

CO-SURGEON/TEAM SURGEON POLICY

Policy Number: SURGERY 012.33 T2

Effective Date: January 1, 2019

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Related Policy

- Refer to the [Reimbursement Guidelines](#) section of the policy

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

APPLICATION

This reimbursement policy applies to services reported using the UB-04 claim form, the 1500 Health Insurance Claim Form (a/k/a CMS-1500), or their electronic equivalents or their successor forms. This policy applies to all network and non-network providers, including hospitals, ambulatory surgical centers, physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

OVERVIEW

The Co-Surgeon and Team Surgeon Policy identifies which procedures are eligible for Co-Surgeon and Team Surgeon services as identified by the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFS).

- A Co-Surgeon is identified by appending modifier 62 to the surgical code.
- A Team Surgeon is identified by appending modifier 66 to the surgical code.

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 Current Procedural Terminology (CPT) code with modifier 62.

For services included on the [Co-Surgeon Eligible List](#), Oxford will reimburse Co-Surgeon services at 63% of the Allowable Amount to each surgeon subject to additional multiple procedure reductions if applicable (see [Multiple Procedure Reduction](#) section below). The Allowable Amount is determined independently for each surgeon and is calculated from the Allowable Amount that would be given to that surgeon performing the surgery without a Co-Surgeon. The reimbursable percentage amount (63%) of allowable is based on the rate adopted by the Centers for Medicare and Medicaid Services (CMS), which allows 62.5% of allowable to each Co-Surgeon.

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 with modifier 66.

Each Team Surgeon is required to submit written medical documentation describing the specific surgeon's involvement in the total procedure. For services included on the [Team Surgeon Eligible List](#), Oxford will review each submission with its appropriate medical documentation and will make reimbursement decisions on a case-by-case basis.

Co-Surgeon and Team Surgeon Eligible Lists

The [Co-Surgeon Eligible List](#) and [Team Surgeon Eligible List](#) are developed based on the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFs) Relative Value File status indicators.

All codes in the NPFs with status code indicators "1" or "2" for "Co-Surgeons" are considered by Oxford to be eligible for Co-Surgeon services as indicated by the co-surgeon modifier 62.

Oxford applies the payment indicators for HCPCS codes G0412-G0415 when adjudicating CPT codes 27215-27218 for the purposes of this policy.

All codes in the NPFs with the status code indicators "1" or "2" for "Team Surgeons" are considered by Oxford to be eligible for Team Surgeon services as indicated by the Team Surgeon modifier 66.

Please refer to the [Attachments](#) section below for the listing of eligible codes for both Co-Surgeon and Team Surgeon.

CMS Files for Download

Multiple Procedure Reductions

Multiple procedure reductions apply to Co-Surgeon and Team Surgeon claim submissions when one or more physicians are billing multiple CPT codes that are eligible for reductions. Refer to policy titled *Multiple Procedures* for application of multiple procedure reductions.

Assistant Surgeon and Co-Surgeon Services During the Same Encounter

Oxford follows CMS guidelines and does not reimburse for Assistant Surgeon services, as indicated by modifiers 80, 81, 82, or AS, for procedures where reimbursement has been provided for eligible Co-Surgeon services, using the same surgical procedure code, during the same encounter.

If a Co-Surgeon acts as an Assistant Surgeon in the performance of additional procedure(s) during the same surgical session, the procedures are reimbursable services (if eligible per the *Assistant Surgeon Eligible List*, refer to the policy titled *Assistant Surgeon*) when indicated by separate procedure code(s) with modifier 80 or modifier 82 added, as appropriate.

Simultaneous Bilateral Services

Simultaneous bilateral services are those procedures in which each surgeon performs the same procedure on opposite sides. Each surgeon should report the simultaneous bilateral procedures with modifiers 50 and 62. Assistant Surgeon services will not be reimbursed services in addition to the simultaneous bilateral submission as described in the [Assistant Surgeon and Co-Surgeon Services During Same Encounter](#) section in this policy.

DEFINITIONS

Allowable Amount: The dollar amount eligible for reimbursement to the physician or health care professional on the claim. Contracted rate, reasonable charge, or billed charges are examples of Allowable Amounts, whichever is applicable. For percent of charge or discount contracts, the Allowable Amount is determined as the billed amount, less the discount.

Assistant Surgeon: A physician or other health care professional who is assisting the physician performing a surgical procedure.

Co-Surgeons: Several physicians (usually with different specialties) working together as primary surgeons performing distinct part(s) of a procedure. Claims submitted by Co-Surgeons are identified with modifier 62.

Team Surgeons: Three or more surgeons (with different or same specialties) working together during an operative session in the management of a specific surgical procedure. Claims submitted by Team Surgeons are identified with modifier 66.

QUESTIONS AND ANSWERS

- | | | |
|---|-----------|--|
| 1 | Q: | Why does Oxford not allow reimbursement for non-physicians performing Co-Surgeon services? |
| | A: | CMS claims processing manual guidelines for co-surgery refers to surgical procedures involving two different surgeons, usually of different specialties. |

ATTACHMENTS

Review by an Oxford Medical Director is required for the services of Co-Surgeons or a surgical team in any procedure(s) not listed on the respective list.

Co-Surgeon Eligible List

A list designating procedures allowed for co-surgeon reimbursement



Co-Surgeon Eligible List

Team Surgeon Eligible List

A list designating procedures allowed for surgical team reimbursement



Team Surgeon Eligible List

REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Payment Policy Oversight Committee. [2018R0052B]

American Medical Association®, Current Procedural Terminology (CPT®) and associated publications and services.

Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files.

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
01/01/2019	<ul style="list-style-type: none">Updated <i>Co-Surgeon Eligible List</i> (CPT codes allowed for co-surgeon reimbursement) to reflect annual code edits:<ul style="list-style-type: none">Added 20932, 20933, 20934, 33274, 33440, 61556, 61557, and 61558Removed 31595, 46762, 61332, 61480, 61610, 61612, 63615, and 66220Updated <i>Team Surgeon Eligible List</i> (CPT codes allowed for surgical team reimbursement) to reflect annual code edits:<ul style="list-style-type: none">Added 33866

Date	Action/Description
	<ul style="list-style-type: none">○ Removed 61610 and 61612• Archived previous policy version SURGERY 012.32 T2