

Procedure 1237- Co-Surgeon and Team Surgeon

Lines of Business: All

Purpose: This Network Health guideline describes services provided by co-surgeons and/or team surgeons that are reimbursable and the method for determining reimbursement amounts for their services.

Procedure: Co-surgeons are when two surgeons work together as primary surgeons performing distinct part(s) of a procedure. Team surgeons are three or more surgeons (with different or same specialties) working together during an operative session in the management of a specific surgical procedure. Procedure codes eligible for reimbursement for co-surgeons and team surgeons are codes designated by the Centers for Medicare and Medicaid Services (CMS) located on the National Physician Fee Schedule (NPFS) Relative Value File.

A status code in the co-surgeon or team surgeon column on the NPFS indicates when a co-surgeon or a team surgeon is allowed or not allowed.

Status Indicators	Definition
0	Co-surgeons/team surgeons are not permitted for the procedure.
1	Co-surgeons/team surgeons could be paid, though supporting documentation is required to establish the medical necessity of two surgeons/team surgeons for the procedure.
2	Co-surgeons/team surgeons permitted.
9	Co-surgeons/teams surgeon concept does not apply.

Reimbursement

Network Health will reimburse claims for co-surgeons or team surgeons by 62.5 percent when submitted on an eligible procedure code.

Bilateral Surgeries

Simultaneous bilateral services are those procedures in which each surgeon performs the same procedure on opposite sides. Each surgeon should report the simultaneous bilateral procedure(s) with the bilateral procedure modifier and the co- or team surgeon modifier. Refer to Network Health's Procedure 1207- Bilateral for more information.

Multiple Procedures

Multiple procedure reductions apply to co-surgeon and team surgeon claim submissions when one or more physicians are billing multiple procedure codes that are eligible for reductions. Refer to Network Health's Procedure 1217- Multiple and Endoscopic for more information.

This policy is not a guarantee of coverage or payment. The claim(s) will be denied if it does not meet with all the terms and provisions of the members Certificate of Coverage. Actual benefits will be determined when the claim(s) or bill(s) are submitted to NHP/NHIC/NHAS. NHP/NHIC/NHAS reserves the right to periodically review and update all claim guidelines, policies and procedures.

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