

## Security Health Plan reinstates Excludes1 note editing

Security Health Plan will reinstate Excludes1 note claim editing logic for all claims **processed** on or after **May 1, 2026**. This editing will be applied to facility and professional claims for all product lines including Commercial/TPA, Medicare Advantage and Medicaid.

Security Health Plan follows ICD-10-CM Official Coding Guidelines and requires providers to submit diagnosis codes that are:

- Reported in accordance with ICD-10-CM guidelines,
- Coded to the highest level of specificity available, and
- Compliant with Excludes1 note, which indicates conditions that should not be reported together because they are mutually exclusive, such as a congenital form versus an acquired form of the same condition.

Providers are responsible for reviewing and applying Excludes1 guidance when selecting diagnosis codes. Claims containing diagnosis combinations that violate Excludes1 rules will be denied and require correction.

Here are two coding scenarios that would require correction once Excludes1 guidance is in place:

- Reporting **I25.82** with I21.4:
  - I25.82 (Chronic total occlusion of coronary artery) has an Excludes1 note that includes I21.4
- Reporting **R54** with F03.918:
  - R54 (Age-related physical debility) has an Excludes1 note that includes F03.918 (Unspecified dementia, unspecified severity, with other behavioral disturbance).

If you believe an Excludes1 note denial is incorrect, please consult the ICD-10-CM code book to verify appropriate use of the billed codes. If, after review, you still believe the denial is incorrect, please submit a claim appeal with supporting documentation to indicate why the billed diagnosis codes are appropriately used together.