

PROVIDER UPDATE

An Update for Highmark Delaware Health Options Providers and Clinicians

ICD-10-CM OFFICIAL GUIDELINES FOR CODING AND REPORTING: EXCLUDES NOTES

Policy Scope:

This policy applies to claims submitted to Highmark Health Options under the Delaware Medical Assistance product. It will take effect April 28, 2020.

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 the manner that they indicate that codes excluded from each other are independent of one another.

- **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 form 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.

POLICY SOURCES: ICD-10-CM Official Guidelines for Coding and Reporting, FY 2020

https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2020_final.pdf

Disclaimer

Highmark Health Options’ medical claims payment and prior-authorization policy is a reference resource regarding payment and coverage for the services described. This policy does not constitute medical advice and is not intended to govern and/or otherwise influence medical necessity decisions.