160, 96127, 96161 when billed with U1 or U2 modifier is limited for ages 0-20 years old
Wisconsin	Wisconsin Medicaid allows: • There is no age restrictions on codes: 3008F, 90632, 90633, 90636, 90644, 90647, 90648, 90649, 90650, 90655, 90656, 90657, 90658, 90660, 90661, 90672, 90673, 90680, 90681, 90685, 90686, 90688, 90696, 90698, 90700, 90702, 90707, 90710, 90713, 90714, 90715, 90716, 90723, 90732, 90734, 90743, 90744, 90746, 90756

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

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?

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.

Attachments

Arizona Medicaid CPT to Age List	CPT codes with designated age ranges for Arizona Medicaid.
Arizona Medicaid ICD-10 to Age Policy List	ICD-10 codes with designated age ranges for Arizona Medicaid.
CPT to Age Policy List	CPT codes with designated age ranges.
ICD-10 to Age Policy List	ICD-10 codes with designated age ranges.
Texas Medicaid CPT to Age List	CPT Codes with designated age ranges for Texas Medicaid

Resources

Individual state Medicaid regulations, manuals & fee schedules

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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	
9/6/2026	Policy Version Change Attachment Section: Arizona Medicaid CPT to Age List updated History Section: Entries prior to 9/6/2024 archived
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7/26/2026	Policy Version Change State Exceptions Section: Michigan updated Attachment Section: Arizona Medicaid CPT to Age List and Arizona Medicaid ICD-10 to Age Policy List updated History Section: Entries prior to 7/26/2024 archived
7/19/2026	Policy Version Change State Exceptions Section: Nebraska updated Attachment Section: Arizona Medicaid CPT to Age List & CPT to Age policy List updated History Section: Entries prior to 7/19/2024 archived
6/12/2026	Policy Version Change State Exceptions Section: Maryland updated History Section: Entries prior to 6/12/2024 archived
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1/18/2026	Policy Version Change State Exceptions Section: Texas updated History Section: Entries prior to 1/18/2024 archived
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11/23/2025	Policy Version Change State Exceptions Section: Kansas updated Attachment Section: Arizona Medicaid CPT to Age List updated History Section: Entries prior to 11/23/2023 archived
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7/20/2025	Policy Version Change Attachment Section: Arizona Medicaid CPT to Age List updated
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2/23/2025	Policy Version Change State Exceptions Section: Kansas and Texas updated
2/16/2025	Policy Version Change State Exceptions Section: Mississippi updated Attachments Section: Updated Arizona Medicaid ICD-10 to Gender Policy List
2/9/2025	Policy Version Change State Exceptions Section: North Carolina Updated Attachments Section: Updated Arizona Medicaid CPT to Age List
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