

ADD-ON CODES

File Name: add_on_codes_MA

Origination: 6/2022

Last Review: 12/2022

Next Review: 12/2023

Description

Add-on codes are those additional intra-services carried out in addition to the primary procedure. They can be found in Appendix D of the CPT book and typically have designations of “+” symbol throughout the CPT manual. Similarly, add-on codes for HCPCS codes are noted in the manual with the following: “list separately in addition to code for primary procedure” or “each additional”. Add-on codes are reimbursable services when reported in addition to the appropriate primary service by the same provider or same group practice on the same date of service unless otherwise specified within the policy. Same group practice is defined as a physician and/or other qualified health care professional of the same group and same specialty with the same Federal Tax ID number.

Policy

Blue Cross Blue Shield North Carolina (Blue Cross NC) will reimburse add-on services according to the criteria outlined in this policy.

Reimbursement Guidelines

When submitting an add-on code, a primary code must also be submitted. Add-on codes submitted as stand-alone procedures are not eligible for reimbursement.

Add-on codes are not eligible for reimbursement unless the primary procedure submitted by the same provider or same group practice is reimbursable on the same date of service.

Add-on codes appended with Modifier 51 are not eligible for reimbursement.

Exceptions to same date of service requirement:

Facility IV infusion add-on codes require a base code presence on the same day or within two (2) days prior.

Rationale

Blue Cross NC will reimburse add-on services when correct coding guidelines are followed as defined by the AMA, ADA, and CMS.

In alignment with AMA, Modifier 51 (multiple procedures) should not be appended to any add-on code as the intent behind an add-on code already encompasses the reduced service.

Billing and Coding

Applicable codes noted throughout policy are for reference only and may not be all inclusive. For further information on reimbursement guidelines, please see the Blue Cross NC web site at www.bcbsnc.com.

Related policy

[Bundling Guidelines](#)

[Modifier Guidelines](#)

References

American Medical Association, Current Procedural Terminology (CPT®)

Centers for Medicare & Medicaid Services, CMS Manual System, Medicare Claims Processing Manual 100-04, and NCCI Policy Manual

Healthcare Common Procedure Coding System

History

6/1/2022	New policy developed. Medical Director approved. Notification on 3/31/2022 for effective date 6/1/2022. (eel)
12/31/2022	Routine Policy Review. Minor Revisions Only. (cjw)

Application

These reimbursement requirements apply to all Blue Medicare HMO, Blue Medicare PPO, Blue Medicare Rx members, and members of any third-party Medicare plans supported by Blue Cross NC through administrative or operational services.

This policy relates only to the services or supplies described herein. Please refer to the Member's Evidence of Coverage (EOC) for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this policy.

Legal

Reimbursement policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and Blue Cross NC reserves the right to review and revise its medical and reimbursement policies periodically.

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