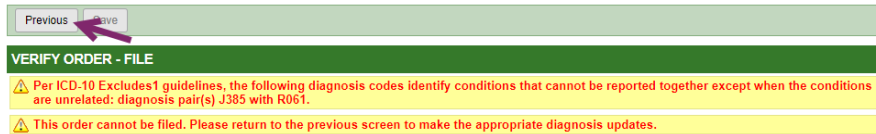


A notification now appears when an order contains a combination of ICD-10 codes that generate an Excludes 1 edit, instructing you to either correct the edit or indicate an exception. An Excludes 1 combination exists when 2 conditions cannot occur together, such as a congenital form and an acquired form of the same condition.

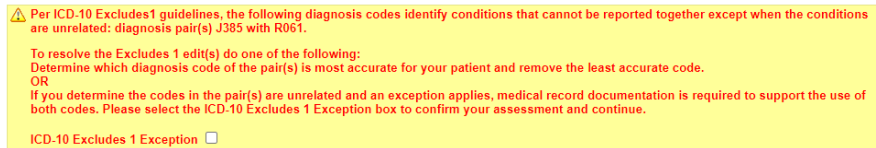
When an Excludes 1 combination is detected, you must edit the order to remove 1 of the codes referenced in the message before the order can be filed. Alternatively, you can select the *ICD-10 Excludes 1 Exception* check box and provide supportive documentation of an exception for the 2 conditions that are unrelated to each other.

**Note:** An order may contain multiple Excludes 1 combinations, requiring each to be resolved separately.

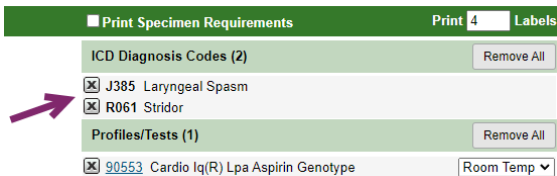
- 1 While placing an order, if the following ICD-10 Excludes 1 messages appear, you must click *Previous* to return to the first order entry page and resolve the edit. *The order cannot be filed until the edit is resolved.*



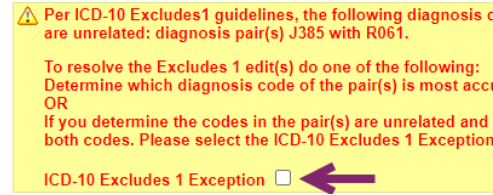
- 2 When you return to the first order entry page, review the instructions for resolving the edit.



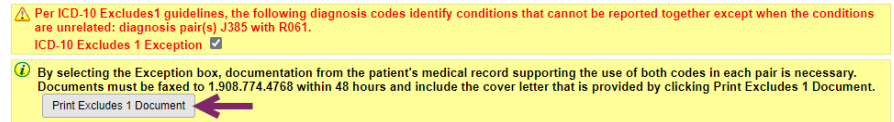
- 3 To resolve the edit, do one of the following as instructed:  
**Option 1:** Remove the **least accurate** diagnosis code of the pair, and then file the order.



- Option 2:** Select the *ICD-10 Excludes 1 Exception* check box to indicate that the conditions are unrelated to each other.



- 4 When you select the *ICD-10 Excludes 1 Exception* check box, you are instructed to provide (within 48 hours) documentation from the patient's medical record supporting the use of both codes. To print the instructional letter (containing the designated fax number for submitting the documentation), click *Print Excludes 1 Document*. The letter can be used as the fax cover sheet for the supporting medical records.



- 5 Review and complete the printed letter, and then fax the letter along with the supporting medical records to the number provided.

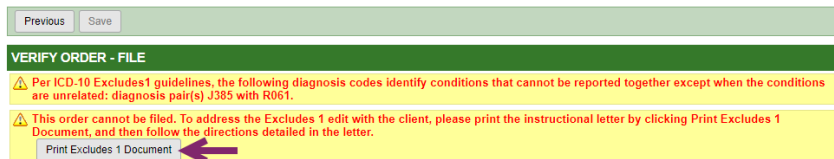


- 6 After the *ICD-10 Excludes 1 Exception* check box is selected, the order can be filed.

