

Co-Surgeon

Payment Policy ID: RPC.0005.7700

Recent review date: 11/2022

Next review date: 11/2023

AmeriHealth Caritas Family of Companies claim payment policies and the resulting edits are based on guidelines from established industry sources such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), State regulatory agencies, and medical specialty professional societies. In making claim payment determinations, the health plan also uses coding terminology and methodologies that are based on accepted industry standards, including the Healthcare Common Procedure Coding System (HCPCS) manual, the Current Procedural Terminology (CPT) codebook, the International Statistical Classification of Diseases and Related Health Problems (ICD) manual, and the National Uniform Billing Code (NUBC).

Other factors affecting reimbursement may supplement, modify, or in some cases supersede medical/claim payment policy. These factors may include but are not limited to: legislative or regulatory mandates, a provider's contract, and/or a member's eligibility to receive covered health care services

Policy Overview

This Co-Surgeon Policy identifies the guidelines for reimbursement of Co-Surgeon services, as identified by the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFS) and Ohio Department of Medicaid (ODM).

Exceptions

Reimbursement for Co-Surgery services furnished by a non-physician practitioner (NPP) is not available from AmeriHealth Caritas Ohio. The CMS claims processing manual guidelines for Co-Surgery refers to surgical procedures involving two (2) different surgeons, usually of different specialties.

Coding

Modifier 62 identifies a Co-Surgeon involved in the care of a patient performing distinct parts of a procedure. In order to qualify for reimbursement, each Co-Surgeon must submit the same Current Procedural Terminology (CPT®) code with modifier 62, for the same date of service. For services included on the CMS NPFS Co-Surgeon Eligible List, AmeriHealth Caritas 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 based on the rate adopted by the Centers for Medicare and Medicaid Services (CMS), which allows 62.5% of allowable to each Co-Surgeon.

All codes in the CMS NPFS with status code indicators "1" or "2" for "Co-Surgeons" are considered by AmeriHealth Caritas to be eligible for Co-Surgeon reimbursement if billed with the Co-Surgeon modifier 62. In order for each Co-Surgeon to be reimbursed for the procedure, each Co-Surgeon must report the same CPT® code(s) with the 62 modifier on procedures that required the skill of two (2) surgeons.

Multiple procedure reductions apply to Co-Surgeon claim submissions when one (1) or more physicians are billing multiple CPT© codes that are eligible for reductions.

Definitions

Modifier 62

Two (2) surgeons of the same or different specialties who work together as primary surgeons performing distinct part(s) of a surgical procedure.

Multiple Procedure Reduction

Multiple Procedures performed by the same physician or other qualified health care professional on the same date of service during the same patient encounter may be subject to multiple procedure reduction for secondary and subsequent procedures.

Nonphysician practitioner (NPP)

A nonphysician practitioner is a healthcare provider who is not a physician but who practices in collaboration with or under the supervision of a physician. Nonphysician practitioners may also be known as mid-level practitioners or physician extenders (e.g., Physician Assistants (PA), Nurse Practitioners (NP), and Clinical Nurse Specialists (CNS)).

Applicable Claim Types

	Facility	Professional
Medicare	No	No
Medicaid	No	Yes
ACA Exchange	No	No

Edit Sources

- I. *Current Procedural Terminology (CPT©), Healthcare Common Procedure Coding System (HCPCS©), International Statistical Classification of Diseases and Related Health Problems (ICD©), and associated publications and services.*
- II. Centers for Medicare and Medicaid Services (CMS).
- III. Ohio Department of Medicaid Fee Schedule(s).
- IV. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>

Attachments

N/A

Policy History

12/01/2022	Policy Implemented by AmeriHealth Caritas
10/13/2022	Reimbursement Policy Committee Approval