

ICD-10-CM Excludes Notes

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Approved By:	Highmark Wholecare – Market Leadership
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Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 2

Disclaimer

Highmark Wholecare medical 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 provides information regarding the coverage of, as determined by applicable federal and/or state legislation.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Pennsylvania Department of Health (DHS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Wholecare – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Wholecare 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 Wholecare currently services Pennsylvania Medicaid: PA HealthChoices.

PROCEDURES

A prior authorization is not required.

Highmark Wholecare 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.

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.

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

Post-payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Wholecare at any time pursuant to the terms of your provider agreement.

Place of Service: Inpatient/Outpatient

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Wholecare contract.

References

[2024 April 1-ICD-10-CM Guidelines \(cdc.gov\)](https://www.cdc.gov/icd10/cm/guidelines/2024-april-1-icd-10-cm-guidelines)

