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Co-Surgeons (Two Surgeons)

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DESCRIPTION:

The services of two surgeons may be required under certain circumstances. Modifier 62 (two 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. Exceptions for two-surgeons of the same specialty are listed below.

- 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.

This policy applies to billing for services on a CMS-1500 or equivalent claim form.

REIMBURSEMENT INFORMATION:

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

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

Florida Blue uses the Centers for Medicare and Medicaid Services (CMS) Medicare Physician Fee Schedule (MPFS) to determine whether a procedure is eligible for reimbursement as a co-surgeon. Florida Blue will only reimburse co-surgeon services which have a status indicator of "1" or "2" in "CO-SURG" column within the MPFS. No exceptions will be made for teaching hospitals or hospital bylaws.

Appeals to override this policy for codes outside these designations will not be accepted.

Each co-surgeon should submit the same Current Procedural Terminology (CPT®) code with modifier 62. Florida Blue will reimburse co-surgeon services at 62.5% of the Allowable Amount to each surgeon subject to additional multiple procedure reductions if applicable. 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.

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 providers 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 or subject to recovery pending the medical records to confirm appropriate coding.

If a co-surgeon acts as an assistant in the performance of additional procedure(s), other than those reported with modifier 62, during the same surgical session, those services may be reported using separate procedure code(s) with modifier 80 or modifier 82 added, as appropriate.

BILLING/CODING INFORMATION:

The following modifiers may be used:

62	Two Surgeons
80	Assistant Surgeon
82	Assistant Surgeon (when qualified resident surgeon not available)

RELATED MEDICAL COVERAGE GUIDELINES OR PAYMENT POLICIES:

Surgical Assistant 10-027

REFERENCES:

1. American Medical Association, *Current Procedural Terminology (CPT®)*, Professional Edition.
2. CMS, Medicare Physician Fee Schedule Relative Value File:
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html>
3. Centers for Medicare & Medicaid Services website. Medicare Claims Processing Manual, Chapter 12 Physicians/Nonphysician Practitioners, Section 40.6 - Claims for Multiple Surgeries
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf>

PAYMENT POLICY UPDATE INFORMATION:

11/15/2008	New payment policy
01/15/2009	Policy format revised.
05/31/2012	Revision- Changed name from BCBSF to Florida Blue
10/01/2016	Revision – updated reimbursement information section
01/01/2018	Annual Review -- indicator '1' to be allowed for dates of service beginning 01/01/2018
09/20/2018	Annual review; added modifiers 80 & 82 under Billing and Coding.
09/12/2019	Annual Review – no changes
09/10/2020	Annual Review – no changes
09/16/2021	Annual Review – no changes
09/15/2022	Annual Review – no changes
09/14/2023	Annual Review – References reviewed and updated.
09/12/2024	Annual Review – Clarifying language added to indicate this policy applies to billing for services on a CMS-1500 or equivalent claim form. References reviewed and updated.

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