

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-002
Subject: Co-Surgery
Effective Date: August 1, 2016
Issue Date: July 24, 2023
Date Reviewed: July 2023
Source: Reimbursement Policy

End Date:
Revised Date: July 2023

Applicable Commercial Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Medicare Advantage Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Claim Type	UB	<input type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

The purpose of this policy is to provide direction on co-surgery services. These services may be required because of the complex nature of the procedure(s) and/or the patient's condition. The additional physician is not acting as an assistant at surgery in a co-surgery situation. Please refer to the medical policies cross referenced below for more information on co-surgery procedures.

REIMBURSEMENT GUIDELINES:

The Plan will reimburse co-surgery procedures at 62.5% of the contract allowance, per surgeon per procedure.

Note: Delaware reimbursement references Chapter 12 of the Medicare Claims Processing Manual.

BILLING GUIDANCE:

- Both surgeons must agree to append modifier 62 on their claim
- Procedure code and diagnosis code should be the same on each co-surgeon's claim
- Billed amount may differ
- Modifier 62 should not be used when a surgeon acts as an assistant surgeon
- Modifier 62 should be appended to each co-surgeon's claims

DEFINITIONS:

Modifier	Definition
62	Co-Surgeons are defined as two or more surgeons, working together simultaneously as primary surgeons, to perform distinct parts of an operative procedure. Co-surgery is always performed during the same operative session.

RELATED POLICIES:

Refer to the following Commercial Medical Policies for additional information:

- S-112: Co-Surgery

Refer to the following Medicare Advantage Medical Policies for additional information:

- N-112: Co-Surgery

Refer to the following Reimbursement Policies for additional information:

- RP-035: Correct Coding Guidelines

ADDITIONAL BILLING INFORMATION, REFERENCES, AND GUIDELINES:

- CMS online Manual, Pub. 100-04. Chapter 12
<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c12.pdf>

POLICY UPDATE HISTORY INFORMATION:

8 / 2016	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy
6 / 2022	Added billing guidance and definition sections
7 / 2023	Administrative policy review with no changes in policy direction

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-002
Subject: Co-Surgery
Effective Date: August 1, 2016
Issue Date: June 27, 2022
Date Reviewed: June 2022
Source: Reimbursement Policy

End Date:
Revised Date: June 2022

Applicable Commercial Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Medicare Advantage Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Claim Type	UB	<input type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

The purpose of this policy is to provide direction on co-surgery services. These services may be required because of the complex nature of the procedure(s) and/or the patient's condition. The additional physician is not acting as an assistant at surgery in a co-surgery situation. Please refer to the medical policies cross referenced below for more information on co-surgery procedures.

DEFINITIONS:

Modifier 62: Co-Surgeons are defined as two or more surgeons, working together simultaneously as primary surgeons, to perform distinct parts of an operative procedure. Co-surgery is always performed during the same operative session.

REIMBURSEMENT GUIDELINES:

The Plan will reimburse co-surgery procedures at 62.5% of the contract allowance, per surgeon per procedure.

Note: Delaware reimbursement references Chapter 12 of the Medicare Claims Processing Manual.

BILLING GUIDANCE:

- Both surgeons must agree to append modifier 62 on their claim
- Procedure code and diagnosis code should be the same on each co-surgeon's claim
- Billed amount may differ
- Modifier 62 should not be used when a surgeon acts as an assistant surgeon
- Modifier 62 should be appended to each co-surgeon's claims

RELATED HIGHMARK POLICIES:

Refer to the following Commercial Medical Policies for additional information:

- S-112: Co-Surgery

Refer to the following Medicare Advantage Medical Policies for additional information:

- N-112: Co-Surgery

Refer to the following Reimbursement Policies for additional information:

ADDITIONAL BILLING INFORMATION, REFERENCES, AND GUIDELINES:

- CMS online Manual, Pub. 100-04, Chapter 12
<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c12.pdf>

POLICY UPDATE HISTORY INFORMATION:

8 / 2016	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy
6 / 2022	Added billing guidance and definition sections

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-002
Subject: Co-Surgery
Effective Date: August 1, 2016
Issue Date: January 3, 2022
Date Reviewed: October 2021
Source: Reimbursement Policy

End Date:
Revised Date: January 2022

Applicable Commercial Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Medicare Advantage Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Claim Type	UB	<input type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

The purpose of this policy to provide direction on co-surgery services Co-Surgeons are defined as two or more surgeons, working together simultaneously as primary surgeons, to perform distinct parts of an operative procedure. Co-surgery is always performed during the same operative session.

