



Medically Unlikely, Mutually Exclusive, and Component Procedures

Policy

Oscar reimburses providers for services that are medically appropriate and adhere to CMS standard coding conventions. Oscar follows Medicare National Correct Coding Initiative (NCCI) standards for not reimbursing services that are mutually exclusive, medically unlikely, or component services reported alongside more comprehensive procedures.

Reimbursement

Mutually Exclusive Procedures

Mutually exclusive procedures are codes that cannot reasonably be done at the same anatomic site, during the same patient encounter, or the coding combination represents two methods of performing the same service. An example of mutually exclusive procedures is the repair of an organ, performed by two different methods since only one method can be chosen to repair the organ. Mutually exclusive coding combinations are considered submitted in error and only one of the services will be reimbursed. The Medicare National Correct Coding Initiative (NCCI) has published procedure-to-procedure (PTP) claims edits that prevent inappropriate payment in these scenarios. Oscar adopts these claims edits and will not reimburse providers for mutually exclusive procedures.

Medically Unlikely Procedures

Medically unlikely procedures are codes that are anatomically or clinically limited with regard to the number of times they may be performed on a single day. In addition to the PTP edits, NCCI has published medically unlikely claims edits (MUEs) that prevent payment for an inappropriate number or quantity of the same service on a given day. Oscar adopts these claims edits and will not reimburse providers for services flagged as medically unlikely.

Comprehensive and Component Procedures

NCCI's PTP edits also address component and comprehensive procedures. Services that are integral to another service are component parts of the more comprehensive procedure. The PTP edits prevent payment for component services reported alongside comprehensive services. Oscar adopts these claims edits and will not separately reimburse providers for component services if reported alongside comprehensive services.

Publication History

Date	Action/Description
10/09/2015	Original Documentation
11/01/2015	Initial Policy Approval
