



Aetna Better Health® of Louisiana

Reimbursement Policy Statement Louisiana Medicaid

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<b>01-01-2018</b>	<b>04-20-2019</b>	<b>04-20-2018</b>
<b>Policy Name</b>		<b>Policy Number</b>
<b>Diagnosis Code Guidelines-ICD10 Laterality</b>		<b>ABHLA-RP-0001</b>
<b>Policy Type</b>		
<b>Medical</b>	<b>Administrative</b>	<b>Pharmacy</b>
		<b>Reimbursement</b>

Aetna Better Health of Louisiana reimbursement policies are intended to provide a general reference for claims filing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims logic, benefits design and other factors not listed in this policy statement are considered in the development of reimbursement policies.

In addition to this Policy, reimbursement of rendered services are subject to member benefits, eligibility on the date of service, medical necessity, other plan policies and procedures, claim editing logic, provider contracts and all applicable authorization, notification and utilization management guidelines set forth by the Louisiana Department of Health (LDH) and the Centers for Medicare and Medicaid Services (CMS).

This policy does not ensure either an authorization or reimbursement of services. Please refer to the plan contract for the service(s) referenced therein. If there is a conflict between either this policy or the plan contract, then the plan contract will be the controlling document used to make an authorization or payment determination.

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### A. Policy

Aetna Better Health of Louisiana implements comprehensive and robust policies to ensure alignment with Louisiana Department of Health (LDH) and to warrant that regulatory standards are met.

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. The CPT code modifier at the line level should be consistent with the ICD diagnoses. This policy is reflected in our system configuration which is aligned with the LDH Provider Manual. Claims submitted with lack of specificity will be denied.

### B. Overview

The International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) represents a significant improvement over ICD-9-CM. Specific improvements include: the addition of information relevant to ambulatory and managed care encounters; expanded injury codes; the creation of combination diagnosis/symptom codes to reduce the number of codes needed to fully describe a condition; the addition of sixth and seventh characters; incorporation of common 4th and 5th digit sub classifications; laterality; and greater specificity in code assignment. The new structure will allow further expansion than was possible with ICD-9-CM.

### C. Reimbursement Guidelines

Some ICD-10-CM codes indicate laterality, specifying whether the condition occurs on the left, the right, or is bilateral. If no bilateral code is provided and the condition is bilateral, assign separate codes for both the left and right side. If the side is not identified in the medical record, assign the code for the unspecified side.

When a patient has a bilateral condition and each side is treated during separate encounters, assign the bilateral code for the first encounter because the condition exists on both sides. For the second encounter assign the appropriate unilateral code for the side where the condition still exists because the condition no longer exists from the first treatment. If the treatment on the first side did not completely resolve the condition, then the bilateral code would still be appropriate.

For example, when a cataract surgery is performed on each eye in separate encounters and the first encounter treats the right eye. The treatment for the right eye would be assigned a bilateral code. When the second treatment on the left eye is performed, the code for the left eye only would be used since the right eye no longer has cataract.



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### D. Clinical Evidence

1. Centers of Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov))
2. International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)
3. Centers for Medicare and Medicaid Services ([www.cms.gov](http://www.cms.gov))

### E. Codes/Conditions of Coverage

International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)

### F. Related Policies/Rules

ICD-10-CM Manual

### G. Review/Revision Date

Action	Date	Comments
Date Issued	01-01-2018	
Date Revised	04-11-2018	
Effective Date	04-20-2018	

### H. References

Department of Health & Hospitals State of Louisiana – ICD-10  
[http://www.lamedicaid.com/provweb1/HIPAA/ICD-10\\_Index.htm](http://www.lamedicaid.com/provweb1/HIPAA/ICD-10_Index.htm)

Louisiana Department of Health State Contract, regulations, Provider Manual, fee schedules and notices  
<http://www.lamedicaid.com/provweb1/Providermanuals/manuals/PS/PS.pdf>

Individual state Medicaid regulations, manuals & fee schedules  
[http://www.lamedicaid.com/provweb1/fee\\_schedules/feeschedulesindex.htm](http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm)

American Medical Association, Current Procedural Terminology ( CPT® ) Professional Edition and associated publications and services  
<https://www.ama-assn.org/>

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services  
<https://www.cms.gov/>