

Outpatient Hospital 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 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 CMS 1500 forms and, when specified, to those 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’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare 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 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 due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare 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.

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Application

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.

Policy

Overview

Add-on codes are reimbursable services when reported in addition to the appropriate primary service by the same outpatient hospital on the same date of service 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.

Reimbursement Guidelines

The basis for Add-on codes is to enable physicians or other qualified health care professionals to separately identify a service that is performed in certain situations as an additional service or a commonly performed supplemental service complimentary to the primary service/procedure.

UnitedHealthcare 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 outpatient hospital 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. CMS assigns Add-on codes a Global Days indicator of "ZZZ" on the CMS National Physician Fee Schedule (NPFs).

CMS further defines the code pair relationships in the CMS National Correct Coding Initiative (NCCI) package. CMS NCCI designates Add-on code relationships as Type I, II, or III. Type I Add-on codes have a limited number of

identifiable primary procedures that they must be reported with and Type II and III do not have an all-inclusive list of primary procedures.

UnitedHealthcare follows the CMS 'Integrated' Outpatient Code Editor (I/OCE) specific edits for Type I Add-on code and primary code relationships. If the Add-on code is not submitted on the claim as the same day of service or the day before, the Add-on code will not be reimbursed. In addition, Add-on codes are never reimbursed unless a primary procedure code is also reimbursed.

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.

UnitedHealthcare Infusion Add-on to Primary Code Relationship List

Infusion Add-on	Infusion Primary Code		Infusion Add-on	Infusion Primary Code		Infusion Add-on	Infusion Primary Code
96361	96360		96367	96413		96375	96409
96361	96365		96368	96360		96375	96413
96361	96374		96368	96365		96376	96365
96361	96409		96368	96366		96376	96374
96361	96413		96368	96413		96376	96409
96366	96360		96368	96415		96376	96413
96366	96365		96368	96416		96411	96409
96366	96367		96368	C8957		96411	96413
96366	96413		96370	96369		96415	96413
96367	96360		96371	96369		96417	96413
96367	96365		96375	96360		96423	96422
96367	96374		96375	96365			
96367	96409		96375	96374			

Definitions	
Add-on code	Add-on codes describe additional intra-service work associated with the primary service/procedure
Stand-alone code	A code reported without another primary service/procedure code by the same outpatient hospital

Questions and Answers

1	<p>Q: Does UnitedHealthcare require the Add-on code be submitted on the same claim as the primary code?</p> <p>A: No, except for infusion services which must be submitted on the same claim but can have different dates of service.</p>
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Attachments

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

History

9/24/2023	<p>Policy Version Change Policy List Change: Add-on to Primary Code Relationship List Entries prior to 12/30/2021 have been archived</p>
6/25/2023	<p>Policy Version Change Policy List Change: Add-on to Primary Code Relationship List Logo Update Entries prior to 7/10/2021 have been archived</p>
1/1/2023	<p>Policy Version Change Policy List Change: Add-on to Primary Code Relationship List</p>
10/9/2022	<p>Policy Version Change Policy List Change: Add-on to Primary Code Relationship List Entries prior to 1/17/2021 have been archived</p>
5/22/2022	<p>Policy Version Change Policy List Change: Add-on to Primary Code Relationship List Entries prior to 5/2/2020 have been archived</p>
4/17/2022	<p>Policy Version Change Policy List Change: Add-on to Primary Code Relationship List Entries prior to 4/1/2020 have been archived</p>
1/1/2022	<p>Policy Version Change Introduction Disclaimer Updated</p>
12/30/2021	<p>Policy Version Change Policy List Change: Add-on to Primary Code Relationship List</p>
3/1/2020	<p>Policy implemented by UnitedHealthcare Employer & Individual</p>
10/23/2019	<p>Policy approved by the Reimbursement Policy Oversight Committee</p>