<table>
<thead>
<tr>
<th>Policy Name</th>
<th>Co-Surgeon / Team Surgeon</th>
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<tbody>
<tr>
<td><strong>Summary</strong></td>
<td>This policy addresses reimbursement for surgical procedures when two or more surgeons are required to perform surgery on the same patient during the same operative session.</td>
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<td><strong>Policy Statement</strong></td>
<td>The Co-Surgeon / Team Surgeon policy identifies procedures that are eligible for co-surgeon and team surgeon services as documented by the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFS).</td>
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<td><strong>Co-Surgeon Services</strong></td>
<td>Co-surgeons are defined in <em>Current Procedural Terminology</em> (CPT®), as two surgeons (usually with different specialties), working together as primary surgeons and performing distinct parts of a procedure.</td>
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<td>Modifier 62 identifies a co-surgeon involved in the care of a patient at surgery. Each co-surgeon should submit the same CPT code appended with modifier 62. Medica considers all codes in the NPFS with status code indicators &quot;1&quot; or &quot;2&quot; as eligible for co-surgeon services.</td>
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<td>Surgical assistant services are not reimbursable services when submitted in addition to co-surgeon services for the same surgical procedure. If a co-surgeon acts as an assistant surgeon in the performance of additional procedure(s) during the same surgical session, the procedure(s) are reimbursable services when indicated by separate procedure code(s) with the modifier 80 or modifier 82 appended, as appropriate.</td>
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<td>Co-surgeons performing simultaneous bilateral procedures should each report the appropriate CPT code appended with modifiers 50 and 62.</td>
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<td>For services included on the Co-Surgeon Eligible Code List (see below), Medica will reimburse co-surgeon services at 63% of the allowable amount to each surgeon, subject to additional multiple procedure reductions if applicable (see Multiple Procedure Reductions section below). The allowable amount is determined independently for each surgeon and is calculated from the allowable amount that would be given to that surgeon performing the surgery without a co-surgeon.</td>
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<td><strong>Physicians acting as a Co-Surgeon and an Assistant Surgeon</strong> Medica will reimburse co-surgeon services at 63% and assistant surgeon services at the appropriate percentage, based on the level of surgical assist (see Assistant Surgeon Policy). If there are multiple procedures performed by the</td>
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same provider, for either co-surgeon or assistant surgeon services, multiple procedure ranking is applied separately for each co-surgeon and assistant surgeon service performed.

**Team Surgeon Services**
Team surgeons are defined in CPT, as three or more surgeons (with different or same specialties) working together during an operative session in the management of a specific surgical procedure.

Modifier 66 identifies team surgeons involved in the care of a patient during surgery. Each team surgeon should submit the same CPT code appended with modifier 66. Medica considers all codes in the NPFS with status code indicators "1" or "2" as eligible for team surgeon services.

Each team surgeon is required to submit written medical documentation describing the specific surgeon's involvement in the total procedure. For services included on the Team Surgeon Eligible Code List (see below), Medica will review each submission with its appropriate medical documentation and make reimbursement decisions on a case-by-case basis.

Team surgeons performing simultaneous bilateral procedures should each report the appropriate CPT code appended with modifiers 50 and 66.

**Multiple Procedure Reductions**
Multiple procedure reductions apply to co-surgeon and team surgeon claims when one or more physicians are billing multiple CPT codes that are eligible for reductions. Refer to the “Multiple Procedure Reduction Policy” for application of multiple procedure reductions.

**Co-Surgeon and Team Surgeon Eligible Code Lists**
Code lists developed for co-surgeon and team surgeon eligible services are based on the CMS NPFS Relative Value File status indicators.

**Definitions**

**Modifier 62 – Two Surgeons.** When 2 surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier 62 to the procedure code and any associated add-on code(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If additional procedure(s) (including add-on procedure(s)) are performed during the same surgical session, separate code(s) may also be reported with modifier 62 added.

**Modifier 66 – Surgical Team.** Under some circumstances, highly complex procedures (requiring the concomitant services of several physicians, often of different specialties, plus other highly skilled, specially trained personnel,
various types of complex equipment) are carried out under the "surgical team" concept. Such circumstances may be identified by each participating physician with the addition of modifier 66 to the basic procedure number used for reporting services.

**Modifier 50** – Bilateral Procedure. Unless otherwise identified in the listings, bilateral procedures that are performed at the same session should be identified by adding modifier 50 to the appropriate 5-digit code.

**Simultaneous Bilateral Services** – The same procedure performed at the same time on opposite sides by different surgeons.

**Code Lists**
- Co-Surgeon Eligible Code List
- Team Surgeon Eligible Code List

**Resources**
- Centers for Medicare and Medicaid Services (CMS)
- National Physician Fee Schedule (NPFS)

**Effective Date**
10/01/1999

**Revision Updates**
- 08/06/2019 Annual policy review
- 01/01/2019 Annual code update
- 01/01/2018 Annual code update
- 01/01/2017 Annual code update
- 04/14/2016 Annual policy review
- 01/01/2016 Annual code review