

Private Property of Florida Blue

This payment policy is Copyright 2023, Florida Blue. All Rights Reserved. You may not copy or use this document or disclose its contents without the express written permission of Florida Blue. The medical codes referenced in this document may be proprietary and owned by others. Florida Blue makes no claim of ownership of such codes. Our use of such codes in this document is for explanation and guidance and should not be construed as a license for their use by you. Before utilizing the codes, please be sure that to the extent required, you have secured any appropriate licenses for such use. Current Procedural Terminology (CPT) is copyright 2023 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use. CPT® is a trademark of the American Medical Association.

Payment Policy ID Number: 10-024

Original Effective Date: 11/15/2008

Revised: 09/14/2023

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 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.

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>

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.

Private Property of Florida Blue

This payment policy is Copyright 2023 Florida Blue. All Rights Reserved. You may not copy or use this document or disclose its contents without the express written permission of Florida Blue. The medical codes referenced in this document may be proprietary and owned by others. Florida Blue makes no claim of ownership of such codes. Our use of such codes in this document is for explanation and guidance and should not be construed as a license for their use by you. Before utilizing the codes, please be sure that to the extent required, you have secured any appropriate licenses for such use. Current Procedural Terminology (CPT) is copyright 2023 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use. CPT® is a trademark of the American Medical Association.