



Dear provider:

Prestige Health Choice periodically updates its policies and claims payment systems to be aligned with correct-coding initiatives. Effective 02/27/2018 Prestige Health Choice will enforce the below International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification (ICD-10-CM) guidelines.

The following updates are in response to ICD-10-CM coding guidelines:

- Excludes 1 notes.
- Code laterality.

An Excludes 1 note indicates that the excluded code identified in the note should never be used at the same time as the code or code range listed above the Excludes 1 note. An Excludes 1 note is used to indicate when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition. These conditions are mutually exclusive code combinations. For more information please refer to ICD-10-CM coding guidelines.

The ICD-10-CM code set has laterality built into code Topic Descriptions. Some ICD-10-CM codes specify whether the condition occurs on the left or right, or is bilateral. If no bilateral code is provided and the condition is bilateral, then codes for both left and right should be assigned. If the side is not identified in the medical record, then the unspecified code should be assigned.

The Diagnosis-to-Modifier comparison will assess the lateral diagnosis associated to the claim line to determine if the procedure modifier matches the lateral diagnosis.

The Diagnosis-to-Diagnosis comparison assesses lateral diagnoses associated to the same claim line to determine if the combination is inappropriate, for example, if both left and right codes are billed when a bilateral code is available.

If you have any questions about this letter please contact Provider Services at **1-800-617-5727**.

Sincerely,  
Prestige Health Choice