

n05680

Add-On Codes

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

This reimbursement policy outlines Network Health’s process, for all lines of business, when professional claims are received for add-on codes.

Procedure Detail:

- I. Network Health follows the American Medical Association (AMA), Current Procedural Terminology (CPT) guidelines for the reimbursement of “add-on” CPT and Healthcare Common Procedure Coding System (HCPCS) codes.
- II. The basis for add-on codes is to enable physicians or other health care professionals to separately identify a service that is performed in certain situations as an additional service, or a commonly performed supplemental service complementary to the primary service/procedure.
- III. According to CPT and the Centers for Medicare and Medicaid Services (CMS) guidelines, add-on codes are always performed in addition to the primary service/procedure and must never be reported as stand-alone codes. This applies to add-on services performed by the same individual physician or other health care professional reporting the same federal Tax Identification Number (TIN), on the same date of service, on the same claim.
- IV. Key phrases to identify add-on codes include, but are not limited to, the following:
 - list separately;
 - in addition to;
 - each additional;
 - performed at the same time as another major procedure
- V. Add-on codes are designated by the AMA with a plus symbol (+). Appendix D of the most current CPT publication lists recognized add-on codes. Additionally, add-on codes may have unbundled relationships consistent with and/or independent of the corresponding primary service/procedure code(s).
- VI. If the primary service/procedure is denied for any reason, Network Health will not reimburse the add-on service/procedure code.

Note: The AMA and CPT provide coding guidelines specifying which add-on code should be reported in conjunction with a given primary procedure/service code. Network Health follows these guidelines and will only reimburse an add-on code when it has been reported with the appropriate primary service/procedure code.

Definitions:

Add-on code - An add-on code is a HCPCS or CPT code describing a service that is always performed in conjunction with a primary service/procedure.

Related Policies:

Claim Submission Policy

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