

Co-Surgeon / Team Surgeon Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network 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.

Policy

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.

Reimbursement Guidelines

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 (see below), UnitedHealthcare Community Plan 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 (see below), UnitedHealthcare Community Plan 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 and Team Surgeon Eligible Lists 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 UnitedHealthcare Community Plan to be eligible for Co-Surgeon services as indicated by the co-surgeon modifier 62.

UnitedHealthcare Community Plan 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 UnitedHealthcare Community Plan to be eligible for Team Surgeon services as indicated by the team surgeon modifier 66.

Please refer to the attachment 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.

Assistant Surgeons with Co-Surgeon Services During the Same Encounter

UnitedHealthcare Community Plan 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) 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" section in this policy.

State Exceptions

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| Florida | For FL Medicaid, modifier 62 is reimbursed at 60% and modifier 66 is reimbursed up to 3 providers 100% of max allowable. |
| Mississippi | For MS CAN modifiers 62 and 66 are reimbursed at 62.5% of the Allowable Amount |



Definitions

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| Allowable Amount | Defined as the dollar amount eligible for reimbursement to the physician or other qualified health care professional on the claim. Contracted rate, reasonable charge, or billed charges are examples of an Allowable Amount, 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 qualified 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

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

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|  Co-Surgeon Eligible List | Designates procedures allowed for Co-Surgeon reimbursement. |
|  Team Surgeon Eligible List | Designates procedures allowed for Team Surgeon reimbursement. |

Resources

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| <p>Individual state Medicaid regulations, manuals & fee schedules</p> <p>American Medical Association, <i>Current Procedural Terminology (CPT®)</i> and associated publications and services</p> <p>Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files</p> |
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| History | |
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| 7/14/2020 | Policy Version Change State Exceptions: Iowa removed |
| 6/28/2020 | Policy Version Change Policy List Changes: Co-Surgeon Eligible list updated |
| 3/12/2020 | State exceptions section: Removed reference to Louisiana Removed all files and references to Louisiana contained in the body of the policy, information has been moved to the "Louisiana Only" policy |
| 1/1/2020 | Policy Version Change Policy List Changes: Co-Surgeon and Team Surgeon Eligible lists updated History Section: Entries prior to 1/1/2018 archived |
| 6/7/2019 | Annual Anniversary Date and Version Change Title section: Removed Annual Approval information & moved policy # to the header |
| 1/1/2019 | Policy Version Change Added 'Professional' to the policy title Application section: Removed Employer and Individual and Medicare and Retirement information Policy Verbiage Change: Removed reference to other reimbursement policies Policy List Changes: Co-Surgeon and Team Surgeon Eligible lists updated History Section: Entries prior to 1/1/2017 archived |
| 7/11/2018 | Annual Approval Date and Version Change Definitions: Updated the definition of Allowable Amount |
| 6/11/2018 | State Exceptions Section: Added Louisiana |
| 1/1/2018 | Annual Policy Version Change Policy List Change: Co-Surgeon and Team Surgeon Eligible lists updated History Section: Entries prior to 1/1/2016 archived |
| 1/30/2006 | Policy implemented by UnitedHealthcare Community & State |