

Medicare Co-Surgery Billing for Part B Providers

8/19/2025

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Today's Presenters

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Objective

The primary objective of billing co-surgery services is to ensure accurate and timely reimbursement by applying appropriate modifiers to accurately represent the procedures performed. Also, to understand how to use the Fee Schedule Database for policy indicators.

Agenda

- [Co-Surgery Overview](#)
- [Modifiers](#)
- [Fee Schedule for Physicians' Services](#)
- [Payment Policy Indicators](#)
- [Medical Documentation](#)
- [References and Resources](#)



Co-Surgery Overview

Co-Surgery

- Co-surgeons are defined as two or more surgeons, where the skills of both surgeons are necessary to perform distinct parts of a specific operative procedure
- Surgeons are typically from different specialties, collaborate and each perform distinct parts of same procedure
- Each surgeon is considered a primary surgeon for their portion of work
- Individual skills of two surgeons may be required to perform surgery on same patient during same operative session because of complex nature of procedure(s) and/or patient's condition and the additional physician is not acting as an assistant at surgery



General

- Primary objective of co-surgery is to leverage combined expertise and skills of two surgeons to ensure best possible patient outcome during complex surgical procedures
- Procedure(s) exceptionally complex and requires distinct skills from two different surgeons
- Physicians of different specialties may be necessary during surgery when each specialist is required to play an active role in patient's treatment because of existence of more than one medical condition requiring diverse, specialized medical services (i.e., cardiologist)
- Concurrent care is functioning at different level than that of assistant at surgery

Medicare Co-Surgery

- Specifics of coverage, including cost-sharing (like deductibles and coinsurance) and whether a surgery is considered medically necessary
- Services that meet accepted standards of medical practice to diagnose or treat your medical condition
- Medicare covers medically necessary surgeries, both inpatient and outpatient, as well as related services like diagnostic tests and supplies
- [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 12, Section 40.8](#)

Modifiers

Co-Surgery Modifiers

- Modifiers will be required when billing for a surgical procedure(s) that requires use of two surgeons or a team of surgeons
- Modifier 62 (Two Surgeons)
 - Two surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report their 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



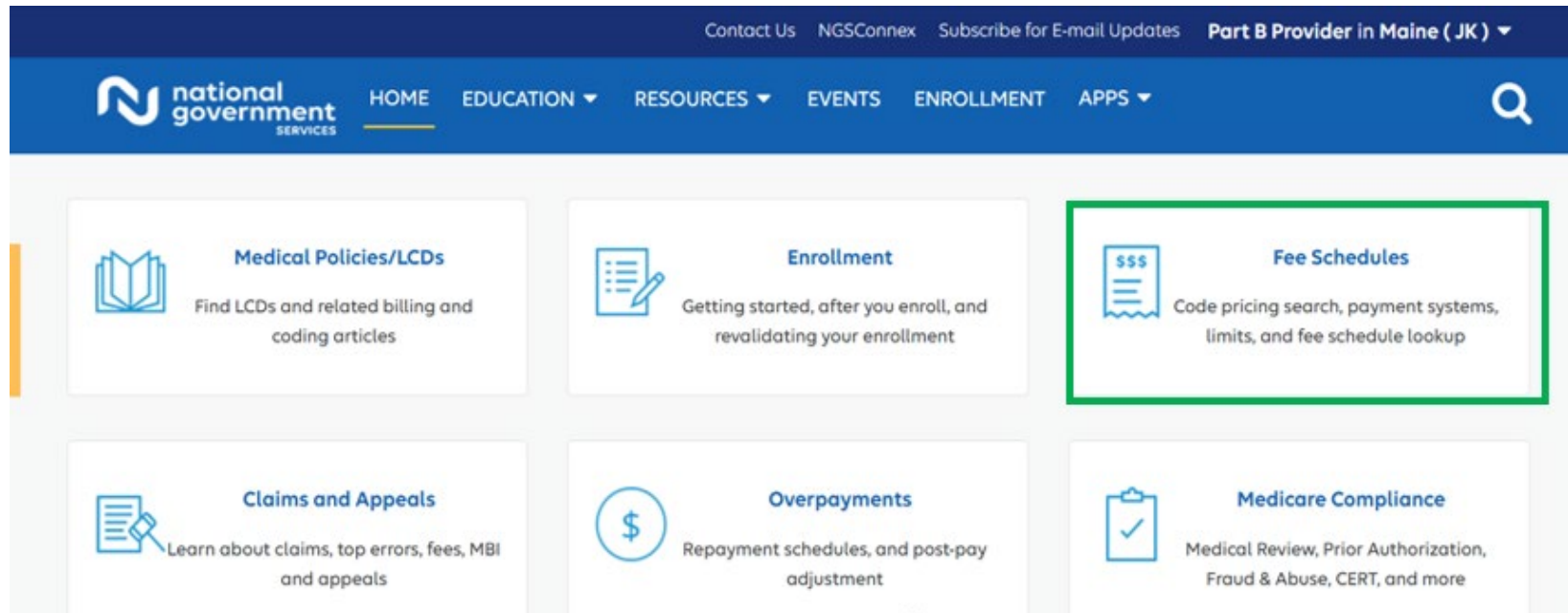
Procedures with Two or More Surgical Modifiers

