



## PROVIDER REIMBURSEMENT GUIDANCE

### Co-Surgeon & Team Surgeon

Original Date Approved	Effective Date SCO/ICO	Effective Date MAPD*	Revision Date
02/10/2022	04/01/2022	04/01/2022	02/01/2022
<b>Scope:</b> Commonwealth Care Alliance (CCA) Product Lines <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Senior Care Options (MA)</li> <li><input checked="" type="checkbox"/> One Care (MA)</li> <li><input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) MA*</li> <li><input checked="" type="checkbox"/> CCA Medicare Value - (PPO) MA*</li> </ul> </div> <div style="width: 48%;"> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) RI*</li> <li><input checked="" type="checkbox"/> CCA Medicare Value - (PPO) RI*</li> <li><input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI*</li> </ul> </div> </div>			

### **Payment Policy Summary**

This document outlines CCA’s reimbursement policy related to Co-Surgeon and Team Surgeon procedures. Co-Surgeon and Team Surgeon procedures are procedures requiring two or more surgeons to perform surgery on a patient during a single operative case. CCA’s Co-Surgeon and Team Surgeon Policy are aligned to the services outlined by the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFS).

- A Co-Surgeon procedure is denoted by adding modifier 62 to the surgical code.
- A Team Surgeon procedure is denoted by adding modifier 66 to the surgical code.

### **Reimbursement Guidelines:**

#### **Co-Surgeon Services**

The use of a modifier 62 denotes a Co-Surgeon’s involvement with caring for a patient during surgery. Each Surgeon involved in the case should submit the same Current Procedural Terminology (CPT) code with modifier 62 attached.

For services included on the Co-Surgeon Eligible List, CCA will apply standard CMS rates and reimburse at 63% of the Allowable Amount to each surgeon.

#### **Team Surgeon Services**

The use of a modifier 66 denotes a Team Surgeons engagement in the care of a patient during surgery. For reimbursement, each surgeon engaged in the case should submit the same CPT code with a modifier 66 attached.

#### **Co-Surgeon and Team Surgeon Eligible Services**

CCA applies the CMS NPFS status indicators to Co-Surgeon and Team Surgeon eligible services to determine reimbursement.



The CMS NPFS outlines two indicators that denote Co-Surgeon services in which the two surgeons may be paid. The CMS NPFS indicators are:

- 1: Co-Surgeons could be paid; supporting documentation required to establish the medical necessity of two surgeons for the same procedure.
- 2: Co-Surgeons permitted; no documentation required if two specialty requirements are met.

The CMS NPFS outline two indicators that denote Team Surgeon services in which the Team Surgeons may be paid. The CMS NPFS indicators are:

- 1: Team Surgeons could be paid, though supporting documentation required to establish medical necessity of a team; pay by report
- 2: Team Surgeons permitted; pay by report

**Multiple Procedure Reductions**

When multiple physicians bill CPT codes that meet the requirements for reduction, CCA will apply multiple procedure reductions to the Co-Surgeon and Team Surgeon claim submissions.

**Assistant Surgeon and Co-Surgeon Services During the Same Encounter**

Per CMS guidelines, CCA does not reimburse for Assistant Surgeon services denoted by modifiers 80, 81, 82, or AS where reimbursement has been provided for eligible Co-Surgeon services that use the same surgical procedure codes and reference the same surgical case.

**Simultaneous Bilateral Services**

A Simultaneous Bilateral Service is a procedure in which two surgeons perform the same procedure on opposite sides of a patient’s body. For these cases, each surgeon should report the Simultaneous Bilateral Procedures using modifiers 50 and 62.

**Definitions:**

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<b>Co-Surgeon &amp; Team Surgeon Procedure</b>	Co-Surgeon and Team Surgeon procedures are procedures requiring two or more surgeons to perform surgery on a patient during a single operative case.
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**Audit and Disclaimer Information**

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As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies, procedures, and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

## References

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[CCA Website](#)

[CMS Website](#)

[National Physician Fee Schedule](#)

[CMS Manual System – Pub 100-04 Medicare Claims Processing](#)

### **Payment Policies:**

[Massachusetts](#) / [Rhode Island](#)

### **Provider Manuals:**

[Massachusetts](#) / [Rhode Island](#)

### **Prior Authorization Forms:**

[Massachusetts](#) / [Rhode Island](#)

## Policy Timeline Details

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1. Drafted: November 2021
2. Approved:
3. Implemented: