

Team Surgery

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| Approved By: | Highmark Health Options – Market Leadership |
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| Products: | Medicaid |
| Application: | All |
| Page Number(s): | 1-7 |

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary benefits.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus LTSS (DSHP Plus LTSS) members.

POLICY POSITION

Prior Authorization is not required.

Team surgery is a term which denotes two (2) or more surgeons with different skills, and generally of different specialties, working together to carry-out various procedures of a complicated surgery.

Delaware State Mandate

Effective January 1, 2000, the Delaware Department of Insurance adopted Regulation 1312 (formerly Regulation 83), which sets standards of payment for surgical assistants (including team surgeons.) It is important to note that the Delaware Regulation requires carriers to apply Medicare rules in determining whether surgical assistants and team-surgeons are eligible for reimbursement.

Surgical Team

If a team of surgeons (more than two (2) surgeons of different specialties) is required to perform a specific procedure, each surgeon bills for the procedure with a modifier 66.

The individual procedure performed by each doctor on the surgical team should be considered on its own merit on a fee-for-service basis.

Modifier 66, surgical team, must be used to identify team surgery procedures.

To be eligible for reimbursement, the component surgery billed by a member of the surgical team must be a covered service if performed alone.

Team Surgeon Indicator Look-up

Information regarding coverage for team surgery can be found on the CMS website listed below:

- Paste to web browser: <http://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx>;
- Accept the terms;
- Select the correct year, and then select the radio button for "Payment Policy Indicators";
- Select the radio button for "Single HCPCS Code";
- Enter the code and select the option "All modifiers";
- Select "Submit";
- Scroll down to view the Team Surgery indicator(s). Definitions for each value are provided below.

Team Surgeon Indicators

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| 0 | Team surgeons are not permitted for this procedure. |
| 1 | Team surgeons may be allowed with supporting documentation. |
| 2 | Team surgeons permitted. |
| 9 | Team surgery concept does not apply. |

Per Medicare Physician Fee Schedule (MPFS)

Procedure Codes Eligible for Team Surgery Payment*

Procedure codes listed in the table below are updated on a quarterly basis. Therefore, for the most accurate and up- to-date information refer to the Physician Fee Schedule Search referenced in the medical policy.

| Code | Description |
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| 22818 | Kyphectomy, Circumferential Exposure Of Spine And Resection Of Vertebral Segment(s) (including Body And Posterior Elements); Single Or 2 Segments. |
| 22819 | Kyphectomy, Circumferential Exposure Of Spine And Resection Of Vertebral Segment(s) (including Body And Posterior Elements); 3 Or More Segments. |
| 22862 | Revision Including Replacement Of Total Disc Arthroplasty (artificial Disc), Anterior Approach, Single Interspace; Lumbar. |
| 22865 | Removal Of Total Disc Arthroplasty (artificial Disc), Anterior Approach, Single Interspace; Lumbar. |
| 32851 | Lung Transplant, Single; Without Cardiopulmonary Bypass. |
| 32852 | Lung Transplant, Single; With Cardiopulmonary Bypass. |
| 32853 | Lung Transplant, Double (bilateral Sequential Or En Bloc); Without Cardiopulmonary Bypass. |
| 32854 | Lung Transplant, Double (bilateral Sequential Or En Bloc); With Cardiopulmonary Bypass. |
| 33935 | Heart-lung Transplant With Recipient Cardiectomy-pneumonectomy. |
| 33945 | Heart Transplant, With Or Without Recipient Cardiectomy. |
| 47135 | Liver Allotransplantation; Orthotopic, Partial Or Whole, From Cadaver Or Living Donor, Any Age. |
| 48554 | Transplantation Of Pancreatic Allograft. |
| 48556 | Removal Of Transplanted Pancreatic Allograft. |
| 50360 | Renal Allotransplantation, Implantation Of Graft; Without Recipient Nephrectomy. |
| 50365 | Renal Allotransplantation, Implantation Of Graft; With Recipient Nephrectomy. |

