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Payment Policy ID Number: 10-024

Original Effective Date: 07/01/2020

Revised: 09/14/2023

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 procedureor 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 thesame 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).

Truli for Health 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.

Truli for Health will only reimburse co-surgeon services which have a status indicator of "1" or "2" in "CO-SURG" column within the MPFS. Noexceptions 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. Truli for Health 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 begiven 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 thosereported 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

GUIDELINE UPDATE INFORMATION

	Updated Description and minor edit in Reimbursement Information
	Annual Review – no changes
09/15/2022	Annual Review – no changes
09/14/2022	Annual Review – References reviewed and updated.

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