REIMBURSEMENT GUIDELINES:

The Plan will reimburse co-surgery procedures at 62.5% of the contract allowance, per surgeon per procedure.

Note: Delaware reimbursement references Chapter 12 of the Medicare Claims Processing Manual.

RELATED HIGHMARK POLICIES:

Refer to the following Commercial Medical Policies for additional information:

- S-112: Co-Surgery

Refer to the following Medicare Advantage Medical Policies for additional information:

- N-112: Co-Surgery

ADDITIONAL BILLING INFORMATION, REFERENCES, AND GUIDELINES:

- CMS online Manual, Pub. 100-04. Chapter 12

POLICY UPDATE HISTORY INFORMATION:

8 / 2016	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy

HISTORY

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP- 002
Subject: Co-Surgery
Effective Date: August 1, 2016
Issue Date: November, 2021
Date Reviewed: July 2021
Source: Reimbursement Policy

End Date:
Revised Date: July 2021

Applicable Commercial Market

PA WV DE NY

Applicable Medicare Advantage Market

PA WV DE NY

Applicable Claim Type

UB 1500

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

PURPOSE:

The purpose of this policy to provide direction on co-surgery services Co-Surgeons are defined as two or more surgeons, working together simultaneously as primary surgeons, to perform distinct parts of an operative procedure. Co-surgery is always performed during the same operative session.

REIMBURSEMENT GUIDELINES:

The Plan will reimburse co-surgery procedures at 62.5% of the contract allowance, per surgeon per procedure.

Note: Delaware reimbursement references Chapter 12 of the Medicare Claims Processing Manual.

RELATED HIGHMARK POLICIES:

Refer to the following Commercial Medical Policies for additional information:

- S-112: Co-Surgery

Refer to the following Medicare Advantage Medical Policies for additional information:

- N-112: Co-Surgery

ADDITIONAL BILLING INFORMATION, REFERENCES, AND GUIDELINES:

- CMS online Manual, Pub. 100-04. Chapter 12

POLICY UPDATE HISTORY INFORMATION:

8 / 2016	Implementation
11 / 2021	Added NY region applicable to the policy

HISTORY

Highmark Reimbursement Policy Bulletin



Bulletin Number: RP-002
Subject: Co-Surgery
Effective Date: August 1, 2016 **End Date:**
Issue Date: December 1, 2017
Source: Reimbursement Policy

Applicable Commercial Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>
Applicable Medicare Advantage Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>		
Applicable Claim Type	UB	<input type="checkbox"/>	1500	<input checked="" type="checkbox"/>		

Reimbursement Policy designation of Professional or Facility application is respective to how the provider is contracted with The Plan. Provider contractual agreements supersede Reimbursement Policy direction and regional applicability.

PURPOSE:

Co-Surgeons are defined as two or more surgeons, working together simultaneously as primary surgeons, to perform distinct parts of an operative procedure. Co-surgery is always performed during the same operative session.

REIMBURSEMENT GUIDELINES:

The Plan will reimburse co-surgery procedures at 62.5% of the contract allowance, per surgeon per procedure.

Note: Delaware reimbursement references Chapter 12 of the Medicare Claims Processing Manual.

RELATED POLICIES:

Refer to the following Medical Policies for additional information:

- Medicare Advantage Policy N-112: Co-Surgery
- Commercial Medical Policy S-112: Co-Surgery

ADDITIONAL BILLING INFORMATION AND GUIDELINES:

- CMS online Manual, Pub. 100-04. Chapter 12

This policy position applies to all commercial and/or Medicare Advantage lines of business as indicated above. Reimbursement policies are intended only to establish general guidelines for reimbursement under Highmark plans. Highmark retains the right to review and update its reimbursement policy guidelines at its sole discretion.