



Add-On Codes

Reimbursement Policy ID: RPC.0007.2100

Recent review date: 10/2023

Next review date: 10/2025

AmeriHealth Caritas Louisiana reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Louisiana may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including but not limited to Current Procedural Terminology (CPT®), the Healthcare Common Procedure Coding System (HCPCS), and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). Other factors that may affect payment include but are not limited to medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other policies. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all healthcare services billed on CMS-1500 forms or its electronic equivalent and, when specified, billed on UB-04 forms or its electronic equivalent.

Policy Overview

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 typically performed in addition to the primary service or procedure. Add-on codes describe a service that is performed in conjunction with the primary service by the same provider.

Add-on codes are reimbursable services when reported in addition to the appropriate primary service by the Same Individual Physician or Other Qualified Health Care Professional reporting the same Federal Tax Identification Number on the same date of service. Add-on codes reported as stand-alone codes are not reimbursable services in accordance with Current Procedural Terminology (CPT®), the Centers for Medicare and Medicaid Services (CMS) guidelines, and the Louisiana Department of Health.

Exceptions

N/A

Reimbursement Guidelines

AmeriHealth Caritas Louisiana follows the guidelines of the American Medical Association (AMA) CPT code set, CMS, and the Louisiana Department of Health with respect to the reporting of add-on CPT and HCPCS codes. Under CPT rules, add-on codes describe additional intra-service work associated with a primary procedure/service and are always reported in addition to the primary service or procedure and must be performed by the Same Individual Physician or Other Health Care Professional reporting the primary service/procedure. AmeriHealth Caritas Louisiana requires that add-on code(s) must be reported with a given primary procedure or service code performed on the same date of service unless noted in this policy.

In addition, add-on codes are never reimbursed unless a primary procedure code is also reimbursed. Add-on CPT codes are designated with a plus "+" symbol and are also listed in Appendix D of the CPT manual. Add-on codes can also be noted at times as: "list separately in addition to", and/or "each additional", and/or "done at the time of another procedure".

Add-on codes are identified in the CMS National Physician Fee Schedule (NPFS) as ZZZ global day indicator.

Definitions

Add-On Code

Add-on codes describe additional intra-service work associated with the primary service or procedure.

Same Individual Physician or Other Qualified Health Care Professional

A physician or other health care professional from the same group practice, with the exact same specialty and subspecialty, reporting under the same Federal Tax Identification Number (TIN).

Edit Sources

- I. *Current Procedural Terminology (CPT®)* and associated publications and services.
- II. *International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10)*.
- III. *Healthcare Common Procedure Coding System (HCPCS)*.
- IV. Centers for Medicare and Medicaid Services (CMS).
- V. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2636CP.pdf>
- VI. <https://www.cms.gov/medicare/physician-fee-schedule/search?Y=0&T=4&HT=0&CT=3&H1=22852&M=5>
- VII. Louisiana Medicaid Fee Schedule(s).

Attachments

N/A

Associated Policies

N/A

Policy History

08/25/2023	Removal of Policy Implemented by AmeriHealth Caritas from Policy History section
06/13/2023	Reimbursement Policy Committee Approval
01/10/2023	Template Revised Revised preamble Removal of Applicable Claim Types table Coding section renamed to Reimbursement Guidelines Added Associated Policies section
	Precedes Act 319