Coding Policy

Co-Surgeons

CODING POLICY NUMBER: 16

Effective Date: 1/1/2025

Last Review Date: 1/2025

Next Annual Review: 2026

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

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

Examples meeting the definition:

1. An anterior approach to spine surgery, where a neurosurgeon performs the approach and an orthopedic surgeon performs the definitive procedure.
2. 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

Co-Surgeons

Both surgeons must bill the same procedure code, appending modifier -62. Billing without modifier -62 indicates that the surgeon did the entire procedure including the approach, and this is not the case in a co-surgery. Modifier -62 should only be appended to those codes in which the surgeons acted as co-surgeons. **Each surgeon must dictate his or her own operative note and identify the other surgeon involved.**

Reimbursement is 125% of the allowable, which is divided equally between both surgeons. Each surgeon will receive 62.5% of the allowable. Claims are to be billed with modifier -62.

Example: $1000 x 125% = $1250. Divided by 2 = $625 per surgeon

or

$1000 x 62.5% = $625 per surgeon

Team Surgeons

All surgeons must bill the same procedure code(s), appending modifier -66. Modifier -66 should only be appended to those codes in which the surgeons acted as team surgeons. **Each surgeon must dictate his or her own operative note and identify the other surgeons involved.** Operative notes must be submitted with the claim.

Reimbursement is limited to 150% of the allowable for the surgery, and payment will be divided equally between all surgeons.

Example: $1,000 x 150% = $1,500. Divided by 3 surgeons = $500 per surgeon
Divided by 4 surgeons = $375 per surgeon

REFERENCES

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.