

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

Providers are responsible for submission of accurate claims requests. This reimbursement policy is intended to ensure that you are reimbursed based on the code that correctly describes the procedure performed. This and other reimbursement policies may use CPT, CMS or other coding methodologies from time to time. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

Coding methodology, clinical rationale, industry-standard reimbursement logic, regulatory issues, business issues and other input is considered in developing reimbursement policy.

This information is intended to serve as a resource regarding the reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to enrollees as legislative mandates, the provider contract documents, and the enrollee's benefit coverage documents, may supplement or in some cases supersede this policy. Finally, systems logic or set up may prevent the loading of this policy onto different claims platforms in exactly the same way; however, we strive to minimize these variations.

ACN Group Inc. (OptumHealth Physical Health), may modify this policy from time to time by publishing a new version of the policy on its Website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.

Mutually Exclusive Procedures Policy

Type	Reimbursement	
Number	0059	
Approved by		Approval Date
Reimbursement and Technology Committee Quality Improvement Committee		May 7, 2008 July 31, 2008
Description		
This policy describes OptumHealth Physical Health methodology and consideration for reimbursement of mutually exclusive procedures.		
Audience		
Targeted Population	This policy applies to all products, all network and non-network licensed therapy providers. This includes non-network authorized and percent of charge contract practitioners.* <i>*Fee schedule/provider contract/client contract may supersede</i>	
Policy		
Overview	OptumHealth Physical Health will reimburse the procedure with the higher relative value unit (RVU) when mutually exclusive procedures are billed on	

the same date of service.

Edit Sources

OptumHealth Physical Health sources its Physical Medicine and Rehabilitation and Chiropractic CPT code payment policy methodology to methodologies used and recognized by third party authorities. The sources used to determine if a CPT code is reimbursable are:

Current Procedural Terminology book (CPT) from the American Medical Association (AMA)

Centers for Medicare and Medicaid (CMS) National Coverage Policy and current Centers for Medicare and Medicaid (CMS) Policy Manual(s) <http://www.cms.hhs.gov>

Background Summary

Mutually exclusive procedures are coding combinations billed inappropriately in which two services cannot reasonably be done in the same session, or the coding combination represents two methods of performing the same service.

CPT codes that are mutually exclusive of one another based either on the CPT definition or the medical impossibility/improbability that the procedures could be performed at the same session can be identified as code pairs. The procedure code with the higher relative value unit (RVU) is reimbursed when code pairs identified as mutually exclusive combinations are billed on the same date of service.

An example of a mutually exclusive CPT code pairing is 98941 Chiropractic manipulative treatment (CMT); spinal, three to four regions and 98940, Chiropractic manipulative treatment (CMT); spinal, one to two regions. If both 98941 and 98940 are billed on the same date of service, only the higher valued CPT code, 98941, is allowed.

The following code pairs are considered to be mutually exclusive of one another. When the code pair is billed together on the same date of service, the Column 1 code is paid and the Column 2 code is denied.

Column 1/Column 2

- 97001/95831
- 97001/95832
- 97001/95833
- 97001/95834
- 97001/95851
- 97001/95852
- 97001/97750
- 97001/97755
- 97001/97762
- 97002/95831
- 97002/95832
- 97002/95833
- 97002/95834
- 97002/95851
- 97002/95852

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 99205/99204

Definitions

Mutually Exclusive Procedure	A procedure or service that can not reasonably be done in the same session as another procedure or service.
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References and Resources

References

- American Medical Association, *Current Procedural Terminology (CPT), Professional Edition 2010*
- Centers for Medicare and Medicaid Services (CMS), Claims Processing Manual, Chapter 12
<http://www.cms.hhs.gov/manuals/downloads/clm104c12.pdf>
- Centers for Medicare and Medicaid Services (CMS), National Correct Coding Initiatives Edits <http://www.cms.hhs.gov/apps/ama/license.asp?file=/NationalCorrectCodInitEd>
 Service Type: Medicine Evaluation and Management Services
 Code Range: 90000-99999
 Effective Date: 01/01/2010-03/31/2010
 Version: 16.0

History/Updates

Posting date	Revision History: 4/8/10
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