

Coding Policy

Incidental and Mutually Exclusive Surgical Procedures

CODING POLICY NUMBER: 5

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SCOPE: Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”). **The full Company portfolio of current coding policies is available online and can be [accessed here](#).**

POLICY APPLICATION

- Providence Health Plan Participating Providers Non-Participating Practitioners
 Commercial Medicaid/Oregon Health Plan Medicare

POLICY STATEMENT

Mutually Exclusive Procedures

- I. A mutually exclusive relationship involves procedures that would not reasonably be performed during the same session. For example, combinations of procedures that differ in technique or approach but lead to the same outcome represent overlap of service and duplication of effort and are considered mutually exclusive.

- II. Generally, an open procedure and a closed and/or endoscopic procedure performed in the same anatomic site are not both reimbursed. If both procedures accomplish the same result, the clinically more intensive procedure is recommended for reimbursement and the less intensive procedure is considered mutually exclusive.

Incidental Procedures

- III. Certain procedures are commonly performed in conjunction with other procedures as a component of the overall service provided. An incidental procedure is one that is performed at the same time as a more complex primary procedure and is clinically integral to the successful outcome of the primary procedure.

PROCEDURE

MUTUALLY EXCLUSIVE

Procedures are considered mutually exclusive when:

- The procedures cannot reasonably be done in the same session
- The procedures represent two different methods to achieve the same result
- The procedures are reported as an initial and a subsequent service

INCIDENTAL

Procedures are considered incidental (not an all-inclusive list) when:

- The procedure is clinically integral to the successful outcome of the primary procedure
- The procedure is performed through the same incision with a procedure of greater clinical intensity
- The procedure is designated a “separate procedure” by CPT
- The procedure is a surgical approach to a major surgical service
- The codes are reported separately as left and right procedures when one code exists that describes the same service as a bilateral procedure
- Component parts of a comprehensive service are reported separately when one code exists that describes the entire service

A procedure is not considered incidental when:

- It is performed alone
- Is not immediately related to other services

EXAMPLES

- **CPT code 51925** (Closure of vesicouterine fistula; with hysterectomy) billed with **CPT code 57550** (Excision of cervical stump, vaginal approach)
CPT code 51925 is paid; CPT code 57550 is denied as mutually exclusive

- **CPT code 47600** (Cholecystectomy) billed with **CPT code 49000** [Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)]
CPT code 47600 is paid; CPT code 49000 is denied as incidental

REFERENCES

1. CMS Rules and Regulations
2. Current Procedural Terminology (CPT)
3. Providence Health Plan Clinical Coding Edits
4. National Correct Coding Initiative Policy Manual
5. National Correct Coding Initiative Edits

POLICY REVISION HISTORY

Date	Revision Summary
1/2023	Annual review (converted to new template 5/2023). Original policy effective date: 10/1990
01/2024	Annual review. No changes to policy.
01/2025	Annual review. No changes to policy.