## Understanding the process for IOP users

If your practice has Quest in-office phlebotomists (IOPs) who place orders for you, the Excludes 1 process is slightly different. When an Excludes 1 message appears, an IOP user cannot continue with the order until they work with you (the client) to resolve the edit.

- 1 The IOP must click the *Print Excludes 1 Document* button that appears below the message and provide that letter to the client.



- 2 The client must complete the applicable fields on the letter to indicate the action to be taken by the IOP for the order.

The available options include: remove the least accurate diagnosis code of the pair, or select the *ICD-10 Excludes 1 Exception* check box to indicate that the conditions are unrelated to each other.

**INSTRUCTIONAL LETTER FOR EXCLUDES 1 EDIT RESOLUTION**

<p><b>01/20/2023</b>                  Lab Code: <b>ATL</b>                  Client Account Number: <b>97502840</b>  <b>TEST CLIENT (HQ) ATL</b>                  Ordering Provider: _____</p>	<p>Patient Name: _____                  Date of Birth: _____                  Patient ID: <b>20222</b>                  Date of Service: <b>01/20/2023</b>                  Internal User ID: _____</p>
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**PATIENT SERVICES REPRESENTATIVE ACTIONS**

This order has been identified as having an Excludes 1 edit(s).

Per ICD-10 Excludes1 guidelines, the following diagnosis codes identify conditions that cannot be reported together except when the conditions are unrelated: **diagnosis pair(s) J385 with R061.**

1) To resolve the Excludes 1 edit(s), ask the client to determine which diagnosis code of each pair is most accurate for the patient and indicate the least accurate code(s) to be removed. Document the client's request below.

Remove Dx code(s) \_\_\_\_\_

**OR**

2) If the client determines the diagnosis codes in the pair(s) are unrelated and qualify as an exception, medical record documentation is required to support the use of both codes.

Client indicated Exception

- 3 After indicating the options, the client (or a representative) must sign the form and return it to the IOP, who will then edit the order as instructed.

Based on the direction from the client, please return to the test and diagnosis Order Entry screen and remove the indicated diagnosis code(s) or check the Exception box to confirm the findings and continue.

Client Representative \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Office Position)

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**CLIENT ACTIONS IF EXCEPTION OPTION SELECTED**

Applicable when the ordering provider has determined that the diagnosis pairing(s) is unrelated and appropriate to be coded together for this encounter. Records are required and must justify the use of both diagnosis codes within each pairing. Documentation requirements may vary by insurance carrier.

**Please fax this cover letter followed by the supporting documents within 48 hours to avoid additional contacts regarding this edit.**

Provided By \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Date)

**Please Return To: 1.908.774.4768 (FAX)**  
 Thank you for assisting our mutual patients by ensuring that their testing is thoroughly considered for coverage with all appropriate diagnosis information.

After the Excludes 1 condition is resolved using either option, the IOP can then file the order.

- 4 If the exception option was selected, the IOP will return the letter to the client, who must then complete the printed letter and fax it along with the supporting medical records to the number provided.

**CLIENT ACTIONS IF EXCEPTION OPTION SELECTED**

Applicable when the ordering provider has determined that the diagnosis pairing(s) is unrelated and appropriate to be coded together for this encounter. Records are required and must justify the use of both diagnosis codes within each pairing. Documentation requirements may vary by insurance carrier.

**Please fax this cover letter followed by the supporting documents within 48 hours to avoid additional contacts regarding this edit.**

Provided By \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Date)

**Please Return To: 1.908.774.4768 (FAX)**  
 Thank you for assisting our mutual patients by ensuring that their testing is thoroughly considered for coverage with all appropriate diagnosis information.