Reimbursement Policy

Subject: **Modifier 62**	
Policy Number: **G-06027**	Policy Section: **Coding**
Last Approval Date: **03/15/2023**	Effective Date: **08/07/2020**

**** Visit our provider website for the most current version of our reimbursement policies. If you are using a printed version of this policy, please verify the information by going to **https://provider.healthybluela.com**. ****

Disclaimer

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Healthy Blue if the service is covered by a member's Healthy Louisiana 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. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT® codes, HCPCS codes, and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Healthy Blue may:

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

Healthy Blue reimbursement policies are developed based on nationally accepted industry standards and coding principles.

Healthy Blue reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to our provider website.

Policy

Healthy Blue allows reimbursement of procedures eligible for co-surgeons when billed with Modifier 62 unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

Reimbursement to each surgeon is based on the lower of billed charges or 80% of the applicable fee schedule or contracted/negotiated rate. Co-surgeons must be from different specialties and performing surgical services during the same operative session.

Each surgeon must bill the same procedure code(s) with Modifier 62. If one or both surgeons fail to use the modifier appropriately, it is possible that one surgeon may receive 100% of the

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applicable fee schedule or negotiated/contracted rate and the other surgeon's claim may be denied or pended due to a duplicate or suspected duplicate service, respectively.

Assistant surgeon and/or multiple procedures rules and fee reductions apply if:

- A co-surgeon acts as an assistant in performing ***additional procedure(s)*** during the same surgical session.

Note: Assistant surgeon rules do not apply to procedures appropriately billed with Modifier 62.

- Multiple procedures are performed.

Related Coding

Standard correct coding applies

Policy History

03/15/2023	Review approved: Policy template updated
08/07/2020	Review approved and effective: updated Definitions and Reference sections
10/03/2018	Review approved and effective: Assistant surgeon language expanded
10/03/2016	Review approved 10/03/2016 and effective 07/15/2018: Same specialty language removed
10/13/2014	Review approved: Policy template updated
05/20/2013	Review approved 05/20/2013: Disclaimer updated 04/23/13
04/09/2012	Review approved 04/09/12: Reimbursement percentage updated
05/17/2010	Review approved: Policy template updated
11/10/2008	Review approved 11/10/08: Policy template updated
06/06/2006	Initial approval 06/06/2006 and effective 10/01/2006

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- State Medicaid
- State contract
- Optum EncoderPro 2022

Definitions

Modifier 62	When two surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding Modifier 62 to the procedure code and any associated add-on code(s) for that procedure as long as both surgeons continue to work together as primary surgeons — each surgeon should report the co-surgery once using the same procedure code — if additional procedure(s) (including add-on procedure[s]) are performed during the same surgical session, separate code(s) may also be reported with Modifier 62 added.

	Note: If a co-surgeon acts as an assistant in the performance of additional procedure(s), other than those reported with the Modifier 62, during the same surgical session, those services may be reported using separate procedure code(s) with Modifier 80 or Modifier 82 added, as appropriate.
General Reimbursement Policy Definitions	

Related Policies and Materials

Assistant at Surgery (Modifiers 80/81/82/AS)
Duplicate or Subsequent Services on the Same Date of Service
Modifier 66: Surgical Teams
Modifier Usage
Multiple and Bilateral Surgery: Professional and Facility Reimbursement