PROVIDER QUICK TIPS #136

Billing Primary Procedure Code with Add-on Code(s)

Providers are being reminded that the Department of Human Services requires that certain primary procedure codes must be billed in conjunction with additional related procedure (add-on) code(s).

When billing a primary code with additional related (add-on) codes, the primary code and the additional add-on code(s) **must** appear on the same claim. The primary code **must** appear on the claim **first** and the add-on-code(s) must appear on the claim line(s) immediately following the primary code, regardless of where the primary code appears on the claim.

When billing a primary code with additional related (add-on) codes, the primary code and the additional add-on code(s) must appear on the same claim. The primary code must appear on the claim first preceding the add-on code(s), regardless of where the primary code appears on the claim.

Please refer to the following billing guides regarding this Quick Tip:

Hospital Based Medical Clinic/ ERs   **Physicians**
Podiatrist   **Dentists**
Audiologists   **CRNA**
Laboratory   **Optometrists**
Mobile Radiology

Note: Failure to follow the billing procedure will result in the denial of your claim on edit 5529 "Related Procedures Must be Billed Together", 5535 "Primary Code Must be Billed Before Add-on Code", or 5536 "Primary Must be Billed Before Add-on Code (Different)".

Thank you for your service to our Medical Assistance Recipients.
We value your participation.
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