JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans **Provider Relations and Network Innovation Reimbursement Policy**	*Policy Number*	RPC.031
		Effective Date	09/15/2023
		Review Date	N/A
	Subject **Two Surgeons/Co-Surgeons: Modifier 62**	*Revision Date*	07/05/2023
		Page	1 of 5

This document applies to the following Participating Organizations:

EHP | Johns Hopkins Advantage MD | Priority Partners | US Family Health Plan

Keywords: Co-surgeon, Modifier 62, Two Surgeons

Table of Contents

I. ABOUT OUR REIMBURSEMENT POLICIES:

The most current version of the reimbursement policies can be found on www.hopkinsmedicine.org

Johns Hopkins Health Plan LLC (JHHP) reimbursement policies as a guide to assist in accurate claim submissions and outline the basis for reimbursement of services covered by a member's JHHP benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence. Providers are expected to and must follow proper billing and submission guidelines. Providers are required to use industry standard, compliant codes on all claim submissions. Services must be billed with valid ICD-10 diagnosis codes, Healthcare Common Procedure Coding System/Current Procedural Terminology (HCPCS/CPT) codes, place of service (POS) codes, and/or revenue codes as defined by the Centers for Medicare & Medicaid Services (CMS) and in the American Medical Association's (AMA's) "CPT Manual". The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the patient's medical record and/or office notes and JHHP reserves the right to request the records at any time. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

JHHP policies apply to all practitioners, hospitals, providers, or suppliers eligible to bill the relevant HCPCS/CPT codes pursuant to applicable portions of the Social Security Act (SSA) of 1965, the Code of Federal Regulations (CFR), and Medicare rules. JHHP reimbursement policies are developed based on nationally accepted industry standards, coding principles, and follows the CMS developed National Correct Coding Initiative (NCCI) program to prevent inappropriate payment of services that should not be reported together. These policies may be superseded by mandates in provider or state contracts, or state, federal or CMS contracts and/or requirements. If appropriate, when coding/billing guidelines or current reimbursement policies are not followed, JHHP may:

- Reject or deny the claim
- Recover and/or recoup claim payment

JHHP reserves the right to modify policies at any time and publish new versions when necessary. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, JHHP strives to minimize these variations. When there is an update, policies will be published on our website.

II. PURPOSE:

In accordance with CMS, when two surgeons (each a different specialty) are needed to perform a specific procedure as identified in the Medicare Physician Fee Schedule Database (MPFSDB/MFSDB) Indicator List, each surgeon is required to append modifier 62, if applicable. Procedures with status code indicators "1" or "2" for "Co-Surgeons" are considered by JHHP be eligible for co-surgeon services when modifier 62 is appended to the claim line.

III. POLICY STATMENT:

JHHP recognizes that under some circumstances, the individual skills of two or more surgeons are required to perform surgery on the same patient during the same operative session. This may be required because of the complex nature of the procedure(s) and/or the patient's condition. In these cases, the additional physicians are not acting as assistants-at-surgery. Each line of business possesses its own unique guidelines for benefit and payment purposes, as such JHHP will align with regulatory, state and federal guidance to identify services that are eligible as reimbursable or non-reimbursable, as applicable to the member's plan.

IV. MODIFIER 62 BILLING GUIDELINES:

1. JHHP aligns with CMS and follows MFSDB guidance on whether two or a team surgeons are required for a surgical procedure.
2. 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.
3. Both surgeons must agree to append modifier 62 on their claim.
4. Co-surgery also refers to surgical procedures involving two surgeons performing the parts of the procedure simultaneously (e.g., heart transplant or bilateral knee replacements). Documentation of the medical necessity for two surgeons is required for certain services as identified per CMS guidelines.
5. Indicator in MPFSDB must be either 1 or 2.
6. When two or more surgeons are required to perform the same surgery, on the same patient, during the same operative session, the procedure code(s) and diagnosis code must be same, even if the billed amounts from each surgeon are different *(see example below).*
7. For co-surgeons who bill with modifier 62, the procedure will be reimbursed at 62.5% of the provider's contracted rates.
   i. Please note that other modifier payment adjustments may also apply.
8. The rules for global surgical packages are applicable to each of the physicians participating in a co-surgery or team surgery.
9. Additional procedures performed in the same operative session may be reported as primary surgeon or assistant surgeon.
   i. Refer to JHHP's Assistant-at-Surgery: Modifiers 80, 81, 82 or AS policy for additional information.