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| 61580 | Craniofacial Approach To Anterior Cranial Fossa; Extradural, Including Lateral Rhinotomy, Ethmoidectomy, Sphenoidectomy, Without Maxillectomy Or Orbital Exenteration. |
| 61581 | Craniofacial Approach To Anterior Cranial Fossa; Extradural, Including Lateral Rhinotomy, Orbital Exenteration, Ethmoidectomy, Sphenoidectomy And/or Maxillectomy. |
| 61582 | Craniofacial Approach To Anterior Cranial Fossa; Extradural, Including Unilateral Or Bifrontal Craniotomy, Elevation Of Frontal Lobe(s), Osteotomy Of Base Of Anterior Cranial Fossa. |
| 61583 | Craniofacial Approach To Anterior Cranial Fossa; Intadural, Including Unilateral Or Bifrontal Craniotomy, Elevation Or Resection Of Frontal Lobe osteotomy Of Base Of Anterior Cranial Fossa. |
| 61584 | Orbitocranial Approach To Anterior Cranial Fossa, Extradural, Including Supraorbital Ridge Osteotomy And Elevation Of Frontal And/or Temporal Lobe(s); Without Orbital Exenteration. |
| 61585 | Orbitocranial Approach To Anterior Cranial Fossa, Extradural, Including Supraorbital Ridge Osteotomy And Elevation Of Frontal And/or Temporal Lobe(s); With Orbital Exenteration. |
| 61586 | Bicoronal, Transzygomatic And/or Lefort I Osteotomy Approach To Anterior Cranial Fossa With Or Without Internal Fixation, Without Bone Graft. |
| 61590 | Infratemporal Pre-auricular Approach To Middle Cranial Fossa (parapharyngeal Space, Infratemporal And Midline Skull Base, Nasopharynx), With Or Without Disarticulation Of The Mandible Including Parotidectomy, Craniotomy, Decompression And/or Mobilization Of The Facial Nerve And/or Petrous Carotid Artery. |
| 61591 | Infratemporal Post-auricular Approach To Middle Cranial Fossa (intenal Auditory Meatus, Petrous Apex, Tentorium, Cavernous Sinus, Parasellar Area, infratemporal Fossa) Including Mastoidectomy, Resection Of Sigmoid Sinus With Or Without Decompression And/or Mobilization Of Contents Of Auditory Canal Or Petrous Carotid Artery. |
| 61592 | Orbitocranial Zygomatic Approach To Middle Cranial Fossa (cavernous Sinus And Carotid Artery, Clivus, Basilar Artery Or Petrous Apex) including Osteotomy Of Zygoma, Craniotomy, Extra-or Intradural Elevation Of Temporal lobe. |
| 61595 | Transtemporal Approach To Posterior Cranial Fossa, Jugular Foramen Or Midline Skull Base, Including Mastoidectomy, Decompression Of Sigmoid Sinus and/or Facial Nerve With Or Without Mobilization. |
| 61596 | Transcochlear Approach To Posterior Cranial Fossa, Jugular Foramen Or Midline Skull Base, Including Labyrinthectomy, Decompression, With Or Without Mobilization Of Facial Nerve And/or Petrous Cartoid Artery. |
| 61597 | Transcondylar (far Lateral) Approach To Posterior Cranial Fossa, Jugular Foramen Or Midline Skull Base, Including Occipital Condylectomy, Mastoidectomy Resection Of C1-c3 Vertebral Body(s) Decompression Of Vertebral Artery, With or Without Mobilization. |
| 61598 | Transpetrosal Approach To Posterior Cranial Fossa, Clivus Or Foramen Magnum, Including Ligation Of Superior Petrosal Sinus And/or Sigmoid Sinus. |

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| 61600 | Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion of Base Of Anterior Cranial Fossa; Extradural. |
| 61601 | Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion of Base Of Anterior Cranial Fossa; Intradural, Including Dural Repair, With Or Without Graft. |
| 61605 | Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion of Infratemporal Fossa, Parapharyngeal Space, Petrous Apex; Extradural. |
| 61606 | Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Infratemporal Fossa, Parapharyngeal Space, Petrous Apex; Intradural, Including Dural Repair With Or Without Graft. |
| 61607 | Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Parasellar Area, Cavernous Sinus, Cibus Or Midline Skull Base; Extradural. |
| 61608 | Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Parasellar Area, Cavernous Sinus, Cibus Or Midline Skull Base; Intradural including Dural Repair With Or Without Graft. |
| 61611 | Transection Or Ligation, Carotid Artery In Petrous Canal; Without Repair (list Separately In Addition To Code For Primary Procedure). |
| 61613 | Obliteration Of Carotid Aneurysm, Arteriovenous Malformation, Or Carotid-cavernous Fistula By Dissection Within Cavernous Sinus. |
| 61615 | Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Base Of Posterior Cranial Fossa, Jugular Foramen, Foramen Magnum, Or C1-c3 Vertebral Bodies; Extradural. |
| 61616 | Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Base Of Posterior Cranial Fossa, Jugular Foramen, Foramen Magnum, Or C1-c3 Vertebral Bodies; Intradural, Including Dural Repair, With Or Without Graft. |
| 61618 | Secondary Repair Of Dural For Csf Cerebrospinal Fluid Leak, Anterior, Middle or Posterior Cranial Fossa Following Surgery Of The Skull Base; By Free Tissue Graft (eg, Pericranium, Fascia, Tensor Fascia Lata, Adipose Tissue, Homologous Or Synthetic Grafts). |
| 61619 | Secondary Repair Of Dural For Csf Cerebrospinal Fluid Leak, Anterior, Middle or Posterior Cranial Fossa Following Surgery Of The Skull Base; By Local Or Regionalized Vascular Pedicle Flap Or Myocutaneous Flap (including Galea, Temporalis, Frontalis Or Occipitalis Muscle). |
| 63081 | Vertebral Corepectomy (vertebral Body Resection), Partial Or Complete, Anterior Approach With Decompression Of Spinal Cord And/or Nerve Root(s); Cervical Single Segment. |
| 63082 | Vertebral Corepectomy (vertebral Body Resection), Partial Or Complete, Anterior Approach With Decompression Of Spinal Cord And/or Nerve Root(s); Cervical, Each Additional Segment (list Separately In Addition To Code For Primary Procedure). |
| 63085 | Vertebral Corepectomy (vertebral Body Resection), Partial Or Complete, Transthoracic Approach With Decompression Of Spinal Cord And/or Nerve Root(s); Thoracic Single Segment. |