- Two surgeons 62 and surgical care only 54
- Two surgeons 62 and postoperative care only 55
- Bilateral surgery 50 and two surgeons 62
- Bilateral surgery 50 two surgeons 62 and surgical care only 54

Fee Schedule for Physicians' Services

Fee Schedule Lookup

- Medicare Physician [Fee Schedule Lookup](#) Database (MPFSDB) contains payment policy indicators that determine if assistant-at-surgery services are reasonable and necessary for a specific CPT/HCPCS code



MPFSDB

Select a Fee Schedule: *

Result Type: *

Date of Service: *

Procedure Code: *

Region: *

Medicare Physician Fee Schedule Pricing

--Select Fee Schedule--

ASC Fees

Ambulance

Anesthesia Conversion Factor

CP/CSW

Flu/PPV/Hepatitis

Home Infusion Therapy Services (HITS)

Medicare Physician Fee Schedule Pricing

Opioid Treatment Program (OTP)

--Select Region--

Illinois (area 12)

Illinois (area 15)

Illinois (area 16)

Illinois (area 99)

Maine (area 03)

Maine (area 99)

Massachusetts (area 01)

Massachusetts (area 99)

Minnesota

New Hampshire (area 40)

New York (area 01)

New York (area 02)

New York (area 03)

New York (area 04)

New York (area 99)

Rhode Island (area 01)

Vermont (area 50)

--Select Region--

Search

IL and NY Locality/County Information

Illinois Locality	Counties	New York Locality	Counties
12	Bond, Calhoun, Clinton, Jersey, Macoupin, Madison, Monroe, Montgomery, Randolph, St. Clair, Washington	01	Manhattan
15	DuPage, Kane, Lake, Will	02	Bronx, Brooklyn, Nassau, Rockland, Staten Island, Suffolk, Westchester
16	Cook	03	Columbia, Delaware, Dutchess, Greene, Orange, Putnam, Sullivan, Ulster
99	All Other Counties	04	Queens
		99	All Other Counties

MA and ME Locality/County Information

MA Localities	State	Counties
01	MA	Middlesex, Norfolk and Suffolk
99	MA	All Other Counties

ME Localities	State	Counties
03	ME	York and Cumberland
99	ME	All Other Counties

Example: 47362 Repair of Liver

Select a Fee Schedule: * Medicare Physician Fee Schedule Pricing ▼

Result Type: *
☐ Full Fee Schedule
☒ Specific To Fee Code

Date of Service: * 09/18/2025 📅

Procedure Code: * 47362

Region: * Maine (area 03) ▼

Search

Fee Allowance 47362 Repair of Liver

Medicare Physician Fee Schedule Pricing Fee Schedule

Procedure Code	Effective Date	State/Territory	Locality	Short Description
47362	01/01/2025	14112	03	Repair liver wound

Non-OPPS Capped Payment Rates (NON-OPPS)

Modifier	NON FAC PAR	NON FAC NON PAR	NON FAC LC	FAC PAR	FAC NON PAR	FAC LC
(Details)	1327.76	1261.37	1450.58	1327.76	1261.37	1450.58

OPPS Capped Payment Rates (OPPS)