Example: *Two surgeons are co-surgeons on an arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2. Surgeons would bill as follows on separate claim forms:*

- Surgeon #1- CPT 22554- 62
- Surgeon #2- CPT 22554-62

V. INAPPROPRIATE BILLING OF MODIFIER 62

1. When one or more surgeons of different specialties who perform different, specific CPT codes which are not billed by the other surgeon, even if performed through the same incision.

2. Modifier 62 should not be used when a surgeon acts as an assistant surgeon.
3. Procedure codes with a co-surgeon indicator of “0” on the MPFSDB are not eligible to be performed as co-surgery, and are subject to pre-payment denials or post payment retractions if billed with modifier 62 appended.
4. Procedure codes with a co-surgeon indicator of “9” on the MPFSDB are not eligible for modifier 62; the co-surgeon concept does not apply. These procedure codes are subject to pre-payment denials or post payment retractions if billed with modifier 62 appended.

VI. EXCEPTIONS:

1. **PPMCO**: JHHP aligns with the Maryland Department of Health Provider Manual reimbursement guidelines and payment methodology for those providers who bill for surgical services.
2. **USFHP**: JHHP aligns with the TRICARE Manual reimbursement guidelines and payment methodology for those providers who bill for surgical services, in addition to TRICARE's No Government Pay Procedure Code List (NGPCL).

VII. EXCLUSIONS:

1. Refer to JHHP’s Non-Reimbursable Codes policy for non-covered services.
2. Refer to JHHP’s Unlisted Codes policy.

VIII. CODES, TERMS and DEFINITIONS:

Definition of Terms

Term	Definition
Co-Surgeon	Two or more surgeons from different specialties work together as primary co-surgeons performing distinct part(s) of a single reportable procedure.
Co-Surgery	Co-surgery occurs when the individual skills of two surgeons are necessary to perform a specific surgical procedure or distinct parts of a surgical procedure (or procedures) simultaneously on the same patient during the same operative session.
Assistant-at-Surgery/Assistant Surgeon	A physician or other qualified health care professional who is assisting the physician performing a surgical procedure.
Team of Surgeons	Three or more physicians (with different or same specialties) working together during the same operative session, of a specific surgical procedure.

Modifier

Modifier	Definition
62	Modifier 62 identifies that two surgeons (each a different specialty) are required to perform a specific procedure, for the same patient, on the same date of service. This modifier should not be used when a surgeon acts as an assistant surgeon.

MPFSDB Status Indicators Related to Modifier 62

Status	Definition
0	Co-surgeon concept does ***not*** apply.
1	Supporting documentation is required to establish medical necessity of two surgeons for the procedure.
2	Co-surgeon concept does apply.
9	Co-surgeon concept does ***not*** apply.

MFSDB Status Codes

Status Code	Definition
B	These codes, whether covered services or not, are ***always bundled*** into payment for other services they are incident to. If relative value units (RVUs) are shown on the fee schedule, they are **not** used for payment.
E	These codes are ***excluded*** from the MPFS by regulation.
I	These codes are not valid for Medicare purposes. To prompt payment, another code must be reported.
M	These codes are used for reporting only.
N	These codes are ***not*** covered by Medicare.
Q	These codes are used for reporting only.
X	These codes have been assigned PC/TC indicator 9 and are not considered physician services for MFSDB payment purposes.

IX. REFERENCES:

This policy has been developed through consideration of the following:

- CMS Physician Fee Schedule
- CPT® Copyright American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association
- Maryland Department of Health
- Medicare Claims Processing Manual Ch. 12
- Medicare Claims Processing Manual Ch. 26
- NCCI for Medicaid | CMS
- NCCI for Medicare | CMS
- TRICARE Reimbursement Manual

X. APPROVALS:

Date	Review/Revison	Reason for Modification	Approved By

6/28/2023	Revision	• Policy template updated • Verbiage added to policy • Modifier section included • Exclusion section included • Terms, Codes, Definition section include tables • References updated	Reimbursement Policy Committee (RPC)