# Reimbursement Policy

## National Correct Coding Initiative, Add-On Code Edits

## Reimbursement Policy – Claims Editing

Optum is implementing claim processing edits that may impact claim payment. This notice provides information about add-on code edits. Reimbursement policies establish processes to ensure accurate and appropriate claim processing in accordance with industry standards. These processes serve to identify potentially inappropriate billing and/or utilization of services. Requests for medical records may be made for administrative review (not based or used for Medical Necessity). Record requests outline what is to be submitted; please provide requested records within defined time-frames. Optum provides education and support as a component of our process.

As new processes are developed further Alerts will be made in an effort to keep providers informed.

## National Correct Coding Initiative, Add-On Code Edits

The Centers for Medicare and Medicaid Services (CMS) developed the National Correct Coding Initiative to "promote national correct coding methodologies and to control improper coding leading to inappropriate payment in Part B claims. CMS developed its coding policies based on coding conventions defined in the American Medical Association's CPT Manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a review of current coding practices."

CMS further notes that "an add-on code is a HCPCS/CPT code that describes a service that …is always performed in conjunction with another primary service. An add-on code… is eligible for payment only if it is reported with an appropriate primary procedure performed by the same practitioner. An add-on code… is never eligible for payment if it is the only procedure reported by a practitioner."

To identify add-on codes that are relevant for the edit of claims submitted with Behavioral Health Codes billed by physicians and practitioners, Optum uses the table "Type I - *CPT Manual* Defines all Acceptable Primary Codes" found on the CMS Add-on Edits page under the "Related Links" in a file called "Complete File of Add-on Code Edits."

| Add-On CPT Code | Description |
|---|---|
| 90833 | Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service |
| 90836 | Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service |
| 90838 | Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service |
| 90840 | Psychotherapy for crisis; each additional 30 minutes |
| 90863 | Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services |
| 90875 | Interactive complexity |

The CMS table is updated annually based on changes to the CPT Manual or HCPCS Level II Manual.
Claim submissions not in compliance with this rule will be denied.

## Resources

- Centers for Medicare and Medicaid Services, Add-on Code Edits: http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/Add-On-Code-Edits.html
- CMS NCCI Coding Policy Manual: http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/Downloads/NCCI_Policy_Manual.zip
- American Medical Association (AMA) Current Procedural Terminology (CPT) Manual.