

<b>Professional Pricing Policy</b>	
Subject: <b>Co-Surgeon/Team Surgeon Services</b>	
Policy Number: HLCP-0007	Policy Section: <b>Coding</b>
Last Approval Date: September 1, 2020	Effective Date: October 17, 2020

### Disclaimer

*These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for allowed amounts for HealthLink members. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or Revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to participating providers and facilities.*

*If appropriate coding/billing guidelines are not followed, HealthLink and/or its Payors may:*

- *Reject or deny the claim*
- *Recover and/or recoup claim payment*

*These policies may be superseded by provider or State contract language, or State, Federal requirements or mandates.*

*We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or adjust pricing accordingly to the effective date. HealthLink reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to the website. Note: medical claim pricing and processing services provided by HealthLink are available to a payor; however not all payors purchase such services for the benefit plans they sponsor.*

### Policy

Co-surgery/surgical team surgery is medically indicated for procedures when different skills are needed to perform a specific procedure(s) or when simultaneous surgery minimizes anesthesia time or complications. For co-surgery services, a combination of the type of specialty of each surgeon, along with CPT guidelines, and the specific operative report from each surgeon are used to make a coverage determination of eligibility for co-surgeon allowance.

It is not considered co-surgery when two surgeons are performing separate procedures on different anatomical sites during the same operative session. Each surgeon is considered the primary surgeon for that specific procedure and will be reimbursed up to 100% of the allowance.

For co-surgery services, 63% of the allowance is for each of the two operating surgeons for an eligible CPT code with the appended 62 modifier. Codes reported with modifier 62 are subject to the multiple surgical pricing rules if applicable. Procedures reported with a 66 modifier, which meet the definition of Surgical Team, are subject to the multiple surgical pricing rules if applicable.

When multiple procedures are performed during one surgical session, and a co-surgeon for one part of the surgery acts as an assistant in the performance of an additional procedure(s) during the same operative session, then that particular service should be reported using the 80, 81, or 82 modifier, as appropriate. Co-surgery services rendered by a surgeon who is acting as an assistant should not be reported with modifier 62 and are not separately allowed as co-surgery.

HealthLink follows CPT parenthetical guidelines which state that co-surgery should not be reported with bone graft or spinal instrumentation codes. Therefore, HealthLink's claim editing system will not allow codes when reported as co-surgery.

**Related Coding**

Code	Description	Comment

**Exemptions**

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**Definitions**

Modifier 62: Co-Surgeon	When two 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 codes(s) for that procedure as long as both surgeons continue to work together as primary surgeons.
Modifier 66: Surgical Team	Under some circumstances, highly complex procedures (requiring the concomitant services of several physicians or other qualified health care professionals, often of different specialties, plus other highly skilled, specially trained personnel, various types of complex equipment) are carried out under the “surgical team” concept.
General Professional Pricing Policy Definitions	

**Related Policies and Materials**

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**References and Research Materials**

This policy has been developed through consideration of the following <ul style="list-style-type: none"> <li>American Medical Association (AMA) Current Procedural Terminology (CPT)</li> </ul>
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**Use of Pricing Policy**

*This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member’s benefits on the date of service. Pricing Policy is constantly evolving and we reserve the right to review and update these policies periodically.*

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