Commercial Plans
CODING FACT SHEET

Add-on Code Edits

Description:

These edits identify claim lines containing an assigned add-on code billed without one or more related primary procedures. The rule audits procedure codes reported by the same service provider (or billing provider if service providers do not match), for the same member, on the same day of service.

An add-on code is a HCPCS/CPT code that describes a service that is always performed in conjunction with another primary service. According to the AMA, "add-on codes are always performed in addition to the primary service or procedure and must never be reported as a stand-alone code."

Add-on codes can be identified in several ways, including:

- "+" symbol next to the code in the CPT Manual
- Inclusion in Appendix D of the CPT Manual
- Inclusion in the Medicare Physician Fee Schedule database with a global period of "ZZZ"
- Inclusion in the CMS National Correct Coding Initiative (NCCI) files found at https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/Add-On-Code-Edits

The content in this rule contains all vaccine administration codes (typically add-on codes) as well as all vaccine and toxoid supply codes (typically primary codes). To report administration of a vaccine/toxoid, the vaccine/toxoid product codes must be submitted.

Vaccine and toxoid supply codes submitted with billed amounts = $0.00 are not recognized and will generate an error. **To expedite payment**, we recommend submitting the billed amount as $0.01 if possible. For example:

Claim Line	Code	Code Type	Description	Billed Amt	Result
1	90471	Add-on	Immunization administration …	$100.00	Line DENIES with error "add-on submitted without primary procedure" because primary code submitted on line 2 as $0.00 is not recognized
2	90710	Primary	Measles Mumps … vaccine	$ 0.00	**Line not recognized due to $0.00 billed amount.**

If the primary code of an add-on/base combination is denied due to other edits on the claim, such as an "unbundling" (procedure-to-procedure) denial, etc., then the add-on code will typically also deny.

We recommend submitting the primary code/add-on code combination on the **same claim** whenever possible.

Modifiers:

Modifiers are not available to override these edits.

Examples:

For illustration purposes only; codes subject to change

Add-on Code	Description	Result
15272	Skin substitute graft each additional 25 sq cm	Add-on code denies without submission of **primary code 15271** (Skin substitute graft first 25 sq cm or less)
90471	Immunization administration …	Add-on code denies without submission of **primary code 90710** (Measles Mumps Rubella and Varicella vaccine)
90460	Immunization admin through age 18 years …	Add-on code denies without submission of **primary code 90690** (Typhoid Vaccine Live Oral)

Providers are responsible for accurately reporting services with the correct CPT and/or HCPCS codes and for appending applicable modifiers as appropriate based on medical record review. Providers should be familiar with AMA/CPT coding instructions as well as CMS code editing logic and submit claims that comply with existing guidelines.