



## Mutually Exclusive Reimbursement Policy

|                      |      |                             |         |                    |                                                                                         |
|----------------------|------|-----------------------------|---------|--------------------|-----------------------------------------------------------------------------------------|
| <b>Policy Number</b> | 0059 | <b>Annual Approval Date</b> | 04/2024 | <b>Approved By</b> | Optum Reimbursement and Technology Committee<br>Optum Quality and Improvement Committee |
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### **IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

*You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. Optum reimbursement policies may use Current Procedural Terminology (CPT®\*), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. 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 only as a general reference resource regarding Optum's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, Optum may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to Client enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by Optum due to programming or other constraints; however, Optum strives to minimize these variations.*

*Optum may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.*

*\*CPT® is a registered trademark of the American Medical Association*

### **Application**

This policy applies to all products, all network and non-network rehabilitation providers. This includes non-network authorized, and percent of charge contract providers.

*Fee schedule/provider contract/client contract may supersede*

### **Policy**

#### **Overview**

This policy describes Optum's reimbursement for services categorized as mutually exclusive procedures.

The purpose of this policy is to ensure that Optum reimburses for services that are billed and documented, without reimbursing for billing submission or data entry errors or for non-documented services.

#### **Reimbursement Guidelines**

Optum will reimburse the procedure with the higher relative value unit (RVU) when mutually exclusive procedures are billed on the same date of service.

### **Background Information**



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**

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| 97168 | 99485 |
| 97168 | 99497 |
| 97168 | G0406 |
| 97168 | G0407 |
| 97168 | G0408 |
| 97168 | G0425 |
| 97168 | G0426 |
| 97168 | G0427 |
| 97168 | G0463 |

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### Resources

- American Medical Association, *Current Procedural Terminology* (CPT®) and associated publications and services
- Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
- Centers for Medicare and Medicaid Services

### History / Updates

|                   |                                                                                       |
|-------------------|---------------------------------------------------------------------------------------|
| <b>07/08/2008</b> | New                                                                                   |
| <b>04/2010</b>    | Annual review and update                                                              |
| <b>04/2011</b>    | Annual review and update                                                              |
| <b>04/2012</b>    | Annual review and update                                                              |
| <b>04/2013</b>    | Annual review and update                                                              |
| <b>04/2014</b>    | Annual review and update                                                              |
| <b>04/2015</b>    | Annual review and update                                                              |
| <b>04/2016</b>    | Annual review and update                                                              |
| <b>04/2017</b>    | Annual review and update; Updated mutually exclusive codes                            |
| <b>04/2018</b>    | Annual review and update                                                              |
| <b>04/2019</b>    | Annual review and update                                                              |
| <b>04/2020</b>    | Annual review and update; Removed duplication entries that included deleted CPT codes |
| <b>04/2021</b>    | Annual review and update                                                              |
| <b>05/2022</b>    | Annual review and update                                                              |
| <b>04/2023</b>    | Annual review and update                                                              |
| <b>04/2024</b>    | Annual review and update                                                              |

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