PREMERA BLUE CROSS
An Independent Licensee of the Blue Cross Blue Shield Association

Payment Policy

cmi_051723

Title	**Modifier 62 – Two Surgeons**		
Number	**CP.PP.009.v3.1**		
Last Approval Date	07/08/24	**Original Effective Date**	01/01/05
Replaces	N/A		
Cross Reference	• *Multiple Surgical Reductions* • *Modifier 50 – Bilateral Procedure* • *Modifier 80, 81, 82 – Assistant Surgeons (Physician)* • *Modifier AS Physician Assistant, Nurse Practitioner or Clinical Nurse Specialist Services for Assistant at Surgery (Non-Physician)*		

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.

Purpose	To define when the Plan recognizes services appended with Modifier 62 that are submitted on a CMS-1500 paper claim form or an 837P electronic claim form.
Scope	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.
Policy	The Plan recognizes modifier 62 when appended to a service to indicate when two surgeons/co-surgeon services are provided due to the complex nature of a procedure(s) and/or the patient's condition. The additional physician is not acting as an assistant at surgery. When two surgeons, regardless of specialty and different surgical skills/expertise, work together as primary surgeons performing distinct or simultaneous part(s) of a single or same procedure, each surgeon reports their own distinctive part of the operative work in their individual operative notes. In addition, both providers bill the same surgical procedure code(s), same diagnosis code(s), and append modifier 62 to the same procedure code(s). The Plan primarily determines whether codes are eligible/billable for co-surgeons based on the Co-Surgeons indicator flag in the current CMS National Physician Fee Schedule Relative Value Guide (Link): • **0** = Co-surgeons not permitted for the procedure • **1** = Co-surgeons may be paid; supporting documentation required • **2** = Co-surgeons permitted; documentation not required • **9** = Co-surgeon concept does not apply Codes identified in the NPFS with a flag indicator of 9-Concept does not apply may utilize other professional resources within the company and outside of the company such as the AMA CPT codebook or professional societies and colleges to make exceptions.

	When providers perform simultaneous bilateral surgeries, both surgeons performing the same procedure on opposite anatomic sites, each surgeon must report the same procedure code with modifiers 50 and 62 to indicate **co-surgery** was performed. When a co-surgery procedure/technique claim has been identified, all claims submitted with the same surgical procedure code must be billed with modifier 62; otherwise, a code submitted with or without modifier 62, can be subject to a denial. When a co-surgeon truly acts as an **assistant surgeon** during the same surgery session, the procedure performed should be submitted with the appropriate assistant surgeon modifier such as modifier 80, 81, 82 or AS on the same procedure code that is billed by the primary surgeon. There would be **only one primary surgeon in this scenario**. The operative reports/documentation for each co-surgeon involved in the procedure **must clearly identify which portion(s) of the surgery was performed as a co-surgeon or primary surgeon.** Each surgeon's operative notes must identify the other co-surgeon. The operative report must be made available for review upon request. When more than one co-surgery/procedure is performed by a single provider, multiple surgical reductions guidelines may be applied. Reimbursement for services appended with modifier 62 will be adjusted to 62.5% of the provider's applicable Fee Schedule allowed amount for each surgeon's distinct service(s) performed.
Violations of Policy	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 appropriate to the seriousness of the violation and shall be determined at Plan's sole discretion. Violations of this policy may be grounds for corrective action, up to and including termination of employment.
Exceptions	N/A
Laws, Regulations & Standards	None
References	• American Medical Association's Current Procedural Terminology (AMA/CPT) codebook • Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFS)
Policy Owner Review	Payment Integrity Oversight Committee
Contact	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department.
Annual Review Dates	07/08/24; 10/12/23; 11/07/22; 05/12/22; 05/27/21; 06/15/20; 04/01/20; 05/24/19; 06/05/18; 08/11/17; 09/14/16; 11/15/15; 11/23/14; 12/15/13; 01/13/13; 01/26/12; 01/27/11; 03/04/10; 05/25/09; 03/24/09; 06/16/08; 05/13/07; 04/11/06; 08/29/05; 05/31/05; 07/30/04

Version History	06/05/18	Clarified sourcing for the identification of the co-surgeon flag; added paragraph to specify that operative report must identify what services were rendered as primary, co- or assistant surgeon
	05/24/19	Clarified that the two surgeons are usually of different specialties and different surgical skills
	04/01/20	Clarified how co-surgeons billing the same procedure code should submit their claims with Modifier 62 when they act as co-surgeons on a procedure.
	06/15/20	Revised the Purpose statement to indicate this policy refers to services billed on a CMS-1500 or 837P claim form. Inserted a link to the CMS National Physician Fee Schedule.
	05/27/21	Annual review; no changes
	05/12/22	Added clarification that surgical procedures with flag 9 may utilize other professional resources to make exceptions
	11/07/22	Annual review; no changes
	10/12/23	In the Policy section, further clarification was added to the first paragraph for correct usage of modifier 62. In the sixth paragraph, indicated that when a co-surgery has been identified, all associated surgeon claims must be submitted with the same procedure code and modifier 62. In the eighth paragraph, indicated that each surgeon's operative notes must identify the other co-surgeon
	07/08/24	Annual review; no changes