



Add-On Code Coding Policy

Add-On Codes Overview

An add-on code is a code 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. It is not eligible for payment if it is the only procedure reported by a practitioner

Examples:

- 0365T - Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)
- Primary Procedure: 0364T
- 61612 - Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure)
- Primary Procedures: 61605-61608

CMS identifies add-on codes by a value of “ZZZ” in the global surgery period column of the Medicare Physician Fee Schedule Database. In addition, CMS recognizes the “+” symbol in the CPT Manual as an indication of add-on codes.

There are two circumstances where an add-on code may be billed without a primary procedure. In both cases, the primary procedure must be billed by a provider of the same specialty in the same group practice:

- CPT 99292 (Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)) - For the same date of service, only one physician of the same specialty in the group practice may report CPT code 99291 with or without CPT code 99292, and the other physician(s) must report their critical care services with CPT code 99292.
- CPT 01968 (Anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)) - For Medicaid and Marketplace services, one anesthesia provider may report CPT 01967 (Neuraxial labor analgesia/anesthesia for planned vaginal delivery) and another anesthesia provider in the same group practice may report 01968.

Sources

CMS:

<https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/Add-On-Code-Edits.html>

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2636CP.pdf>