Clover

Clover Health Co-Surgeon/Team Surgeon Reimbursement Policy

Policy # RP-017

Policy Title	Co-Surgeon/Team Surgeon Reimbursement Policy
Policy Department	Payment Strategy and Operations
Effective Date	1/1/2022
Revision Date(s)	3/1/2022
Next Review Date	

Disclaimer:

Clover Health applies CMS criteria and guidelines, National Coverage Determinations (NCD), Local Coverage Determinations (LCD), Clover Policies, and MCG for determining medical necessity. Clover Policies are intended to provide a standard guideline but are not used to preempt providers' judgment in rendering services. Providers are expected to provide care based on best practices and use their medical judgment for appropriate care.

Description:

This policy identifies which surgical procedures are eligible for a Co-Surgeon and/or Team Surgeon services and how these services are reimbursed, as identified by the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFS).

Definitions:

- **Allowed Amount**
  - Defined as the dollar amount eligible for reimbursement to the physician or other qualified healthcare professional on the claim, Contracted rate, reasonable charge, or billed charges are examples of an allowed Amount, whichever is applicable. For the percent of charge or discount contracts, the Allowable Amount is determined as the billed amount less the discount.
- **Assistant Surgeon**
  - A physician or other qualified healthcare professional who is assisting the physician performing a surgical procedure.
- **Co-Surgeon**

- Several physicians (usually with different specialties) working together as primary surgeons performing distinct part(s) of a procedure. Co-Surgeon claims are identified with modifier 62.

- **Team Surgeons**
  - Three or more surgeons(with different or same specialties) working together during an operative session in the management of a specific surgical procedure. Team Surgeons are identified with modifier 66.

Policy:

Co-Surgeon Services Modifier 62 identifies a Co-Surgeon involved in the care of a patient at surgery. Each Co-Surgeon should submit the same Current Procedural Terminology (CPT®) code with modifier 62.

The Allowable Amount is determined independently for each surgeon and is calculated from the Allowable Amount that would be given to that surgeon performing the surgery without a Co-Surgeon. CMS allows 62.5% of allowable to each Co-Surgeon.

Team Surgeon Services:
Modifier 66 identifies Team Surgeons involved in the care of a patient during surgery. Each Team Surgeon should submit the same CPT code with modifier 66.

Each Team Surgeon is required to submit written medical documentation describing the specific surgeon's involvement in the total procedure. For services included on the Team Surgeon Eligible List Clover will need to review each submission with its appropriate medical documentation and will make reimbursement decisions on a case-by-case basis.

Co-Surgeon and Team Surgeon Eligible Services
The Co-Surgeon and Team Surgeon eligible services are based on the CMS NPFS status indicators.
Under the NPFS Co-Surgeon Data Element there are two indicators that indicate services for which the two surgeons, each in a different specialty, may be paid. The indicators are:
• 1=Co-Surgeons could be paid, though supporting documentation is required to establish the medical necessity of two surgeons for the procedure

• 2=Co-Surgeons permitted and no documentation required if the two-specialty requirement is met

All codes in the NPFS with status code indicators "1" or "2" for "Co-Surgeons" will be considered eligible for Co-Surgeon services as indicated by the Co-Surgeon modifier 62.

Under the NPFS Team Surgeons Data Element there are two indicators that indicate services for which the Team Surgeons may be paid. The indicators are:
• 1=Team Surgeons could be paid, though supporting documentation required to establish medical necessity of a team; pay by report
• 2=Team Surgeons permitted; pay by report
All codes in the NPFS with the status code indicators "1" or "2" for "Team Surgeons" are considered to be eligible for Team Surgeon services as indicated by the Team Surgeon modifier 66.

Multiple Procedure Reductions

Multiple procedure reductions apply to Co-Surgeon and Team Surgeon claim submissions when one or more physicians are billing multiple CPT codes that are eligible for reductions.

For Assistant Surgeon and Co-Surgeon Services During the Same Encounter

Clover Health follows CMS guidelines and does not reimburse for Assistant Surgeon services, as indicated by modifiers 80, 81, 82, or AS, for procedures where reimbursement has been provided for eligible Co-Surgeon services, using the same surgical procedure code, during the same encounter.
If a Co-Surgeon acts as an Assistant Surgeon in the performance of additional procedure(s) during the same surgical session, the procedures are reimbursable services (if eligible per the NPFS Assistant Surgeon Eligibility indicator) when indicated by separate procedure code(s) with modifier 80 or modifier 82 added, as appropriate.

Simultaneous Bilateral Services

Simultaneous bilateral services are those procedures in which each surgeon performs the same procedure on opposite sides. Each surgeon should report the simultaneous bilateral procedures with modifiers 50 and 62. Assistant Surgeon services will not be reimbursed

services in addition to the simultaneous bilateral submission as described in the "Assistant Surgeon and Co-Surgeon Services" section in this policy.

Claim Codes (if applicable)	Modifiers: • **62**- Co-Surgeon Services Modifier 62 identifies a Co-Surgeon involved in the care of a patient at surgery. Each Co-Surgeon should submit the same Current Procedural Terminology (CPT®) code with modifier 62. • **66**-Modifier 66 identifies Team Surgeons involved in the care of a patient during surgery. Each Team Surgeon should submit the same CPT code with modifier 66.

References
https://www.cms.gov/files/document/medicare-claims-processing-manual-chapter-12 Section 40.8
http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html