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:

Claims Submission Policy

Origination Date: 2/1/2011
Update Date: 2/24/2025
Next Review Date: 2/24/2026