



**Add-on Codes Reimbursement Policy**

<b>Policy Number</b>	2017RP502A	<b>Annual Approval Date</b>	03/15/2017	<b>Approved By</b>	Optum Behavioral Reimbursement Committee
----------------------	------------	-----------------------------	------------	--------------------	--

**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 procedure code or codes that correctly describe the health care services provided to individuals whose behavioral health benefits are administered by Optum, including but not limited to UnitedHealthcare members. This reimbursement policy is also applicable to behavioral health benefit plans administered by OptumHealth Behavioral Solutions of California.*

*Our behavioral health reimbursement policies may use Current Procedural Terminology (CPT®\*), Centers for Medicare and Medicaid Services (CMS) or other procedure 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 services billed on the UB-04 claim form and to electronic claim submissions (i.e., 837p and 837i) and for claims submitted online through provider portals. 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 our reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, Optum may use reasonable discretion in interpreting and applying this policy to behavioral health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for behavioral health care services provided to members. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: member's benefit coverage, provider contracts and/or legislative mandates. Finally, this policy may not be implemented exactly the same way on the different electronic claim processing systems used by Optum due to programming or other constraints; however, Optum strives to minimize these variations.*

*Optum 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® is a registered trademark of the American Medical Association*

**Proprietary information of Optum. Copyright 2019 Optum.**

**Applicability**

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to services billed on the UB-04 claim form and to electronic claim submissions (i.e., 837p and 837i) and for claims submitted online through provider portals. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

**Policy**

**Overview**

The purpose of this reimbursement policy is to ensure accurate and appropriate claims processing in accordance with industry standards.

Add-on codes are reimbursable services when reported in addition to the appropriate primary service by the Same Individual Physician or Other Health Care Professional 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.

**Reimbursement Guidelines**

In order to appropriately apply pricing and benefits, a specific Health Care Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT®) codes is required when billed with a non-specific revenue code. Claims for services that are billed without a specific procedural HCPCS and/or CPT code(s) will be denied.

The basis for Add-on codes is to enable physicians or other health care professionals 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.

Optum Behavioral Health 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 Individual Physician or Other Health Care Professional reporting the primary service/procedure. For these code pairs, Optum requires that the Add-on code must be reported with a given primary procedure/service code. In addition, add-on codes are never reimbursed unless a primary procedure code is also reimbursed.

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

**Codes (Note: This list of representative codes is not intended as exhaustive of all relevant codes.)**

Primary CPT Codes	Add-On Code	Description
90791, 90792, 90832, 90834, 90836, 90837-90838, 90853	90785	Interactive complexity (List separately in addition to the code for primary procedure)
99201-99255 99304-99337 99341-99350	90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
99201-99255 99304-99337 99341-99350	90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
99201-99255 99304-99337 99341-99350	90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90839	90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)
90832, 90834, 90837	90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)



**Definitions**

<b>Add-on code</b>	Add-on codes describe additional intra-service work associated with the primary service/procedure.
<b>Stand-alone code</b>	A code reported without another primary service/procedure code by the Same Individual Physician or Other Health Care Professional.
<b>Definitive Source</b>	Definitive Sources contain the exact codes, modifiers or very specific instructions from the given source.
<b>Interpretive Source</b>	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.

**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  
 Individual state Medicaid regulations, manuals & fee schedules

**History / Updates**

March, 2019	Annual review
April, 2018	Annual review
January, 2018	Clarified add-on codes are never reimbursed unless a primary procedure code is also reimbursed.
March, 2017	New

***Proprietary information of Optum. Copyright 2019 Optum.***