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<b>Title</b>	<b>Modifier 66 – Surgical Team</b>		
<b>Number</b>	<b>CP.PP.036.v2.9</b>		
<b>Last Approval Date</b>	03/12/26	<b>Original Effective Date</b>	10/01/04
<b>Cross Reference</b>	<ul style="list-style-type: none"> <li>• <i>Multiple Surgical Reductions</i></li> <li>• <i>Modifier 62 – Two Surgeons</i></li> <li>• <i>Modifier 80, 81, 82 – Assistant Surgeons (Physicians)</i></li> <li>• <i>Modifier AS - Physician Assistant, Nurse Practitioner or Clinical Nurse Specialist Services for Assistant at Surgery (Non-Physician)</i></li> <li>• <i>Global Surgery</i></li> </ul>		

Coverage of any service is determined by a member’s eligibility, benefit limits for the service or services rendered and the application of the Plan’s Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the Plan’s **professional or facility services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

<b>Purpose</b>	To define when the Plan recognizes services appended with Modifier 66 that are submitted on a professional claim.
<b>Scope</b>	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company and Premera Blue Cross HMO lines of business and products.
<b>Policy</b>	<p>The Plan recognizes Modifier 66-<i>Surgical Team</i>, when appended to a service to indicate that a surgical team of three or more surgeons, with the same or different specialties, was required to perform complex surgical service(s) on distinct parts.</p> <p>Each member of the surgical team must append Modifier 66 to each procedure code submitted for the <b>specific services rendered by each of the surgeons on the surgical team</b>. Each member of the surgical team must document and describe the specific services that they rendered which support the need for a surgical team.</p> <p>Determination of whether team surgery is billable is primarily based on the “Team Surgery flag” indicator in the current Center for Medicare and Medicaid Services (CMS) National Physician Fee Schedule Relative Value Guide (<a href="#">LINK</a>):</p> <ul style="list-style-type: none"> <li>• <b>0</b> = Team surgeons not permitted for this procedure</li> <li>• <b>1</b> = Team surgeons may be paid; supporting documentation required</li> <li>• <b>2</b> = Team surgeons permitted</li> <li>• <b>9</b> = Team surgeon concept does not apply</li> </ul> <p>Procedures identified with flags <b>1</b> and <b>2</b> will be reimbursed when appended with modifier 66 when submitted by a member of the surgical team.</p> <p>When a surgeon acts as an <b>assistant surgeon</b> during the same surgery session for a procedure that was not included as part of the team surgery, the procedure performed should be submitted with the appropriate Assistant Surgeon Modifier such as modifier 80, 81, 82 or AS. Modifier 66 should <b>not</b> be appended to this procedure.</p> <p>When more than one team surgery procedure is performed by a single provider, multiple surgical reduction guidelines may be applied.</p>

	<p>When only two surgeons work together as <b>primary surgeons</b> for a surgical procedure, modifier 66 should not be appended to the procedure code. Modifier 62-<i>Two Surgeons</i> should be appended instead.</p> <p>Global surgery rules will be applied to each physician participating in a team surgery.</p> <p>If any allowed amount indicated above exceeds the billed charge for the claim line, that line will allow at the billed charge.</p>														
<b>Violations of Policy</b>	Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties, and/or termination of the contract. Disciplinary actions will be determined by the Plan.														
<b>Exceptions</b>	Exceptions to the policy may be made where a provider or employer group contract dictates otherwise.														
<b>Laws, Regulations &amp; Standards</b>	N/A														
<b>References</b>	<ul style="list-style-type: none"> <li>American Medical Association’s Current Procedural Terminology (AMA/CPT) codebook</li> <li>Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFs)</li> </ul>														
<b>Policy Review Owner</b>	Payment Integrity Oversight Committee														
<b>Contact</b>	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department.														
<b>Annual Review Dates</b>	03/12/26; 03/07/25; 04/11/24; 05/19/23; 06/06/22; 08/02/21; 08/17/20; 10/11/19; 10/18/18; 12/04/17; 12/12/16; 01/08/16; 01/11/15; 01/12/14; 01/13/13; 01/26/12; 01/27/11; 03/04/10; 05/11/09; 06/16/08; 05/13/07; 04/11/06; 11/06/05; 08/29/05; 10/21/04														
<b>Version History</b>	<table border="1"> <tr> <td>10/18/18</td> <td>Annual Review; no changes</td> </tr> <tr> <td>10/11/19</td> <td>Clarified in the second paragraph documentation requirements for each surgeon’s participation in the surgery</td> </tr> <tr> <td>08/17/20</td> <td>Clarified the Purpose statement to indicate that the policy pertains to Professional services billed on a CMS-1500 or 837P claim forms</td> </tr> <tr> <td>08/02/21</td> <td>Clarified that a surgical team consists of 3 or more surgeons and how each team member needs to bill their services with modifier 66. Added a paragraph to indicate which of the Global Surgery flags will be reimbursed when appended to an appropriate procedure code.</td> </tr> <tr> <td>06/06/22</td> <td>Annual review; no changes</td> </tr> <tr> <td>05/19/23</td> <td>Annual review; no changes</td> </tr> <tr> <td>04/11/24</td> <td>           In the Policy section:           <ul style="list-style-type: none"> <li>Revised and clarified the first paragraph that the surgeons may have same or different specialties performing surgical procedures on distinct parts</li> </ul> </td> </tr> </table>	10/18/18	Annual Review; no changes	10/11/19	Clarified in the second paragraph documentation requirements for each surgeon’s participation in the surgery	08/17/20	Clarified the Purpose statement to indicate that the policy pertains to Professional services billed on a CMS-1500 or 837P claim forms	08/02/21	Clarified that a surgical team consists of 3 or more surgeons and how each team member needs to bill their services with modifier 66. Added a paragraph to indicate which of the Global Surgery flags will be reimbursed when appended to an appropriate procedure code.	06/06/22	Annual review; no changes	05/19/23	Annual review; no changes	04/11/24	In the Policy section: <ul style="list-style-type: none"> <li>Revised and clarified the first paragraph that the surgeons may have same or different specialties performing surgical procedures on distinct parts</li> </ul>
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