

Add-on Codes Policy, Facility

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Individual Exchange reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Individual Exchange's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Individual Exchange may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Individual Exchange enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee's benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Individual Exchange due to programming or other constraints; however, UnitedHealthcare Individual Exchange strives to minimize these variations.

UnitedHealthcare Individual Exchange may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

*CPT Copyright American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Application

This reimbursement policy applies to UnitedHealthcare Individual Exchange products.

This reimbursement policy applies to services reported using the UB-04 claim form or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network outpatient hospital claims, including, but not limited to, non-network authorized, and percent of charge contract facilities.

Applicable States:

This reimbursement policy applies to Individual Exchange benefit plans in all states except for Massachusetts, Nevada, and New York.

Policy

Overview

Add-on codes are reimbursable services when reported in addition to the appropriate primary service by the Same Facility reporting the same Federal Tax Identification Number unless otherwise specified within the policy. 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.

For the purpose of this policy, the Same Facility is the same facility rendering health care services reporting the same Federal Tax Identification number.

Reimbursement Guidelines

The basis for Add-on codes is to enable providers 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.

UnitedHealthcare Individual Exchange follows the American Medical Association (AMA) and the Centers for Medicare and Medicaid Services (CMS) with respect to the reporting of “Add-on” CPT and HCPCS codes. Per CPT, Add-on codes describe additional intra-service work associated with a primary procedure/service, are always reported in addition to the primary service/procedure and must be performed by the Same Facility reporting the primary service/procedure. Many Add-on codes are designated by the AMA with a “+” symbol and are also listed in Appendix D of the CPT book.

In some instances, a Definitive Source specifies the primary procedure/service codes that must be reported in conjunction with a given Add-on code.

In other situations, a primary/add-on code relationship may exist but the guidance from CPT or CMS is not as well-defined. Specifically, the code description does not directly identify the Add-on code or identify any specific primary codes that correspond with that code. In those instances, an interpretation is necessary utilizing CPT, CMS and/or specialty society guidelines. UnitedHealthcare Individual Exchange will interpret these sources to identify additional primary/add-on relationships. For these code pairs, UnitedHealthcare Individual Exchange also requires that the Add-on code must be reported with a given primary procedure/service code. Please see the Definitions section below for further explanations of Definitive and Interpretive Sources.

Key phrases to identify Add-on codes when not specified in the code description, include, but are not limited to, the following:

- list separately in addition to; *and*
- each additional; *and*
- done at time of other major procedure.

Unless otherwise specified within this policy, add-on procedures must be reported with the primary procedure for the same date of service.

Mohs Micrographic Surgery

The Mohs micrographic surgery codes (CPT codes 17311, +17312, 17313, +17314, +17315), describe procedures that involve surgery and pathology services performed together by the same provider. In some instances, the Mohs surgical procedure may extend beyond the initial date of service, thus there are 3 Add-on codes (+17312, +17314 and +17315) that might be performed on a different date of service than their primary procedure. The Add-on code should be reported on same claim as the primary Mohs procedure even though the dates of service may differ.

Infusion Services

Hospitals should report only one initial drug administration service, including infusion services, per encounter for each distinct vascular access site, with other services through the same vascular access site being reported via the sequential, concurrent, or additional hour codes. Therefore, for Infusion services, the add-on code is not required to be billed for the same date of service as the initial drug service. However, both the initial drug service and the corresponding add-on code must be reported on the same claim.

Note: All services described in this policy may be subject to other UnitedHealthcare Individual Exchange reimbursement policies.

Definitions

Add-on code	Add-on codes describe additional intra-service work associated with the primary service/procedure.
Same Facility	The same Facility rendering health care services reporting the same Federal Tax Identification number.

Stand-alone code	A code reported without another primary service/procedure code by the Same Individual Physician or Other Qualified Health Care Professional.
Definitive Source	Definitive Sources contain the exact codes, modifiers, or very specific instructions from the given source.
Interpretive Source	An edit source that includes guidelines; however, no exact or specific code or modifier information is listed. Therefore, an interpretation must be made as to what codes correlate to the guidelines. Additionally, an interpretation may be applied to surrounding or similar codes based on related definitively sourced edits.

Questions and Answers

1	<p>Q: How has UnitedHealthcare Individual Exchange determined which codes are “Add-on” codes that must be reported with a primary service?</p> <p>A: The policy follows CPT guidelines for those codes designated with a “+” symbol. These codes are considered to be Add-on codes by UnitedHealthcare Individual Exchange.</p>
2	<p>Q: Does UnitedHealthcare Individual Exchange require the Add-on code be submitted on the same claim as the primary code?</p> <p>A: No. The Add-on code may be reported on a separate claim submission from the primary code; however, it is recommended the Add-on and primary procedure codes be reported on the same claim form.</p>

Attachments

<u>Add-On to Primary Code Relationship List</u>	This table includes Add-on codes which will only be reimbursed when reported with the appropriate primary code.
<u>Infusion Add-On to Primary Code Relationship List</u>	This table includes Infusion Add-on codes which will only be reimbursed when reported with the appropriate primary code on the same claim.

Resources

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files Global Surgery Indicator: ZZZ=The code is related to another service and is always included in the global period of the other service.

History

1/1/2023	Policy Version Change Template update
10/1/2022	Policy Version Change Attachments section: Updated the Add-On to Primary Code Relationship list
4/1/2022	Policy Version Change Attachments section: Updated the Add-On to Primary Code Relationship list
1/1/2022	Policy Version Change Template update Attachments section: Updated the Add-On to Primary Code Relationship list
10/1/2021	Policy Version Change Attachments section: Updated the Add-On to Primary Code Relationship list.
7/21/2021	Policy Version Change



	Attachments section: Updated the Add-On to Primary Code Relationship and the Infusion Add-On to Primary Code Relationship lists.
1/9/2021	Policy Version Change Attachments section: Updated the UnitedHealthcare Value & Balance Exchange Add On to Primary Code Relationship list.
1/1/2021	Policy implemented by UnitedHealthcare Value & Balance Exchange