
	
Medical Policy	
ARBenefits Approval: 12/10/2012	Title: Co-Surgeons (Modifier -62)
Effective Date: 01/01/2013	Document: ARB0471
Revision Date:	
Administered by: 	

Public Statement:

- 1) The use of a -62 modifier by a billing physician is intended to signify that two surgeons of different specialties worked together as primary surgeons performing distinct parts of a procedure.
- 2) Modifier -62 will be accepted only for those procedures listed by CMS as appropriate for co-surgeons. Some procedures will require documentation of medical necessity for co-surgeons.

Medical Policy Statement:

- 1) QualChoice follows CMS rules regarding co-surgeons.
- 2) When two surgeons of the same specialty perform a surgery, one surgeon will be considered to be the primary surgeon and the other will be considered to be the assistant surgeon.
- 3) When two surgeons of different specialties perform distinct procedures with separate CPT codes during one operative session, each surgeon should bill the procedures personally performed, without the 62 modifier. If one surgeon performs multiple procedures, that surgeon should append the 51 modifier to the appropriate procedures.

Background:

If two surgeons, each in a different specialty, are required to perform a specific procedure, each surgeon bills for the procedure with a modifier -62. Documentation of the medical necessity for two surgeons is required for certain services.

The Medicare Physicians Fee Schedule rules regarding co-surgeons specify the procedures for which use of modifier 62 is appropriate. The following indicators are used to indicate services for which two surgeons, each in a different specialty, may be paid:

ARBenefits reserves the right to alter, amend, change or supplement medical policies as needed. ARBenefits reviews and authorizes services and substances. CPT and HCPCS codes are listed as a convenience and any absent, new or changed codes do not alter the intent of the policy.

- 0 Co-surgeons not permitted for this procedure
- 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
- 9 Concept does not apply

References:

Medicare Claims Processing Manual, Chapter 12, <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf>, accessed 9-21-2012

Application to Products

This policy applies to ARBenefits. Consult ARBenefits Summary Plan Description (SPD) for additional information.

Last modified by: SCS

Date: 10/04/2012