PREMERA BLUE CROSS
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Payment Policy

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Title	**Modifier 66 – Surgical Team**		
Number	**CP.PP.036.v2.9**		
Last Approval Date	03/07/25	**Original Effective Date**	10/01/04
Cross Reference	• *Multiple Surgical Reductions* • *Modifier 62 – Two Surgeons* • *Modifier 80, 81, 82 – Assistant Surgeons (Physicians)* • *Modifier AS - Physician Assistant, Nurse Practitioner or Clinical Nurse Specialist Services for Assistant at Surgery (Non-Physician)* • *Global Surgery*		

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 66 that are submitted on a CMS 1500 paper claim or 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 66-*Surgical Team* 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. Each member of the surgical team must append Modifier 66 to each procedure code submitted for the **specific services rendered by each of the surgeons on the surgical team**. Each member of the surgical team must document and describe the specific services that they rendered which support the need for a surgical team. 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 (LINK): • **0** = Team surgeons not permitted for this procedure • **1** = Team surgeons may be paid; supporting documentation required • **2** = Team surgeons permitted • **9** = Team surgeon concept does not apply Procedures identified with flags **1** and **2** will be reimbursed when appended with modifier 66 when submitted by a member of the surgical team. When a surgeon acts as an **assistant surgeon** 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 **not** be appended to this procedure. When more than one team surgery procedure is performed by a single provider, multiple surgical reduction guidelines may be applied.

	When only two surgeons work together as **primary surgeons** for a surgical procedure, modifier 66 should not be appended to the procedure code. Modifier 62-*Two Surgeons* should be appended instead. Global surgery rules will be applied to each physician participating in a team surgery. If any allowed amount indicated above exceeds the billed charge for the claim line, that line will allow at the billed charge.	
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 determined in Plan's sole discretion. Violations of this policy may be grounds for corrective action, up to and including termination of employment.	
Exceptions	None	
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	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	
Version History	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: • Revised and clarified the first paragraph that the surgeons may have same or different specialties performing surgical procedures on distinct parts • In the fifth paragraph, clarified correct coding when the provider acts as a surgical assistant, modifier 66 should not be appended to the procedure

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		• Added the seventh paragraph on correct coding when only two surgeons are involved in a surgical procedure
	03/07/25	Annual review; no changes

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