

In the event of conflict between a Clinical Payment and Coding Policy and any plan document under which a member is entitled to Covered Services, the plan document will govern. Plan documents include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents.

In the event of conflict between a Clinical Payment and Coding Policy and any provider contract pursuant to which a provider participates in and/or provides services to eligible member(s) and/or plans, the provider contract will govern.

Co-Surgeon/Team Surgeon Modifiers

Policy Number: CPCP009

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This policy was created to serve as a general reference guide to coding and payment for the utilization of a co-surgeon or a team of surgeons. Health care providers (facilities, physicians and other health care professionals) are expected to exercise independent medical judgment in providing care to patients. This policy is not intended to impact care decisions or medical practice. Providers are responsible for accurately, completely, and legibly documenting the services performed. The billing office is expected to submit claims for service rendered using valid codes from HIPAA- approved code sets. This policy does not address all situations that may occur and in certain circumstances, these situations may override the criteria within this policy.

Modifications to this policy may be made at any time. Any updates to will result in an updated publication of this policy.

Description:

This policy provides coding details for surgical procedures that utilize two or more surgeons or other qualified health care professionals for the same surgical patient. Co-Surgeons or team surgeons are used when multiple surgeons or qualified health care professionals with different skills and/or specialties are required or when conducting surgery simultaneously minimizes anesthesia time or complications.

In certain situations, two surgeons with different individual skills are required to perform surgery on the same patient during the same operation on the same day. Often these surgeons have different specialties which require them to perform their own unique portion of the surgery. This may be due to the complexity of the surgery and/or the patient's condition. In this scenario, the surgeons are acting as co-surgeons and each surgeon should bill the procedure with a modifier 62 attached.

Team surgery occurs when more than two physicians, usually of different specialties, and/or other qualified health care professionals are required to perform highly complicated procedures on the same patient. Team surgery is identified by appending modifier 66 to the procedure.

Reimbursement Information:

This policy applies to co-surgeon services that are billed using the CMS 1500 Health Insurance Claim Form. This policy applies to all products, in-network and out-of-network physicians and other qualified health care professionals.

Co-Surgery

In cases of co-surgery, each surgeon must bill modifier 62 on the claim submitted and the Current Procedural Terminology (CPT) code on both surgeon's claims should match. Both surgeons may be asked to submit separate operative reports that explicitly state what each surgeon did during the surgery, reflecting the complexity of the case. .

For Co-Surgery claims to be eligible for reimbursement, the following criteria must be met:

- The guidelines of The Centers for Medicare and Medicaid Services (CMS) are to be followed, which state that CPT codes appearing in the National Physician Fee Schedule (NPFS) with a relative value file status indicator of "1" or "2" are eligible for co-surgeon reimbursement with modifier 62
- The utilization of both surgeons must be determined to be medically necessary.
- The procedure requires two surgeons with different specialties performing a specific procedure, or two surgeons performing a specific procedure simultaneously.
- The Co-Surgery services are submitted with an appropriate surgical CPT code by both surgeons and modifier 62 is listed in the first position.
- NOTE: Physicians cannot bill as assistants for the procedure in which they acted as co-surgeons.

When two surgeons are operating on two completely different anatomically different portions of the patient on the same date and time, it is not considered co-surgery. In these instances, each surgeon is considered the primary provider for the surgery they are conducting and modifier 62 should not be applied.

Modifier 62 should not be billed for procedures when one of the surgeons is acting as an assistant surgeon. If a co-surgeon acts as an assistant during another procedure during the same surgical session as indicated by a separate procedure code, they may bill as an assistant for that separate procedure. Multiple surgery reductions may apply.

Team Surgery

For team surgery, each team surgeon should use the same Current Procedural Terminology (CPT) code on their individual claim form and include modifier 66 in the primary modifier position. Each team surgeon may be asked to submit an operative report that states what each surgeon did during the surgery.

For team surgery claims to be eligible for reimbursement, the following criteria must be met:

- The guidelines of The Centers for Medicare and Medicaid Services (CMS) are to be followed, which state that CPT codes appearing in the National Physician Fee Schedule (NPFS) with a relative value file status indicator of "1" or "2" are eligible for reimbursement with the appropriate modifier
- The utilization of a team must be determined to be medically necessary
- Team is composed of more than two surgeons of different specialties
- The team surgery services are submitted with an appropriate surgical Current Procedural Terminology (CPT) code and modifier 66 is listed in the first position.

References:

American Medical Association. Current Procedural Terminology (CPT).

<https://www.ama-assn.org/practice-management/cpt>

Centers for Medicare and Medicaid Services (CMS). Physician Fee Schedule Relative Value Files.

<https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched/pfs-relative-value-files.html>

Policy Update History:

Approval Date	Description
10/11/17	New Policy
12/6/17	Revised