Modifier	NON FAC PAR	NON FAC NON PAR	NON FAC LC	FAC PAR	FAC NON PAR	FAC LC
(Details)	0.00	0.00	0.00	0.00	0.00	0.00

The full Fee Schedule for this code can be downloaded in the following formats below:

[Excel File](#)

[CSV File](#)

Example 47362 Repair of Liver

Modifier Selected: (blank)

Payment Calculations

Status	Conversion Factor	Update Factor	Work RVU	FAC PE RVU	NON FAC PE RVU
A	32.3465	1.0000	23.54	13.80	13.80
Malpractice RVU	Work GPCI	Practice GPCI	Malpractice GPCI	Reduced Therapy Amt	Endoscopic Base
5.40	1.000	1.012	0.656	0.00	

Policy Indicators

Global Surgery	Facility Pricing	PC/TC	Preoperative Percentage	Interoperative Percentage	Postoperative Percentage
090	1	0	09.00%	81.00%	10.00%
Multiple Surgery	Bilateral Surgery	Assistant At Surgery	Two Surgeons	Team Surgery	
2	0	2	1	0	

Example 59510 Cesarean

Fee Allowance	Non-OPPS Capped Payment Rates (NON-OPPS)						
	Modifier	NON FAC PAR	NON FAC NON PAR	NON FAC LC	FAC PAR	FAC NON PAR	FAC LC
	(Details)	2490.33	2365.81	2720.68	2490.33	2365.81	2720.68
Payment Calculations	Modifier Selected: (blank)						
	Status	Conversion Factor	Update Factor	Work RVU	FAC PE RVU	NON FAC PE RVU	
	A	32.3465	1.0000	41.05	27.54	27.54	
	Malpractice RVU	Work GPCI	Practice GPCI	Malpractice GPCI	Reduced Therapy Amt	Endoscopic Base	
	12.30	1.000	1.012	0.656	0.00		
Policy Indicators	Global Surgery	Facility Pricing	PC/TC	Preoperative Percentage	Interoperative Percentage	Postoperative Percentage	
	MMM	1	0	00.00%	00.00%	00.00%	
	Multiple Surgery	Bilateral Surgery	Assistant At Surgery	Two Surgeons	Team Surgery		
	2	0	1	0	0		

Example 33361 Aortic Valve Percutaneous

	Modifier *****	NON FAC PAR *****	NON FAC NON PAR *****	NON FAC LC *****	FAC PAR *****	FAC NON PAR *****	FAC LC *****
Fee Allowance	(Details)	1093.92	1039.22	1195.10	1093.92	1039.22	1195.10
	Modifier Selected: (blank)						
Payment Calculations	Status *****	Conversion Factor *****	Update Factor *****	Work RVU *****	FAC PE RVU *****	NON FAC PE RVU *****	
	A	32.3465	1.0000	22.47	7.85	7.85	
	Malpractice RVU *****	Work GPCI *****	Practice GPCI *****	Malpractice GPCI *****	Reduced Therapy Amt *****	Endoscopic Base *****	
	5.19	1.000	1.012	0.656	0.00		
Policy Indicators	Global Surgery *****	Facility Pricing *****	PC/TC *****	Preoperative Percentage *****	Interoperative Percentage *****	Postoperative Percentage *****	
	000	1	0	00.00%	00.00%	00.00%	
	Multiple Surgery *****	Bilateral Surgery *****	Assistant At Surgery *****	Two Surgeons *****	Team Surgery *****		
	2	0	0	2	1		

Payment Policy Indicators

Co-surgeons (Modifier 62)

- Policy indicators will tell you whether code(s) is allowed, not allowed, or may be allowed with documentation to support medical necessity
- Indicator for services that two surgeons performed services, each in different specialty
- Always review the NGS MPFSDB prior to submitting claims





