Co-Surgeon / Team Surgeon Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include but are not limited to federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network Physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract Physicians and other qualified health care professionals.

Policy

Overview

The Co-Surgeon and Team Surgeon Policy identifies which procedures are eligible for Co-Surgeon and Team Surgeon services as identified by the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFS).

A Co-Surgeon is identified by appending modifier 62 to the surgical code.

A Team Surgeon is identified by appending modifier 66 to the surgical code.

Reimbursement Guidelines

Co-Surgeon Services

Modifier 62 identifies a Co-Surgeon involved in the care of a patient at surgery. Each Co-Surgeon should submit the same *Current Procedural Terminology* (CPT®) code with modifier 62, for the same date of service

In alignment with CMS, UnitedHealthcare Community Plan will reimburse Co-Surgeon services at 62.5% of the

Allowable Amount to each surgeon, subject to additional multiple procedure reductions if applicable (see Multiple Procedure Reduction 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.

Team Surgeon Services

Modifier 66 identifies Team Surgeons involved in the care of a patient during surgery. Each Team Surgeon should submit the same CPT code with modifier 66, for the same date of service.

Each Team Surgeon is required to submit written medical documentation describing the specific surgeon's involvement in the total procedure. For services eligible for Team Surgeon (see the NPFS link below), UnitedHealthcare Community Plan will review each submission with its appropriate medical documentation and will make reimbursement decisions on a case-by-case basis.

Co-Surgeon and Team Surgeon Eligible Lists

The Co-Surgeon and Team Surgeon Eligible Lists are developed based on the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFS) Relative Value File status indicators.

All codes in the NPFS with status code indicators "1" or "2" for "Co-Surgeons" are considered by UnitedHealthcare Community Plan to be eligible for Co-Surgeon services as indicated by the Co-Surgeon modifier 62.

UnitedHealthcare Community Plan applies the payment indicators for HCPCS codes G0412 - G0415 when adjudicating CPT codes 27215-27218 for the purposes of this policy.

All codes in the NPFS with the status code indicators "1" or "2" for "Team Surgeons" are considered by UnitedHealthcare Community Plan to be eligible for Team Surgeon services as indicated by the Team Surgeon modifier 66.

The procedure codes applicable to this policy edits may be found on the following link using the appropriate year and quarter and referencing the “CO-SURG” or “TEAM SURG” column.
https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files

Multiple Procedure Reductions

Multiple procedure reductions apply to Co-Surgeon and Team Surgeon claim submissions when one or more Physicians are billing multiple CPT codes that are eligible for reductions.

Assistant Surgeons with Co-Surgeon Services During the Same Encounter

UnitedHealthcare Community Plan follows CMS guidelines and does not reimburse for Assistant Surgeon services, as indicated by modifiers 80, 81, 82, or AS, for procedures where reimbursement has been provided for eligible Co-Surgeon services, using the same surgical procedure code, during the same encounter.

If a Co-Surgeon acts as an Assistant Surgeon in the performance of additional procedure(s) during the same surgical session, the procedures are reimbursable services (if eligible per the Assistant Surgeon Eligible List) when indicated by separate procedure code(s) with modifier 80 or modifier 82 added, as appropriate.

Simultaneous Bilateral Services

Simultaneous bilateral services are those procedures in which each surgeon performs the same procedure on opposite sides. Each surgeon should report the simultaneous bilateral procedures with modifiers 50 and 62. Assistant Surgeon services will not be reimbursed services in addition to the simultaneous bilateral submission as described in the "Assistant Surgeon and Co-Surgeon Services" section in this policy.

State Exceptions	
Florida	Per state regulations, modifier 62 is reimbursed at 50% and modifier 66 reimburses up to 3 providers at 100% of max allowable..
Indiana	Per regulations, CPT/HCPCS codes 22586, 22861, 22862, 22864, 22865, 28890, 54400, 54408, 54410, 54411, 54416, 54417, 55400, 55870, 58974, 58976, 59866 61630, G0276, G0341, G0342, G0343 are not covered for the state of Indiana.
Kentucky	For KY Medicaid, modifier 62 is reimbursed at 50% of the allowed amount.
Mississippi	For MS CAN modifier 66 is reimbursed at 62.5% of the Allowable Amount
New Mexico	The total allowed value of the procedure is increased by 25% and each surgeon is paid 50% of that amount.
Washington DC	Washington DC is exempt from this policy. Co-Surgeon/Team Surgeon procedures are reimbursed based on the fee schedule.
Wisconsin	Per state regulations, modifier 62 is reimbursed at 100% per fee schedule.

