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Co-Surgeons (Two Surgeons)

THIS PAYMENT POLICY IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS PAYMENT POLICY APPLIES TO ALL LINES OF BUSINESS AND PROVIDERS OF SERVICE. IT DOES NOT ADDRESS ALL POTENTIAL ISSUES RELATED TO PAYMENT FOR SERVICES PROVIDED TO BCBSF MEMBERS AS LEGISLATIVE MANDATES, PROVIDER CONTRACT DOCUMENTS OR THE MEMBER'S BENEFIT COVERAGE MAY SUPERSEDE THIS POLICY.

DESCRIPTION:

The services of two surgeons (identified by use of modifier -62) under certain circumstances may be required during a surgical procedure. When two surgeons work together as primary surgeons performing distinct part(s) of a single reportable procedure, each surgeon may report his/her distinct operative work by adding the modifier -62 to the single definitive procedure code.

REIMBURSEMENT INFORMATION:

The services of two surgeons are eligible for coverage for the following:

- when two surgeons work together as primary surgeons performing distinct part(s) of a single reportable procedure **AND**
- when an incision is performed (operative approach).

The services of two surgeons may be reimbursed by the following reimbursement methods:

Method A Reimbursement:

- when applicable, the allowance for the procedure(s) is calculated utilizing multiple surgery guidelines; this allowance is increased by 25 percent to become the total allowance;
- this total allowance is distributed between the surgeons in the proportions requested by them, OR
- if no agreement is indicated 50 percent is allowed to each surgeon.

NOTE:

- if one surgeon charges less than 50 percent of the total allowance, the second surgeon is allowed the balance.
- if one surgeon has been paid on a previous claim, the second surgeon is paid the balance of the total increased allowance (both surgeons should be notified of the allowance distribution).

Reimbursement Method A is used when:

- each surgeon performs a distinct part of the total surgery for a related surgical condition; **AND**
- the surgeons are of the same or different specialty; **AND**
- the surgery is through the same incision or operative approach.

Method B Reimbursement:

- the allowance for each surgeon is calculated at 100% for the primary procedure performed by that surgeon.
- if either of the surgeons performed more than one procedure, multiple surgery guidelines should be utilized.

Reimbursement Method B is used when:

- each surgeon performs a distinct surgery for unrelated surgical conditions; **AND**
- the surgeons are of different specialties; **AND**
- the surgery is through separate incisions or by different operative approaches.

BILLING/CODING INFORMATION:

Modifier -62 (Two surgeons/co-surgeons) is used to denote when two surgeons act as primary surgeons during the same operative procedure or session for the same individual because of the complexity of the procedure and/or the patient's condition. The two surgeons are typically of different specialties and perform consecutive or overlapping parts of the same procedure or simultaneous procedures during the same session with one of the following exceptions for two-surgeons of the same specialty:

- Each surgeon must perform a distinct part of the surgical procedure that requires the distinct skills of each surgeon.
- Each surgeon performs the same procedure(s) simultaneously for different regions/organs (e.g., bilateral lung reduction, bilateral knee replacements). In such cases, the operative report must reflect the necessity of two primary surgeons with the same skills. Each of the two surgeons should submit the same procedure code that represents the entire surgical procedure appended with modifier -62.

Each surgeon must dictate an operative note. The operative notes should indicate the other surgeon was a co-surgeon (not an assistant surgeon). The operative notes need to be complementary, with each surgeon dictating his or her separate part of the procedure. Also, modifier –62 may be appended to an add-on procedure related to the primary procedure if parts are done by both surgeons.

Both surgeons must agree ahead of time how the service is reported and ensure that the claims and operative notes from both of them document the correct use of modifier –62. If one surgeon submits a claim with modifier –62 appended and one does not, it is more than likely that one of the claims will be denied.

Payment for services that are reported with modifier -62 are also contingent upon eligibility, benefits, exclusions, authorizations, provider contracts, and applicable policies. Payment for these procedures is based on Method A or Method B reimbursement.

Note: Co-surgery services that are performed in conjunction with other co-surgery services are subject to multiple surgery guidelines.

DEFINITIONS:

No guideline specific definitions apply.

RELATED MEDICAL COVERAGE GUIDELINES OR PAYMENT POLICIES:

None applicable.

REFERENCES:

1. American College of Surgeons: CPT and ICD-9 Coding for Surgical Residents and New Surgeons in Practice, Chapter 4 Coding for Surgical Procedures, 2005.
2. American College of Surgeons: Advocacy and Health Policy-Physicians as Assistants at Surgery: 2007 Study, 01/07.
3. American Medical Association CPT 2008.
4. Centers for Medicare & Medicaid Services (CMS) NHIC, Corp. Modifier Billing Guide, March 2008.
5. Medicare Physician Fee Schedule (MPFS) Payment Policy Indicators, 04/12/07.
6. Medicare Claims Processing Manual, Chapter 12-Physicians/Nonphysician Practitioners, Section 40.8, 10/01/03

COMMITTEE APPROVAL:

This Payment Policy was approved by the Florida Blue Payment Policy Committee on 09/08/08.

PAYMENT POLICY UPDATE INFORMATION:

11/15/08	New payment policy.
01/15/09	Policy format revised.
05/31/12	Revision- Changed name from BCBSF to Florida Blue