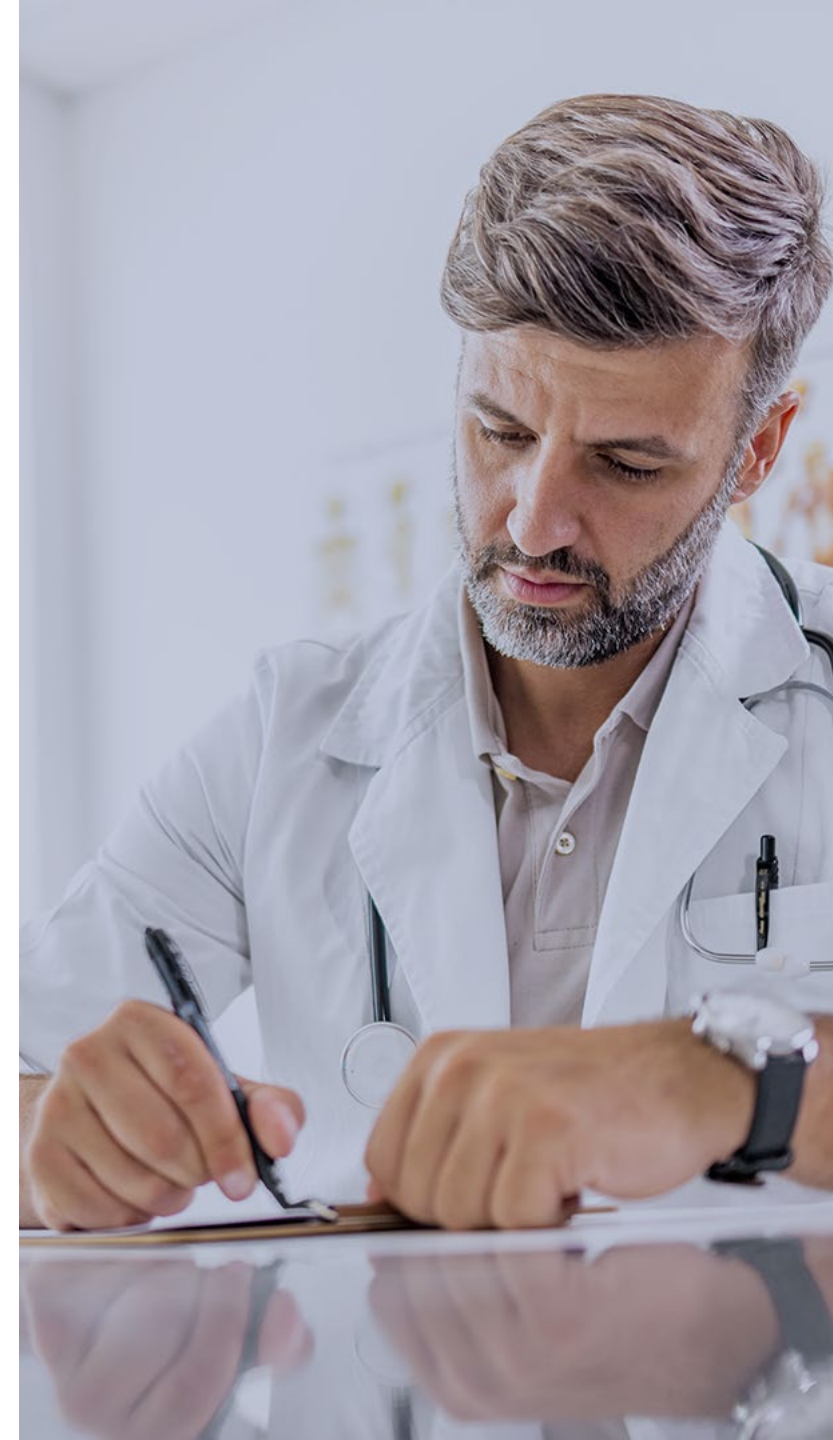
Co-surgeon Policy Indicators

Policy Indicator	Description
0	Co-surgeons not permitted for this procedure
1	Co-surgeons could be paid, though supporting documentation is required to establish the medical necessity of two surgeons for the procedure
2	Co-surgeons permitted and no documentation required if the two-specialty requirement is met
9	Concept does not apply

Medical Documentation

Co-Surgery Medical Necessity

- Distinct operative notes for each surgeon are essential, clearly outlining each surgeon's role
- Overlapping notes can lead to denial of claims and improper reimbursement
- Both surgeons must agree to append modifier 62 on their claim
- Reimbursement is made at 62.5% of fee schedule



