

Coding Policy

Co-Surgeons

CODING POLICY NUMBER: 16

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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”). **The full Company portfolio of current coding policies is available online and can be [accessed here](#).**

POLICY APPLICATION

- Providence Health Plan Participating Providers
- Non-Participating Practitioners
- Commercial
- Medicaid/Oregon Health Plan
- Medicare

*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Coding policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

POLICY STATEMENT

- I. 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.

- II. 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.
- III. 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.
- IV. Codes with a CMS co-surgeon or team surgeon indicator of “0” or “9” are not valid for modifier -62 or modifier -66 use.*
- V. 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.*
- VI. 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
- VII. Examples meeting the definition:
 - A. An anterior approach to spine surgery, where a neurosurgeon performs the approach and an orthopedic surgeon performs the definitive procedure.
 - B. An ophthalmologist and a neurosurgeon performing excision of a brain tumor near the optic nerve.

*Exceptions may apply when discrepancies exist between Providence Health Plan policies and/or American Medical Association (AMA) or other published information and Medicare indicators.

PROCEDURE

GENERAL

Except for co-surgery or team surgery, only one surgeon may be considered the primary surgeon for all procedures performed in a single surgical session.

Components of a procedure, separate procedures, or bilateral procedures may not be billed by more than one single primary surgeon. In these cases, the surgeons may bill as co-surgeons or one surgeon

1. CMS/Medicare Rules and Regulations
2. Current Procedural Terminology (CPT)
3. Providence Health Plan Coding Edits

POLICY REVISION HISTORY

Date	Revision Summary
12/1992	Original policy effective date.
1/2023	Annual review. Converted to new template 5/2023.
1/2024	Annual review. No changes to policy.
1/2025	Annual review. No changes to policy.
8/2025	Interim update. Moved information regarding multiple surgeons from CP 06.0 (Multiple Procedure Reductions) to the general section of this policy.
1/2026	Annual review. No changes to policy.