Definitions Relating to Surgery

Add-On Codes- Procedures performed in addition to the primary service/procedure and are never reported as a stand-alone code. Add-on codes describe additional intra-service work associated with the primary procedure.

Ambulatory Surgery- Surgical procedure(s) that are more complex than office procedures under local anesthesia but less complex than procedures requiring prolonged postoperative monitoring and hospital care to ensure safe recovery and desirable results.

Bilateral Procedures- Exact procedures identified by the same CPT codes which are performed on anatomically bilateral sides of the body during the same operative session.

Endoscopy Procedure- The performance of a procedure on interior organs and cavities of the body through an endoscope. An endoscope is an illuminated optic instrument for the visualization of the interior of a body cavity or organ.

Incidental Procedure- A procedure carried out at the same time as a primary procedure, but is clinically integral to the performance of the primary procedure or requires little additional physician resources.

Multiple Surgeries- Separate procedures performed by the same physician on the same patient at the same operative setting. Mississippi Medicaid applies multiple surgery rules to codes in the CPT range of 10000 through 69999 except for certain procedures exempt from multiple surgery rules.

Mutually Exclusive Procedures- The separate billing for two (2) or more procedures that are usually not performed for the same patient on the same date of service.

Unbundled Procedures- The use of two (2) or more CPT codes to describe a procedure or event when a single CPT code exists that comprehensively describes the surgery performed.