PRICING GUIDELINES   **EFFECTIVE DATE:**   **01/01/2012**
                                                REVISION DATE:

MODIFIER 62 – TWO SURGEONS
MODIFIER 66 – SURGICAL TEAM

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Pricing Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or investigational.

Pricing Guidelines are subject to change as new information becomes available.

Description:

Modifier 62:
Identifies "when two surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding the modifier '-62' to the procedure code and any associated add-on code(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If an additional procedure(s), including an add-on procedure(s), is performed during the same surgical session, a separate code(s) may be reported without the modifier '-62' added. **Note:** If a co-surgeon acts as an assistant in the performance of an additional procedure(s) during the same surgical session, those services may be reported using a separate procedure code(s) with the modifier '80' or modifier '82' added, as appropriate." [1]

Modifier 66:
Identifies "under some circumstances, highly complex procedures (requiring the concomitant services of several physicians, often of different specialties, plus other highly skilled, specially trained personnel, various types of complex equipment) are carried out under the 'surgical team' concept. Such circumstances may be identified by each participating physician with the addition of the modifier '-66' to the basic procedure number used for reporting services." [1]

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Criteria:

Modifier 62 (Two Surgeons):

➢ When two surgeons work together as primary surgeons performing distinct parts of the **same** surgical procedure, (surgeons of the same specialty or different specialties), the reimbursement for modifier 62 claims are paid at 62.5% of the fee schedule (125% divided equally between the two surgeons)..

Modifier 66 (Surgical Team):

➢ When multiple surgeons work together as primary surgeons performing distinct parts of the **same** surgical procedure, (surgeons of the same specialty or different specialties) the reimbursement for modifier 66 claims are paid at 42% of the fee schedule.

The following criteria pertains to both Modifier 62 and Modifier 66:

➢ BCBSAZ allowance will be applied for the specific surgical procedure(s) performed.

➢ Reimbursement is subject to multiple surgical procedure guidelines:

Multiple surgical procedure reimbursement methodology may **not** be applicable if a surgeon of a different specialty is performing a separate and distinctly different procedure, e.g., a gynecological surgeon is performing a hysterectomy and a general surgeon is performing a cholecystectomy.

➢ Reimbursement is subject to any contracted provider discounts

➢ If surgeons of the same or differing specialties are each performing a **different** procedure with different CPT/HCPCS codes, modifier 62 (co-surgery) and modifier 66 (surgical team) rules do **not** apply.

➢ When a surgeon submits a claim as an assistant surgeon for a secondary procedure(s), that surgeon is eligible for reimbursement as an assistant if the procedure(s) performed is considered eligible for reimbursement according to the BCBSAZ Assistant Surgery Pricing Guideline.

➢ When a surgeon performs a primary procedure, then acts as an assistant-at-surgery to the co-surgeon at the same operative setting, the assistant surgeon codes would be treated as secondary procedures and processed according to multiple surgery logic, rather than assistant-at-surgery logic.

PRICING GUIDELINES

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MODIFIER 62 – TWO SURGEONS
MODIFIER 66 – SURGICAL TEAM

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Resources:

1.   American Medical Association. CPT®, Appendix A, Modifiers

Coding:

CPT: Modifier 62 and 66 attached to the procedure code(s)