



NETWORK *Notification*

Notice Date: December 5, 2024
To: Indiana Medicaid Providers
From: CareSource
Subject: Excludes1 Edit
Effective Date: October 1, 2024

Summary

Beginning with claims processed on or after October 1, 2024, CareSource will apply claims editing logic related to Excludes1 notes from ICD-10-CM coding guidelines. To ensure accurate claims processing, providers are advised to review ICD-10-CM coding guidelines when selecting the most appropriate diagnosis for claims, and to always code with the highest level of specificity. If a category level indication suggests that a code can be billed with another range of codes, it is crucial to check for Excludes1 notes that may prevent billing certain code combinations.

Impact

Examples of Excludes1 rule violations include:

- The diagnosis code for “Bronchitis, not specified” (J40) has an Excludes1 note specifying that it should not be billed with “Acute bronchitis” (J20.-); submitting both codes for a single encounter would violate the Excludes1 note and result in a denial.
- The diagnosis category for “Type 2 Diabetes” (E11.-) has an Excludes1 note indicating that it should not be billed with codes for “Gestational Diabetes” (O24.4-); submitting both codes for a single encounter would violate the Excludes1 note and result in a denial.

Providers should review Excludes1 notes carefully to ensure compliance and avoid claim denials.

Questions?

Please contact Health Partner Services, available Monday through Friday from 7 a.m. Central Time (CT)/8 a.m. Eastern Time (ET) to 7 p.m. CT/8 p.m. ET at **1-844-607-2831** with any questions.

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