



## Corporate Medical Policy

### Consistency Guidelines

**File Name:** consistency\_guidelines  
**Policy Number:** ADM9030  
**Origination:** 01/2000  
**Last Review:** 03/2006

**Active policy, no longer scheduled for routine literature review.**

#### Description of Procedure or Service

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- Claim review for appropriateness of member age with the services provided.
- Claim review for appropriateness of member sex with the services provided.
- Claim review for lifetime procedure duplication.

#### Policy for Blue Care, Blue Choice, Blue Options, Blue Advantage and Classic Blue Products

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Services provided will be reviewed for appropriateness of member's age and sex.

**Addition of Alternate Code; if a conflict is noted between the member's age or sex and the services provided, the incorrect procedure is assigned a denial status code of 'AGE' or 'SEX' depending on the type of conflict, and the appropriate procedure code for the member's age or sex will be added whenever possible.**

Services provided will be reviewed for history of similar procedure.

#### Benefits Application

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Please refer to Certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy.

#### When it is covered

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- Gender-specific procedures provided for a member of the appropriate sex will be allowed.
- Age-specific procedures provided for a member in the appropriate age range will be allowed.

#### When it is not covered

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- Services will not be allowed if the claim indicates that gender-specific services have been provided to a
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member of the opposite sex.

- Services will not be allowed if the claim indicates that age-specific services have been provided to a member not in the appropriate age range.
- Services will not be allowed if the claim indicates that a surgical procedure was performed on a patient who has previously had that organ removed. (e.g., cholecystectomy, hysterectomy).

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- Whenever possible, the correct code for the member's age or sex will be added when claims are filed with conflicts with the member's age or sex.
- Services inappropriate for the member's age or sex will not be allowed.
- Claims for services performed on individuals who have previously had that organ removed will not be allowed.

### Billing/Coding/Physician Documentation Information

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This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable code:*

*Claims denied due to conflict between the services provided and the member's age or sex must be resubmitted with the correct procedure codes.*

### Policy Key Words

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Key Words: *ADM9030*, Consistency, age, sex

### Medical Term Definitions

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**Not Applicable**

### Scientific Background and Reference Sources

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Not Applicable.

Medical Policy Advisory Group - 9/2001

Medical Policy Advisory Group - 10/2003

Medical Policy Advisory Group - 03/10/2005

Medical Policy Advisory Group - 03/24/2006

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### Policy Implementation/Update Information

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- 1/00 Implementation
- 3/00 Reference to Blue Edge removed.
- 5/01 Changes in formatting.
- 9/01 Medical Policy Advisory Group review. No changes in policy.
- 11/01 Coding format change.
- 11/02 Policy reviewed. No changes in policy.
- 12/02 Policy reviewed and typo's corrected.
- 10/03 Medical Policy Advisory Group review. Information added to Billing and Coding section and to Benefit Application section. Information added regarding when codes may be added to the claim for inappropriate code submission.
- 11/03 Corrected Benefit Application section. Added information regarding services provided for patients who have previously had that organ removed.
- 4/07/05 Medical Policy Advisory Group reviewed policy on 03/10/2005. No changes in policy.
- 5/08/06 Medical Policy Advisory Group review 3/24/06. No change to policy criteria. Policy number added to the Key Words Section.
- 3/26/07 Under the section, "Policy for", added Blue Advantage. Medical Policy reviewed by Senior Medical Director of Network Support. Policy status changed to: "Active policy, no longer scheduled for routine review".

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Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.