

Coding Policy Policy and Procedure		
SUBJECT: Coding Policy 16.0 Co-Surgeons (Modifier -62), Team Surgeons (Modifier -66)	DEPARTMENT: Coding Compliance	
ORIGINAL EFFECTIVE DATE: 12/1992	DATE(S) REVIEWED/REVISED: 2/00, 01/01, 03/02, 3/03, 3/04, 1/05, 1/06, 01/07, 1/08, 01/09, 01/10, 05/10, 06/10, 01/11, 01/12, 01/13, 01/14, 01/15, 01/16, 01/17, 01/18, 01/19, 01/20, 01/21	
APPROVED BY: Coding Policy Review Committee	NUMBER: MC 16.0	PAGE: 1 of 2

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Health Plan Providers
All Lines of Business

POLICY:

Under certain circumstances, the skills of two surgeons, usually with different specialties, may be required to perform one or more surgical procedures, on a patient during the same operative session within the same body system. Each surgeon functions as primary surgeon for his/her surgical procedure and is responsible for the follow up care. It is expected that each primary surgeon will assist the other, and that no assistant surgeon services will be billed for procedures with co-surgeons.

Under some circumstances, highly complex procedures (requiring the concomitant services of several physicians, often of different specialties, plus other highly skilled, specially trained personnel and 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 the modifier -66 to the procedure code used for reporting services.

Documentation (i.e., operative reports from all the surgeons involved) establishing that a surgical team was medically necessary is required for all claims billed with modifier -66.

Codes with a CMS co-surgeon or team surgeon indicator of “0” or “9” are not valid for modifier -62 or modifier -66 use.*

Codes with a CMS co-surgeon or team surgeon indicator of “1” may be paid. Supporting documentation is required to establish medical necessity. Use modifier -62 or modifier -66 as appropriate.*

Codes with a CMS co-surgeon or team surgeon indicator of “2” are valid for modifier -62 or modifier -66 use.* Documentation is required for all claims billed with modifier -66

Examples meeting the definition:

