HIGHMARK.

Reimbursement Policy

Title: Co-Surgery

Policy Number: RP-002

Version Number: 2026.07.27

Medicare Advantage:	PA, WV, DE, NY	Version Effective:	July 27, 2026
Commercial:	PA, WV, DE, NY	Originally Effective:	August 01, 2016
Claim Type:	CMS 1500	History Versions:	Click Here → History

Disclosure: *The purpose of this Reimbursement Policy is to document our payment guidelines for those services covered by a member's medical benefit plan and ensure you are reimbursed based on the codes that correctly describe the health care services provided. Reimbursement Policies do not provide guidance on whether a service is a covered benefit under the members' contract. Benefit determinations are based in all cases on the applicable benefit plan contract language and applicable medical policies. Should there be any conflicts between Reimbursement Policy and the member's benefit plan, the member's benefit plan will prevail. Additionally, health care providers (facilities, physicians, and other professionals) are expected to exercise independent medical judgment in providing care to members. Reimbursement Policy is not intended to impact care decisions or medical practice. This Reimbursement Policy is intended to serve as a guide as to how the plan pays for covered services, however, other factors may influence payment and, in some cases, may supersede this policy. The provider should consult their network provider agreement for further details of their contractual obligations. The policy is applicable to designated markets either entirely, or partially, as indicated within the policy. Policy designation of claim type is based on how the provider is contracted with the Plan.*

Description:

This policy provides direction on how the Plan will reimburse for "co-surgery" services. These services may be required because of the complex nature of the procedure(s) and/or the patient's condition. It is important to note that in such situations, the additional physician provides distinct surgical services and is not acting in an assistant at surgery capacity.

Reimbursement Guidelines:

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

Coding:

- Both surgeons must agree to append Modifier 62 on their claim
- Each co-surgeon must append modifier 62 to the primary Current Procedural Terminology (CPT) code to indicate that they worked together on the procedure
- Procedure code and diagnosis code should be the same on each co-surgeon's claim
- Billed amount may differ for each surgeon
- Modifier 62 should not be used when a surgeon acts as an assistant surgeon

Definitions:

Term or Acronym	Definition
Co-Surgeon	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.

References:

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

Related Plan Policies:

Refer to the following Medical Policies for additional information:

- N-112: Co-Surgery (Medicare Advantage)
- S-112: Co-Surgery (Commercial)

Refer to the following Reimbursement Policies for additional information:

- RP-035: Correct Coding Guidelines

Policy Update History:

7 / 2023	Administrative policy review with no changes in policy direction
3 / 2025	Administrative policy review with no changes in policy direction
7 / 2026	Administrative policy review with no changes in policy direction

Highmark Reimbursement Policy Bulletin

HIGHMARK.

HISTORY VERSION

Bulletin Number:	RP-002		
Subject:	Co-Surgery		
Effective Date:	August 1, 2016	**End Date:**	
Issue Date:	March 3, 2025	**Revised Date:**	March 2025
Date Reviewed:	February 2025		
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Medicare Advantage Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Claim Type	**UB**	☐	**1500**	☒				

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:

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.

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.

Coding and billing

- Both surgeons must agree to append Modifier 62 on their claim
- Each co-surgeon must append modifier 62 to the primary Current Procedural Terminology (CPT) code to indicate that they worked together on the procedure

- Procedure code and diagnosis code should be the same on each co-surgeon's claim
- Billed amount may differ for each surgeon
- Modifier 62 should not be used when a surgeon acts as an assistant surgeon

DEFINITIONS:

Modifier	Definition
62	Co-Surgery

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

REFERENCES:

- 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
6 / 2022	Added billing guidance and definition sections
7 / 2023	Administrative policy review with no changes in policy direction
3 / 2025	Administrative policy review with no changes in policy direction

Highmark Reimbursement Policy Bulletin

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HISTORY VERSION

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

Applicable Commercial Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Medicare Advantage Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Claim Type	**UB**	☐	**1500**	☒				

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PURPOSE:

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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

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