

# CPT 99499 for Supplemental Diagnosis Code Submission

## Submitting claims with supplemental diagnoses

Premera Blue Cross Blue Shield of Alaska’s process for using Current Procedural Terminology (CPT®) code<sup>i</sup> 99499 enables providers to submit all documented encounter diagnosis codes, where diagnosis truncation has been identified. Provider-submitted professional claims are limited to no more than 12 diagnoses on the CMS 1500, and provider-submitted institutional claims are limited to no more than 25 diagnoses.

Submission of complete and accurate diagnostic data by using CPT code 99499 may reduce the administrative burden associated with supplemental diagnosis code file submission; supports continuity of diagnostic data-sharing between providers, Premera, and CMS/HHS; supports demonstration of high quality care; and is fundamental to Premera’s ability to best support our members with care management programs.

## What you need to know before submitting 99499 claims

Information	All Lines of Business
All ICD-10 codes <sup>ii</sup> must be supported in the documentation of a face-to-face visit.	✓
The 99499 claim should only be used when there is a primary claim with an E&M.	✓
99499 claims should only be used when the provider-submitted primary claim contains the maximum of 12 (professional) or 25 (institutional) diagnosis codes; if the maximum number of diagnosis codes was not submitted on the primary claim, use the corrected claim process to submit additional diagnoses instead of a 99499 claim.	✓
The member name, billing provider, rendering provider, and date of service must match the primary claim.	✓
Multiple units of 99499 are billable on same DOS.	✓
No other services should be billed on claim with 99499.	✓
99499 claims are not corrected or replacement claims, so frequency codes 6 or 7 would not be needed.	✓
Modifier 25 is not needed on 99499 claims.	✓
Bill 99499 claims with zero-dollar (\$0.00) charge.	✓
An Evidence of Benefits (EOB) will be generated for members when a 99499 claim is submitted.	✓*
An Evidence of Payment (EOP) will be generated for providers when a 99499 claim is submitted.	✓*

\*Generated for Medicare Advantage and Small Group, but not Individual.

### More information

For additional information on how to submit a claim for supplemental diagnoses, please email your Provider Clinical Consultant at [ProviderClinicalConsulting@Premera.com](mailto:ProviderClinicalConsulting@Premera.com).

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<sup>ii</sup> ICD-10-CM created by the National Center for Health Statistics (NCHS), under authorization by the World Health Organization (WHO). WHO-copyright holder