

# Correct Laterality ICD-10-CM Diagnosis Coding Policy- EmblemHealth

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According to the ICD-10-CM Manual guidelines, some diagnosis codes indicate laterality, specifying whether the condition occurs on the left or right, or is bilateral.

One of the unique attributes to the ICD-10-CM code set is that laterality has been built into code 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.

Beginning January 1, 2019, EmblemHealth will implement two claim edits associated with laterality diagnosis coding.

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

Example: LINE 1: DIAG1: M79.672 (Pain left foot) DOS: 10/20/2018 CPT: 10060 (Incision and drainage of abscess) MOD: RT UNITS: 1

Explanation: The diagnosis code is inappropriately coded. M79.672 indicates pain in left foot, but the modifier indicates right foot; therefore, the claim line will be denied since the provider should have billed diagnosis M79.671 (Pain in right foot) instead.

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### Cont'd

2. Diagnosis-to-Diagnosis – The Diagnosis-to-Diagnosis comparison assesses lateral diagnoses associated to the same claim line to determine if the combination is inappropriate.

Example: LINE 1: DIAG1: (Swimmer's ear, right ear) DIAG2: H60.333 (Swimmer's ear, bilateral) DOS: 10/30/2018 CPT: 69000 (Drainage external ear, abscess or hematoma; simple) MOD: 50 UNITS: 1

Explanation: The provider is billing duplicative, redundant diagnoses. Only diagnosis H60.333 should have been billed; therefore, the claim line will be denied.