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| 63086 | Vertebral Corepectomy (vertebral Body Resection), Partial Or Complete, Transthoracic Approach With Decompression Of Spinal Cord And/or Nerve Root(s); Thoracic Each Additional Segment (list Separately In Addition To Code For Primary Procedure). |
| 63087 | Vertebral Corepectomy (vertebral Body Resection), Partial Or Complete, Combined Thoracolumbar Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root (s) Lower Thoracic Or Lumbar; Single Segment. |
| 63088 | Vertebral Corepectomy (vertebral Body Resection), Partial Or Complete, Combined Thoracolumbar Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root (s) Lower Thoracic Or Lumbar; Each Additional Segment (list Separately In Addition To Code For Primary Procedure). |
| 63090 | Vertebral Corepectomy (vertebral Body Resection), Partial Or Complete, Transperitoneal Or Retroperitoneal Approach With Decompression Of Spinal Cord Cauda Equina Or Nerve Root(s) Lower Thoracic Lumbar Or Sacral; Single Segment. |
| 63091 | Vertebral Corepectomy (vertebral Body Resection), Partial Or Complete, Transperitoneal Or Retroperitoneal Approach With Decompression Of Spinal Cord Cauda Equina Or Nerve Root(s) Lower Thoracic Lumbar Or Sacral; Each Additional Segment (list Separately In Addition To Code For Primary Procedure) |

This policy is applied on a **pre-payment** basis for Professional claims.

Note the following **pre-payment** applications within the body of the bulletin:

The individual procedure performed by each doctor on the surgical team should be considered on its own merit on a fee-for-service basis. Modifier 66, surgical team, must be used to identify team surgery procedures. To be eligible for reimbursement, the component surgery billed by a member of the surgical team must be a covered service if performed alone.

This workflow addresses Team Surgery claims that have denied but according to CMS can be paid with additional documentation to establish medical necessity:

If indicator is "0" (Team Surgeon--not approved), advise the provider:

- Per DE state law we are required to process Team Surgeon according to CMS guidelines, we have done that and your claim denied because (give portal defense)

If indicator is "1" (Team Surgeon—may be paid though supporting documentation required to establish medical necessity):

- Check Imaging Document Management (IDM) to verify if supporting documentation was submitted with claim.

If yes-advise provider: You have pulled the records submitted with the original claim and will send them for review.

If no-advise provider: Per DE state law we are required to process Team/ Surgeon according to CMS guidelines, we have done that, and your claim denied because (give portal defense). If you feel you have documentation to warrant a Team Surgeon, please send (details to be worked out).

Records will be sent to Claims Review (CR) Department for review.

Once the claim has been reviewed, if an adjustment is needed, you will send a work-order to the Claims Adjustment area for adjustment. When creating this work-order, use the following scripting:

Claim for Team Surgeon reviewed by CR and approved. Please adjust line(s) to pay at benefit level.

References

18 Delaware Code, Section 1341, Workers' Compensation Regulations. 4.5.1.

18 Delaware Code, Section 1312, (Formerly Regulation 83). 2000.

Medicare Physician Fee Schedule (MPFS). January 2021.

POLICY UPDATE HISTORY

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|------------|---|
| 01/26/2022 | Approved in Medical Policy Committee |
| 03/14/2022 | Approved in QI/UM |
| 01/25/2023 | Annual review; approved in Medical Policy Committee |
| 01/31/2023 | Approved in QI/UM |
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