

Co-Surgeon / Team Surgeon Policy

Policy Number	CSTS08132009RP	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	08/13/2014
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IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

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 reimbursement policies use 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 (CMS 1450). 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 resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare 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 enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare 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 services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare Medicare and Retirement . It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions

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to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary

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 (MPFS).

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 Medicare and Retirement 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 Medicare and Retirement 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 (MPFS) Relative Value File status indicators.

Under the MPFS Relative Value File Co-Surgeon Data Element there are four indicators that indicate services for which the two surgeons, each in a different specialty may be paid. The indicators are:

- 0=Co-surgeons not permitted for this procedure
- 1=Co-surgeons could be paid, though supporting documentation is required to establish the medical necessity of two surgeons for the procedure
- 2=Co-surgeons permitted and no documentation required if the two-specialty requirement is met
- 9=Concept does not apply

Under the MPFS Relative Value File Team Surgeons Data Element there are four indicators that indicate services for which the team surgeons may be paid. The indicators are:

- 0=Team surgeons not permitted for this procedure
- 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
- 9=Concept does not apply

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To verify which codes are allowed for Co-Surgeons and Team Surgeons please review the Medicare Physician Fee Schedule Status Indicator policy.

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 UnitedHealthcare Medicare and Retirement policies, Multiple Procedure Payment Reduction (MPPR) for Surgical Procedures and Surgical Assistant Services for additional information for application of multiple procedure reductions.

Assistant Surgeon and Co-Surgeon Services During the Same Encounter

UnitedHealthcare Medicare and Retirement 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 MPFS Assistant Surgeon Eligibility indicator) 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.

Modifiers

Code	Description
50	Bilateral Procedure
51	Multiple Procedures
62	Two surgeons
66	Surgical Team

References Included (but not limited to):

CMS Claims Processing Manual

Chapter 12; § 40.8 Claims for Co-Surgeons and Team Surgeons

MLN Matters

MLN Global Surgery Fact Sheet

Others

Medicare Physician Fee Schedule Status Indicator

History

Date	Revisions
08/13/2014	New Policy