

Reimbursement Policy	
Title: Co-Surgeon / Team Surgeon	
Policy Number: RP-P-150X	Application: All Medica Members
Last Reviewed: 09/07/2023	Effective Date: 10/01/1999
Related Policies: Assistant Surgeon , Bilateral Procedures , Multiple Procedure Reduction	

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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-surgeons and team surgeons as documented by the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFS). Code lists developed for co-surgeon and team surgeon eligible services are based on the CMS NPFS Relative Value File status indicators.

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 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.

For services included on the Co-Surgeon Eligible Code List, Medica will reimburse at 63% of the allowable amount for each surgeon. The allowable amount is determined independently for each surgeon and is calculated from the allowable amount that would be given to the surgeon performing surgery without a co-surgeon.

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

Physicians acting as a Co-Surgeon and an Assistant Surgeon

Assistant Surgeon services are not reimbursable when submitted in addition to co-surgeon services for the same surgical procedure. Medica will reimburse eligible assistant surgeon services if a co-surgeon acts as an assistant surgeon in the performance of additional procedure(s) during the same surgical session. These services will be reimbursed at the appropriate percentage based on the level of surgical assist. Refer to the Assistant Surgeon Policy for more information.

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 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 their specific involvement in the total procedure. Medica will review each submission with its appropriate medical documentation and make reimbursement decisions on a case-by-case basis, for services included on the Team Surgeon Eligible Code List.

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 reporting the same Federal Tax ID number are billing multiple CPT codes that are eligible for reductions. Refer to the Multiple Procedure Reduction Policy for application of multiple procedure reductions.

Modifiers:	
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.
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.
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.
80	Assistant Surgeon
81	Minimum Assistant Surgeon
82	Assistant surgeon when qualified resident surgeon is not available

AS	Physician assistant, nurse practitioner, or clinical nurse specialist for assistant at surgery
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Code Lists:
Co-Surgeon Eligible Code List
Team Surgeon Eligible Code List

Definitions:	
Assistant Surgeon	A practitioner who actively assists the primary surgeon in the performance of a surgical procedure.
Co-Surgeon	Two surgeons, usually with different specialties, working together as primary surgeons and performing distinct parts of a procedure.
Simultaneous Bilateral Services	The same procedure performed at the same time on opposite sides by different surgeons.
Team Surgeon	Three or more surgeons with different or same specialties working together during an operative session in the management of a specific 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 modifier 62 if billed by three or more Providers?	A: No. 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)
Current Procedural Terminology (CPT®)
Healthcare Common Procedure Coding System (HCPCS)
National Physician Fee Schedule (NPFs)



Effective Date:	10/01/1999
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Revision Updates:	
03/12/2024	Code List Update
09/07/2023	Annual Policy Review
12/08/2022	Annual Policy Review
12/30/2021	Code List Update
10/08/2021	Annual Policy Review

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