

ICD-10-CM Official Guidelines and Reporting Excludes Notes

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Application:	All participating hospitals and providers
Page Number(s):	1 of 2

Disclaimer

Highmark Health Options reimbursement policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

This policy was intended for providers who submit claims to Highmark Health Options under the Delaware Medical Assistance product.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus LTSS (DSHP Plus LTSS) members.

POLICY POSITION

EXCLUDES NOTES

Highmark Health Options follows all coding conventions, including the ICD-10-CM Official Guidelines and Reporting. The ICD-10-CM has two types of Excludes notes. Each type of note has a different definition for use but they are all similar in that they indicate that codes excluded from each other are independent of each other.

There are two different Excludes Notes, which are Excludes 1 and Excludes 2:

1. Excludes 1

A type 1 Excludes note is a pure excludes note. It means “NOT CODED HERE!” An Excludes 1 note indicates that the code excluded should never be used at the same time as the code above the code above the Excludes 1 note. An Excludes 1 is used when two conditions cannot occur together, such as a congenital form versus an acquired for of the same condition. An exception to the Excludes 1 definition is the circumstance when the two conditions are unrelated to each other. If it is not clear whether the two conditions involving an Excludes 1 note are related or not, query the provider. For example, code F45.8, Other somatoform disorders, has an Excludes 1 note for “sleep related teeth grinding (G47.63),” because “teeth grinding” is an inclusion term under F45.8. Only one of these two codes should be assigned for

teeth grinding. However psychogenic dysmenorrhea is also an inclusion term under F45.8, and a patient could have both this condition and sleep related teeth grinding. In this case, the two conditions are clearly unrelated to each other, and so it would be appropriate to report F45.8 and G47.63 together.

2. Excludes 2

A type 2 Excludes note represents “Not included here.” An Excludes 2 note indicates that the condition excluded is not part of the condition represented by the code, but a patient may have both conditions at the same time. When an Excludes 2 note appears under a code, it is acceptable to use both the code and the excluded code together, when appropriate.

If appropriate coding guidelines and policies are not followed, the plan may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

For any additional information, refer to the ICD-10 coding guidelines.

POLICY UPDATE HISTORY

5.19.2022	Approved in Reimbursement Policy Committee
5.23.2022	Approved in Governance
6.01.2023	Annual Review Approval in Reimbursement Policy
6.05.2023	Approved in Governance for Annual Review