Definitions	
Allowable Amount	Defined as the dollar amount eligible for reimbursement to the Physician or other qualified health care professional on the claim. Contracted rate, reasonable charge, or billed charges are examples of an Allowable Amount, whichever is applicable. For percent of charge or discount contracts, the Allowable Amount is determined as the billed amount, less the discount.
Assistant Surgeon	A Physician or other qualified health care professional who is assisting the Physician performing a surgical procedure.
Co-Surgeons	Several Physicians (usually with different specialties) working together as primary surgeons performing distinct part(s) of a procedure. Claims submitted by Co-Surgeons are identified with modifier 62.
Team Surgeons	Three or more Physicians (with different or same specialties) working together during an operative session in the management of a specific surgical procedure. Claims submitted by Team Surgeons are identified with modifier 66.
Physician	A Doctor of Medicine (MD) or Doctor of Osteopathy (DO)

Questions and Answers	
1	**Q:** Why does UnitedHealthcare Community Plan not allow reimbursement for non-Physicians performing Co-Surgeon services? **A:** CMS claims processing manual guidelines for co-surgery refers to surgical procedures involving two different surgeons, usually of different specialties. Please see the definitions above. Co-Surgeons and Team Surgeons are Physicians.

2	**Q**: Can a surgeon bill the 62 modifier or bill separately for the closure of a surgical incision? **A:** Closure of a surgical incision is included in the global surgical package. Separate codes for closure are generally not allowed. The CPT code descriptor may define more specifically the closure services included in a given procedure. For example: Spinal arthrodesis, posterior or posterolateral technique (CPT Code 22612). The code description indicates: "The periosteum, ligaments and paravertebral muscles are sutured to secure the bone grafting. The skin and subcutaneous tissues are closed in layers with sutures." If a different surgeon performs the closure of the surgical site, the services would correctly be billed by both surgeons appending the Co-Surgeon modifier (62) to the primary CPT Code. In this example, CPT Code 22612-62 could be billed by an orthopedic spine surgeon and a plastic surgeon.
3	**Q**: Can two surgeons of the same specialty bill the 62 modifier for a procedure? **A:** In certain circumstances, Co-Surgeons may be of the same or different specialties. To be considered for reimbursement, documentation is required supporting the Co-Surgeons working as the primary surgeon performing a distinct part or parts of the same procedure.
4	**Q**: Can two surgeons use the 62 modifier for exposure of the operative field? **A**: Yes. To be considered for reimbursement, documentation is required supporting the Co-Surgeons working as the primary surgeon performing a distinct part or parts of the same procedure. For example: When an anterior approach to the spine is performed by a vascular surgeon followed by an anterior fusion performed by an orthopedic spine surgeon, the services would correctly be billed by both surgeons appending the Co-Surgeon modifier (62) to the primary CPT Code.

Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

History

10/6/2024	Policy Version Change State Exceptions Section: Wisconsin Added
6/14/2024	Policy Version Change State Exceptions Section: New Mexico Added
4/14/2024	Policy Version Change State Exceptions: Florida updated
3/18/2024	Policy Version Change Reimbursement Guidelines section: Policy verbiage updated
2/6/2024	Policy Version Change State Exceptions: Indiana updated History Section: Entries prior to 2/6/2022 archived
9/24/2023	Policy Version Change State Exceptions: Mississippi updated History Section: Entries prior to 9/24/2021 archived

7/1/2023	Policy Version Change Policy Section Change: Co-Surgeon Services State Exceptions section: Colorado and New Jersey removed
4/16/2023	Policy Version Change State Exceptions: Kentucky added
3/19/2023	Policy Version Change State Exceptions: Kentucky Removed
1/31/2023	Policy Version Change State Exceptions: Kentucky added
1/1/2023	Policy Version Change State Exceptions: Colorado added History Section: Entries 1/1/2020 and prior archived
9/25/2022	Policy Version Change State Exceptions: New Jersey added
9/1/2022	Policy Version Change Definitions Section: Physician added Questions and Answers Section updated History Section: Entries 9/1/2020 and prior archived
1/30/2006	Policy implemented by UnitedHealthcare Community & State