Add-on Code

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

The Centers for Medicare & Medicaid Services (CMS) identify add-on codes using the value "ZZZ" in the global surgery period column of the Medicare Physician Fee Schedule Database. Additionally, CMS acknowledges the "+" symbol within the CPT Manual as indicative of add-on codes.

Examples:

- **CPT 58110** - Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure):
    - **Primary procedures:** 57420, 57421, 57452, 57461
- **CPT 88341** - Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure:
    - **Primary procedure:** 88342

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:
    - 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:
    - 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.

Supplemental Information

Definitions

Term	Definition
CMS	the Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards.

State Exceptions

State	Exception

Documentation History

Type	Date	Action
Effective Date	11/20/2020	New Policy
Revised Date	10/19/2022	Updated examples
Revised Date	08/16/2023	Verified links Updated Template
Revision Date	12/12/2024	Updated Examples, Updated the Template and verified the Links

References

Reference	Link
CMS	Medicare NCCI Add-on Code Edits
CMS	CMS Manual System Pub 100-04 Medicare Claims Processing

***CODING DISCLAIMER**. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.*