

Network Notification

Notice Date: July 28, 2025
To: Senior Care Options and One Care Providers
From: Commonwealth Care Alliance, Inc. (CCA)
Subject: Excludes1 Notes Claims Edit Go-Live
Effective Date: September 1, 2025

Summary

Beginning with claims processed on or after September 1, 2025, Commonwealth Care Alliance, Inc. (CCA) will apply standard claims editing logic related to Excludes1 notes, as outlined in the [ICD-10-CM coding guidelines](#). To help ensure accurate claims processing, please review ICD-10-CM coding guidelines when selecting diagnosis codes, and always code to the highest level of specificity. Please also check for Excludes1 notes, which may prevent billing certain code combinations, even when a category allows other combinations.

Why This is Important

CCA must comply with CMS ICD-10 coding guidelines. This update puts appropriate business processes in place to help ensure claims are submitted accurately and on time. As required by 42 C.F.R. § 422.310(e), both providers and health plans must submit accurate diagnosis data, with proper supporting documentation, and provide information if selected for audit.

Examples of Claims Impacted by the Excludes1 Rule

- The diagnosis code for "**Bronchitis, not specified**" (**J40**) has an Excludes1 note that prevents it from being billed with "**Acute bronchitis, unspecified**" (**J20.9**) for the same encounter. Billing both codes together would conflict with the Excludes1 note.
- The diagnosis code for "**Moderate persistent asthma with (acute) exacerbation**" (**J45.41**) cannot be billed with "**Wheezing**" (**R06.2**) for the same encounter, per Excludes1.
- The diagnosis code for "**Major depressive disorder, recurrent, moderate**" (**F33.1**) cannot be billed with "**Bipolar disorder, in full remission, most recent episode depressed**" (**F31.76**) for the same encounter, per Excludes1.

Please carefully review Excludes1 notes and bill accordingly to align with the appropriate business processes.

For additional resources to help ensure claims are submitted correctly, please review the CCA Provider Manual found at commonwealthcarealliance.org/ma/providers/provider-manual-home/ and section 1.A.12.a of the CMS ICD-10-CM Official Guidelines for Coding and Reporting found at <https://www.cms.gov/files/document/fy-2025-icd-10-cm-coding-guidelines.pdf>



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Questions?

For more information, please contact CCA Provider Services at **1-866-420-9332**. Hours of availability are 8:00 a.m. to 5:00 p.m. Monday through Wednesday and Friday, and on Thursdays from 8:30 a.m. to 5:00 p.m. Eastern Time (ET).

Thank you for your partnership and commitment to quality coding and billing practices.