

Add-On Codes

Payment Policy ID: RPC.0007.7700

Recent review date: 11/2022

Next review date: 11/2023

AmeriHealth Caritas Ohio claim payment policies and the 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 regulatory agencies, and medical specialty professional societies. In making claim payment determinations, the health plan also uses coding terminology and methodologies that are based on accepted industry standards, including the Healthcare Common Procedure Coding System (HCPCS) manual, the Current Procedural Terminology (CPT®) codebook, the International Statistical Classification of Diseases and Related Health Problems (ICD) manual, and the National Uniform Billing Code (NUBC).

Other factors affecting reimbursement may supplement, modify, or in some cases supersede medical/claim payment policy. These factors may include but are not limited to: legislative or regulatory mandates, a provider's contract, and/or a member's eligibility to receive covered health care services

Policy Overview

The basis for add-on codes is to enable physicians or other healthcare 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®) and the Centers for Medicare and Medicaid Services (CMS) guidelines, and Ohio Department of Medicaid (ODM).

Exceptions

Exceptions to this add-on policy are consistent with the Medicare Claims Processing Manual, Publication 100-04, Chapter 12, Section 30.6.12(I) that allows a provider to report CPT code 99292 (Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes) without its primary code CPT code 99291 (Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes) if two or more physicians of the same specialty in a group practice provide critical care services to the same patient on the same date of service. For the same date of service, only one physician of the same specialty in the group practice may report CPT code 99291 with or without CPT code 99292; and the other physician(s) must report their critical care services with CPT code 99292.

Coding

AmeriHealth Caritas Ohio follows guidelines of the American Medical Association (AMA) CPT code set, CMS, and ODM with respect to the reporting of add-on CPT and HCPCS codes. Under CPT rules, add-on codes describe additional interservice 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 Ohio requires that add-on code(s) must be reported with a given primary procedure or service code 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 "+" 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 Healthcare Professional

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

Applicable Claim Types

	Facility	Professional
Medicare	No	No
Medicaid	No	Yes
ACA Exchange	No	No

Edit Sources

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

Attachments

N/A

Policy History

1/1/2023	Policy Implemented by AmeriHealth Caritas
11/15/2022	Reimbursement Policy Committee Approval