HIGHMARK.

Reimbursement Policy

Title: Surgical Team

Policy Number: RP-052

Version Number: 2026.07.27

Medicare Advantage:	PA, WV, DE, NY	Version Effective:	July 27, 2026
Commercial:	PA, WV, DE, NY	Originally Effective:	September 30, 2019
Claim Type:	CMS 1500	History Versions:	Click Here → History

Description:

This policy provides direction on how the Plan will reimburse a "surgical" team when more than two (2) physicians or other qualified healthcare professionals are working together during an operative session in the management of a specific surgical procedure.

Reimbursement Guidelines:

Teams' surgery should only be billed if a team of surgeons (more than two surgeons of different specialties) are required to perform a specific procedure. Each participating physician bills for the applicable procedure for their individual services with a modifier 66. Services reported with modifier 66 must be sufficiently documented to establish a surgical team was indicated and medically necessary. (See Medical Policy references below for more specific information). The Team Surgery indicator in the current CMS National Physician Fee Schedule Relative Value guide provides indicators of whether team surgery is billable for a specific procedure. (See references below for more specific information) The Plan will reimburse 80% of the allowable when the Teams Surgeons Indicator is a one (1) or two (2).

Coding:

Modifier 66 should be used when a team-based approach is required during the same operative session, for the same beneficiary, and the same date of service.

Definitions:

Modifier	Definition
66	Surgical Team (more than two surgeons of different specialties)

References:

- CMS Guidance for Team Surgery. (n.d.). *CMS IOM, Publication 100-04, Medicare Claims Processing Manual Chapter 12*.
- Medicare Physicians Fee Schedule (MPFS) indicator descriptions

Related Plan Policies:

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

- N-112: Team Surgery

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

- S-12: Team Surgery

Refer to the following Reimbursement Policies for additional information:

- RP-014: Multiple Surgical Procedures
- RP-035: Correct Coding Guidelines

Policy Update History:

8 / 2023	Administrative Review, no changes in policy direction
7 / 2026	Administrative Review, no changes in policy direction

Highmark Reimbursement Policy Bulletin

HISTORY VERSION

Bulletin Number:	RP-052		
Subject:	Surgical Team		
Effective Date:	September 30, 2019	**End Date:**	
Issue Date:	August 14, 2023	**Revised Date:**	August 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**	☒				

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 Plan recognizes modifier 66 ("Team Surgery") when appended to a service to indicate a surgical **team** was required to perform complex surgical service(s). This is usually accomplished by more than two (2) physicians or other qualified healthcare professional working together during an operative session in the management of a specific surgical procedure.

The team-based surgical service may be identified by each participating physician by appending the modifier 66 to each procedure code submitted for specific services rendered. The use of modifier 66 should be used by each of the involved providers on the surgical team.

REIMBURSEMENT GUIDELINES:

Team Surgery should only be billed if a team of surgeons (more than 2 surgeons of different specialties) is required to perform a specific procedure. Each participating physician bills for the applicable procedure for their individual services with a modifier 66. The modifier should be used when a team-based approach is required during the same operative session, for the same beneficiary, and the same date of service. The Team Surgery indicator in the current CMS National Physician Fee Schedule Relative Value Guide provides indicators of whether team surgery is billable for a specific procedure.

CMS National Physician Fee Schedule Relative Value Guide Team Surgeons Indicator List

0 = Team Surgeons not permitted for this procedure
1 = Team surgeons may be paid; supporting documentation required
2 = Team surgeons permitted
9 = Team surgeon concept does not apply

Services reported with modifier 66 must be sufficiently documented to establish a **surgical team** was indicated and medically necessary. The procedural medical documentation should describe the specific surgeon's involvement in the total procedure. All claims for team surgeons must contain sufficient information to allow accurate claims pricing for the team-based procedure(s). If any or all physicians participated in the surgery fail to appropriately use the modifier, claims may be denied for duplication or suspected duplicate services. Claims submitted without documentation will be denied.

The Plan will reimburse 80 percent of the allowable when the CMS Team Surgeons Indicator is a one (1) or two (2).

DEFINITIONS:

Modifier	Definition
66	Surgical Team (more than two surgeons of different specialties)

RELATED POLICIES:

Refer to the following Commercial Medical Policies for additional information:

- S-16: Assistant Surgery Eligibility Criteria
- S-112: Modifier 62: Co-Surgeons
- S-12: Team Surgery Policy

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

- N-28: Assistant at Surgery Services
- N-112: Team Surgery

Refer to the following Reimbursement Policies for additional information:

- RP-001: Assistant at Surgery Services
- RP-002: Co-Surgery
- RP-014: Multiple Surgical Procedures
- RP-035: Correct Coding Guidelines
- RP-029: Surgical Techniques, Procedures and Related Services

REFERENCES:

This policy has been developed through consideration of the following:

- CMS Guidance for Team Surgery. (n.d.). *CMS IOM, Publication 100-04, Medicare Claims Processing Manual Chapter 12.* https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf
- Medicare Physicians Fee Schedule (MPFSDB) indicator descriptions. Medicare Physician's Fee Schedule (MPFSDB) Indicator Descriptions (novitas-solutions.com)

POLICY UPDATE HISTORY INFORMATION:

9 / 2019	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy
1 / 2022	Removed team surgeons indicator 3 and added 0 Indicator
7 / 2022	Annual review with no change in direction
8 / 2023	Administrative policy review with no changes in policy direction