Disclaimer: This reimbursement policy is intended to provide general guidance regarding Medica’s policy for the services described, and does not constitute a guarantee of payment. You are responsible for submitting accurate claims. Factors affecting claims reimbursement may include, but are not limited to, state and federal laws, regulations and accreditation requirements, along with administrative services agreements, provider contracts, and benefit coverage documents. Coding methodology and industry standards are also considered in developing reimbursement policy.

Medica routinely updates reimbursement policies, and new versions are published on this website. If you print a copy of this policy, please be aware that the policy may be updated later, and you are responsible for the information contained in the most recent online version. Medica communicates policy updates to providers via Medica’s monthly e-newsletter, Medica Connections®, as well as through Medica Provider Alerts.

All content included on the provider portion of medica.com is an extension of providers’ administrative requirements, which all Medica network providers are contractually obligated to follow.

Summary:
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.

Policy Statement:
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).

Co-Surgeon Services
Co-surgeons are defined in Current Procedural Terminology (CPT®), as two surgeons (usually with different specialties), working together as primary surgeons and performing distinct parts of a procedure.

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 "1" or "2" as eligible for co-surgeon services.

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, 81, 82 or modifier AS appended, as appropriate.

Co-surgeons performing *simultaneous bilateral procedures* should each report the appropriate CPT code appended with modifiers 50 and 62.

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.

**Physicians acting as a Co-Surgeon and an Assistant Surgeon**

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 Co-Surgeon / Team Surgeon Policy Page 2 of 3 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.
Modifiers:

**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.

**Modifier 80** – Assistant Surgeon
**Modifier 81** - Minimum Assistant Surgeon
**Modifier 82** - Assistant surgeon, when qualified resident surgeon is not available
**Modifier AS** - Physician assistant, nurse practitioner, or clinical nurse specialist for assistant at surgery

Code Lists:

- Co-Surgeon Eligible Code List
- Team Surgeon Eligible Code List

Definitions (could be “Definitions of Italicized Terms”):

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

- **Assistant Surgeon** (Surgical Assistant) - A practitioner who actively assists the primary surgeon in the performance of a surgical procedure.

Q & A:

**Q:** Does Medica allow Non-physicians to be reimbursed for Co-Surgeon / Team surgeon procedures?

**A:** Medica follows CMS claims processing manual guidance for co-surgery which refers to surgical procedures involving two different surgeons, usually of different specialties, and therefore, Medica will not reimburse Non-physicians for Co-surgeon/ Team Surgeon procedures.

**Q:** Will Medica reimburse the modifier 62 if billed by three or more Providers?
A: Modifier 62 is defined as two-surgeons and therefore can only be utilized in a “Co-surgeon” situation. Surgical procedures that require more than two Providers must follow the “Team Surgeon” billing guidelines.

Resources:
Centers for Medicare and Medicaid Services (CMS)
Healthcare Common Procedure Coding System (HCPCS)
National Physician Fee Schedule (NPFS)

Effective Date: 10/01/1999

Revision Updates:
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