### Summary
This policy describes reimbursement for claims submitted with add-on codes. Add-on codes are eligible for reimbursement 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.

### Policy Statement
Medica follows the Centers for Medicare and Medicaid Services (CMS), *Current Procedural Terminology* (CPT®) and interpretive sources based on specialty society guidelines for the reimbursement of "add-on" codes. Per CMS and CPT, add-on codes are always reported in addition to the primary service/procedure, and must never be reported as stand-alone codes. This applies to add-on services performed by the same provider on the same date of service. Medica will only reimburse the add-on code when it has been reported with the appropriate primary service/procedure code.

CPT contains key phrases to identify add-on codes which include, but are not limited to, the following:
- *list separately in addition to primary procedure*
- *each additional*
- *done at time of other major procedure*

Unless otherwise specified within this policy, add-on procedures must be reported with the primary procedure for the same date of service.

**Mohs Micrographic Surgery**
The Mohs micrographic surgery codes (CPT code 17311, and add-on code 17312, 17313, and add-on codes 17314 and 17315), describe procedures that involve surgery and pathology services performed together by the same individual physician. In some instances, the Mohs surgical procedure may extend beyond the initial date of service, thus there are 3 add-on codes (17312, 17314 and 17315) that might be performed on a different date of service than their primary procedure. Consistent with the November 2006 *CPT Assistant*, the Add-on code should be reported on the same claim as the primary Mohs procedure, even though the dates of service may differ.

**Critical Care Services (CPT Codes 99291 and 99292)**
Critical care codes are time based Evaluation and Management (E/M) services. CPT code 99291 is reported for the first 30-74 minutes of care; Add-on code 99292 is reported for each additional 30 minutes. The following situations apply to critical care add-on services (code 99292):

<table>
<thead>
<tr>
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</thead>
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• The Same Individual Physician or Other Health Care Professional reporting provides more than 74 minutes; therefore, billing Add-on code 99292, indicating each additional 30 minutes of care beyond the first 74 minutes.

• The Same Specialty Physician or Other Health Care Professionals each supplying critical care services for the same patient on the same date of service may report using one of the following methods:

• The primary code 99291 is reported by the physician or other healthcare professional that provides the first 30-74 minutes of critical care. The add-on code 99292 is reported for each additional 30 minutes of care beyond the first 74 minutes of critical care when provided by the Same Specialty Physician or Other Health Care Professional.

• A single physician may report all critical care service codes on behalf of the other members within the same group/same specialty.

• The Same Group Physician and/or Other Health Care Professionals each supplying critical care services for the same patient on the same date of service would each individually report their own critical care services. For example, two physicians within the same provider group, but of different specialties each provide critical care services for the same patient on the same date of service. Because the physicians are of different specialties, each would report their critical care services separately. Both physicians may individually report code 99291, and add-on code 99292 for each additional 30 minutes of critical care services depending of the length of services provided by each physician.

CPT provides coding guidelines for some add-on codes specifying which add-on code should be reported in conjunction with a given primary procedure/service code. Medica follows these guidelines and will only reimburse an add-on code when it has been reported with the appropriate primary service/procedure code.

In other instances, CPT does not specifically identify the primary/add-on code relationships. When this occurs, interpretation may be done utilizing CPT, CMS and/or specialty society guidelines to determine additional primary/add-on code relationships.

Add-on codes are designated by CPT with a "+" symbol and/or are assigned a Global Days indicator of "ZZZ" in the CMS National Physician Fee Schedule (NPFS).
For add-on codes 01968, 01969, or 99100-99140, please refer to the "Anesthesia Policy."

For add-on codes 99354-99357 and 99359, please refer to the "Prolonged Services Policy."

Additionally, add-on codes may have an unbundle relationship consistent with and/or independent of the corresponding primary service/procedure code(s); refer to the "Rebundling Policy."

**Definitions**

**Add-on Code** – Add-on codes describe additional intra-service work associated with the primary service/procedure.

**Interpretive Source** – An edit source that includes guidelines without listing specific codes. Therefore, an interpretation must be made to determine codes that correlate to the guidelines.

**Same Individual Physician or Other Health Care Professional** – The same individual physician or health care professional rendering health care services reporting the same federal tax identification number.

**Same Specialty Physician or Other Health Care Professional** – Physicians or health care professionals of the same group and same specialty reporting the same federal tax identification number.

**Stand-alone Code** – A code reported without another primary service/procedure code by the same physician or other health care professional.

**Code Lists**

[Add-On to Primary Code Relationship Code List](#)

**Resources**

- Centers for Medicare and Medicaid Services (CMS)
- Healthcare Common Procedure Coding System (HCPCS)

**Effective Date**

10/30/2006

**Revision Update**

05/15/2020 Code list update
01/01/2020 Code list update
07/01/2019 Code list update
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