PROFESSIONAL NETWORK REIMBURSEMENT POLICY

POLICY TITLE	**Add-On Procedures Codes**
POLICY NUMBER	**NR-10.001**

Health care benefit programs issued or administered by Capital Blue Cross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the Blue Cross Blue Shield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.

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DESCRIPTION/BACKGROUND DEFINITIONS POLICY
EXCLUSIONS VARIATIONS REFERENCES

I. DESCRIPTION/BACKGROUND

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This policy addresses the payment methodology for procedure codes that are defined by Current Procedural Terminology (CPT) standards as add-on codes.

Note: The Optum™ Claims Edit System (CES) is not used for the adjudication of add-on procedure codes and their primary codes. Information pertaining to add-on codes and primary codes **is not** available on the Claims Coding and Lookup tool located on the Capital Blue Cross health plan home page via Availity.

II. DEFINITIONS

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Add-on Codes – Procedures commonly carried out in addition to the primary procedure performed and describe additional or supplemental work

associated with the primary procedure. Add-on procedure codes describe additional intra-service work associated with the primary procedure, e.g. additional digit(s), lesion(s), neurorrhaphy(s), vertebral segment(s), tendon(s), joint(s).

American Medical Association (AMA) - An organization whose mission is to promote the science and art of medicine and the betterment of public health. The AMA speaks out on issues important to patients and the nation's health and exercises a strong advocacy agenda on behalf of patients and provider. The AMA is also committed to providing timely information on matters important to the health of America and includes the development and promotion of standards in medical practice, research, and education.

Current Procedural Terminology (CPT) - The American Medical Association's (AMA) guidelines for coding and procedure reporting.

III. POLICY

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The American Medical Association (AMA) recognizes certain procedure codes as add-on codes. In general, Capital Blue Cross follows the AMA guidelines in recognizing add-on codes and their primary code relationships.

Add-on procedures, whether medical or surgical in nature, are always performed in addition to the primary service or procedure and are not eligible for reimbursement when reported alone or when the primary procedure code is denied. Add-on procedure codes may be reported in addition to the primary procedure only when both the add-on procedure and the primary procedure are performed by the same provider, on the same date of service and for the same member. Add-on procedure codes, reported with the approved primary procedure code with which it was performed, will be reimbursed at 100% of the Plan allowance. If the add-on procedure code is reported alone or reported with other than an approved

primary procedure code, or if the primary procedure code is denied, the add-on procedure code will be denied.

In addition to the criteria and conditions contained in this policy, the service, procedure or item must be deemed medically necessary, must be a covered member benefit and is subject to member cost sharing provisions.

IV. EXCLUSIONS

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The add-on procedure code used to report anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia may be eligible for separate reimbursement when the approved primary procedure code is reported by the same or different practitioner on the same date of service or one (1) day prior to that of the add-on procedure code.

VARIATIONS

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This policy is applicable to all programs and products administered by Capital Blue Cross unless otherwise indicated below.

V. REFERENCES

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CPT 2022 Professional Edition
American Medical Association

EncoderPro for Payers
Optum™ 2022