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PAYMENT POLICY ID NUMBER: 15-044

Original Effective Date: 07/15/2015

Revised: 07/11/2024

Add-On Codes

THIS PAYMENT POLICY IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS PAYMENT POLICY APPLIES TO ALL LINES OF BUSINESS AND PROVIDERS OF SERVICE. IT DOES NOT ADDRESS ALL POTENTIAL ISSUES RELATED TO PAYMENT FOR SERVICES PROVIDED TO BCBSF MEMBERS AS LEGISLATIVE MANDATES, PROVIDER CONTRACT DOCUMENTS OR THE MEMBER'S BENEFIT COVERAGE MAY SUPERSEDE THIS POLICY.

DESCRIPTION:

Current Procedural Services (CPT®) states that “add-on codes are always performed in addition to the primary service or procedure and must never be reported as a stand-alone code.” The procedures are identified by the + symbol and are listed in Appendix D of the CPT® codebook. CPT® codebook instructions specify the primary procedure code(s) for most add-on codes. For other add-on codes, the primary procedure codes are not specified.

REIMBURSEMENT INFORMATION:

Add-on codes reported as stand-alone codes are not reimbursable services in accordance with CPT® and the Centers for Medicare and Medicaid Services (CMS) guidelines.

Per CPT® and CMS guidelines, add-on codes are reported in addition to the primary service/procedure and must never be reported as stand-alone codes. These codes describe additional intra-service work associated with a primary procedure or service, must be reported in conjunction with the primary procedure and must be performed by the same individual physician. Add-on procedures must be reported with the primary procedure for the same date of service.

Florida Blue's primary source for add on primary relationships is CPT®. We also incorporate the CMS add-on code edits as published on the National Correct Coding Initiative website.

In addition, Florida Blue will deny reimbursement for an add-on code when its primary code is denied such as part of a National Correct Coding Initiative code pair or other correct coding edit.

Add-on codes are exempt from the multiple procedure reduction concept.

Add-on codes are reimbursable services when reported in addition to an appropriate and allowable primary service by the same individual physician or other health care professional. For the purpose of this policy, for add-on codes 01968, 01969, and 99292, the primary code may be reported by a different individual physician or other health care professional in the same physician group reporting the same Federal Tax Identification number. Further, add-on codes 01968 and 01969 must be reported on the same date of service as the primary code 01967 even if the add-on service occurred after midnight.

BILLING AND CODING:

Add-on codes are designated by the AMA with a "**+**" symbol and are also listed in Appendix D of the CPT® codebook. CMS assigns add-on codes a Global Days indicator of "ZZZ" on the CMS Medicare Physician Fee Schedule (MPFS).

Key phrases to identify add-on codes include, but are not limited to, the following:

- List separately in addition to primary procedure;
- Each additional; and
- Done at time of other major procedure.

REFERENCES:

1. American Medical Association, *Current Procedural Terminology (*CPT®) Professional Edition.
2. Centers for Medicare and Medicaid Services, NCCI Policy Manual for Medicare Services; Chapter 1. "General Correct Coding Policies". https://www.cms.gov/medicare-medicaid-coordination/national-correct-coding-initiative-ncci/ncci-medicare/medicare-ncci-policy-manual
3. Centers for Medicare and Medicaid Services, Add-on Code Edits: https://www.cms.gov/ncci-medicare/medicare-ncci-add-code-edits
4. Centers for Medicare & Medicaid Services website. Medicare Claims Processing Manual, Chapter 12 Physicians/Nonphysician Practitioners, Section 30.6.12.4 - Critical Care Furnished Concurrently by Practitioners in the Same Specialty and Same Group (Follow-Up Care) https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf

GUIDELINE UPDATE INFORMATION:

07/09/2015	Payment Policy Approved by Payment Policy Committee
07/15/2015	Effective date of new payment policy
07/15/2016	Annual Review
07/13/2017	Annual Review – clarification made on procedures 01968/01969 under reimbursement information
07/19/2018	Annual Review
07/18/2019	Annual Review, no changes
07/09/2020	Annual Review, exempt from multiple procedure reduction concept added under the "Reimbursement Information" section.
07/15/2021	Annual Review – no changes
07/14/2022	Annual Review – Information on CMS Add-on Code edits added to the Reimbursement Information section; References updated.
07/13/2023	Annual Review – References reviewed and updated.
07/11/2024	Annual Review – References reviewed and updated.

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