

<u>Policy name</u>	<u>Effective date</u>
<u>Co-Surgeon</u>	<u>TBD</u>

Policy number

PRP.002.Cosurgeon

### Important information about this policy

AmeriHealth Caritas' (ACFC) 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.

This policy will remain in effect until such time that revisions are submitted to Louisiana Department of Health for review and approval.

### Table of contents

Policy overview

Reimbursement guidelines

Exceptions

Definitions

Edit sources

Edit types

Policy history abstract

### Policy overview

Both the Medicare Physician Fee Schedule (MPFS) and State Medicaid Fee Schedules support the concept of Co-Surgery.

Co-Surgeon charges should be submitted with modifier 62 and Co-surgeons should each dictate their own operative reports.

CPT codes designated on the MPFS with Co-Surgeon indicator of "1" or "2" are considered as acceptably billed with the Co-Surgery modifier.

**AmeriHealth Caritas will follow CPT® and State guidelines for Co-Surgery**

**Reimbursement guidelines**

**AmeriHealth Caritas will reimburse Co-Surgery procedures according to applicable State Fee Schedule(s) and the provider's contract.**

**To report correctly for reimbursement, the each Co-Surgeon must bill the same procedure code with modifier 62. The expectation is that no other claims billing the same procedure without modifier 62 for the same member and date of service will be received.**

**Claims for procedures billed with modifier 62 must be accompanied by documentation to support medical necessity for Co-Surgeons.**

**AmeriHealth Caritas will follow CPT® and State guidelines for Co-Surgery.**

**If services are billed/coded inappropriately, Amerihealth Caritas may:**

- Reject or deny the claim
- Recoup claim payment

**Exceptions**

**Multiple Procedure Reductions**

**Multiple procedure reductions apply to claims billed with modifier 62.**

**See policy for Multiple Procedure Reduction.**

**Cross reference**

**Multiple Procedure Reduction Policy**

**Definitions**

**Co-Surgery: Two surgeons work together as primary surgeons performing distinct part(s) of a procedure.**

**Edit sources**

**Current Procedural Terminology ( CPT® ) and associated publications and services**

**Medicare Physician Fee Schedule**

**Iowa Medicaid Enterprise Fee Schedule**

**Edit types**

**Edit is applicable to professional claims.**

**Policy history abstract**

**Original Effective Date: TBD**