



ADD-ON CODES

Add-On Codes

Add-on codes are procedure codes that indicate additional work associated with another primary procedure. Add-on codes can be reimbursed when reported with the primary procedure code by the same practitioner.

Add-on codes may be identified in three ways:

1. The code is listed as a Type I, Type II, or Type III add-on code.
2. In the *Medicare Physician Fee Schedule Database* (MPFSDB) (<http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>), add-on codes generally have a global surgery period of “ZZZ.”
3. In the current year CPT Manual, an add-on code is designated by the symbol “+.” The code descriptor of an add-on code generally includes phrases such as “each additional” or “(List separately in addition to primary procedure).” This information will also be listed in Appendix D.

There are three types of Add-on Codes.

TYPE I: Eligible for payment if billed with an appropriate primary code for the same practitioner for the same patient on the same date of service. Type I add-on codes are only reimbursed when submitted with an acceptable primary code.

There is one exception to the Type I Category: CPT code 99292 may be paid to a physician who does not report CPT code 99291 if another physician of the same specialty in his or her group practice is paid for CPT code 99291 on the same date of service.



For example: If Dr. Smith and Dr. Jones work in the same office, and are the same specialty, Dr. Smith could submit a claim for CPT code 99291, and Dr. Jones could submit a claim for CPT code 99292.

TYPE II: These codes are not associated with a specific list of primary procedure codes. Type II add-on codes are eligible for payment if an acceptable primary procedure code, as determined by CGS, is also eligible for payment to the same practitioner for the same patient on the same date of service. This is usually established through supporting documentation in the patient’s medical record.

TYPE III: These codes are associated with some specific primary procedure codes identified in the CPT Manual. In addition to the primary codes with which they are payable, they may also be reimbursed if they are submitted with other primary procedure codes, if documentation in the patient’s medical record supports the medical necessity of the add-on code.

The Add-on Code listing is included on the CMS website (<http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/Add-On-Code-Edits.html>). This listing has all the codes, the types, and the process for determination.