Documentation

- Documentation is required when the indicator on MPFSDB is “1”
- Surgeons must deliver clinical picture of patient and include
 - Distinct part of surgery each co-surgeon performed
 - Documenting individual contributions to procedure and both must sign their respective operative reports
 - Documentation should justify the need for two surgeons, explaining why procedure required expertise of both individuals
 - Ensure two specialty requirements include NPI of rendering physician
 - Name of co-surgeons
 - Necessity of co-surgeons
 - Procedures or services performed and support use of modifier 62
- Claims with modifier 62 should be submitted with required documentation following the electronic attachments program or unsolicited paperwork (PWK) process
- Benefits of Electronic Attachments
 - 275: [How To Get Started – Five Easy Steps](#)
 - 277: [How To Get Started – Five Easy Steps](#)
 - [Paperwork Segment – PWK](#)

References and Resources

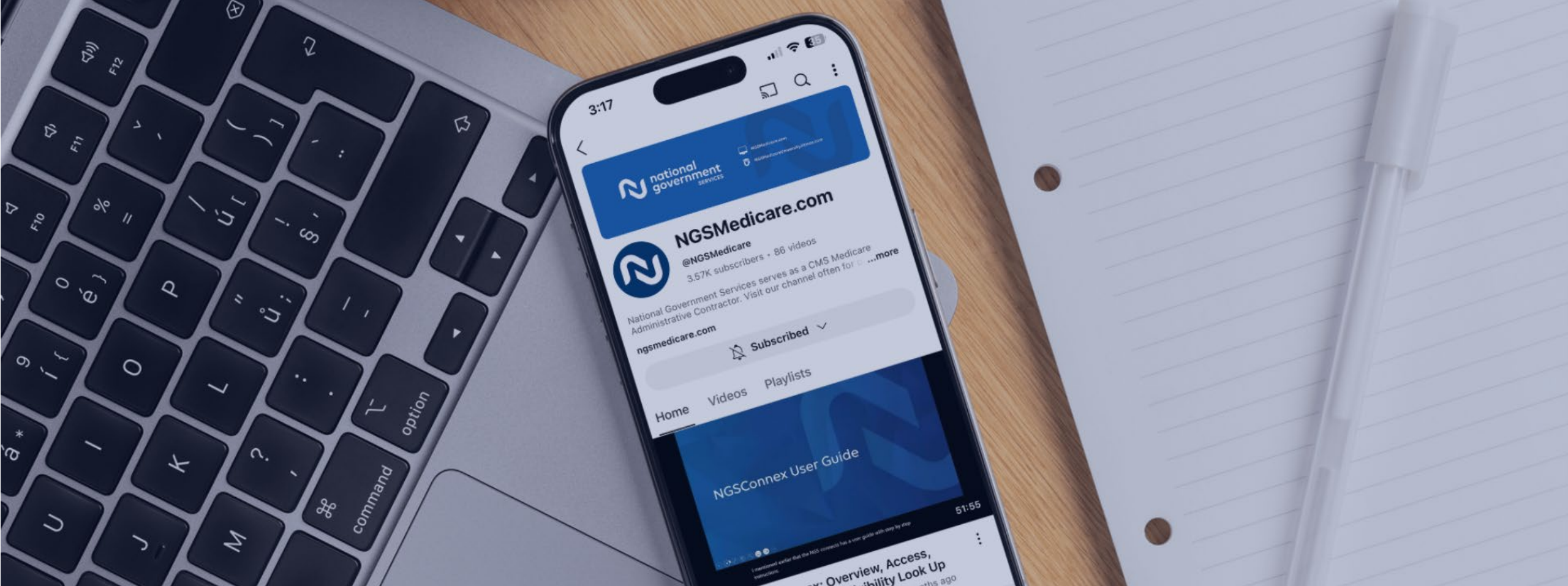
CMS and NGS References Resources

- CMS Resources
 - [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 12, Section 40.8](#)
 - [CMS MLN Booklet MLN907166 Global Surgery](#)
- NGS References
 - [MPFS available on our Fee Schedule Lookup page](#)
 - [Fee Schedule Assistance](#)
 - [Co-Surgery/Team Surgery/Assistant Surgery Modifiers](#)
- Benefits of Electronic Attachments
 - 275: [How To Get Started – Five Easy Steps](#)
 - 277: [How To Get Started – Five Easy Steps](#)
 - [Paperwork Segment – PWK](#)



Questions?

Thank you!



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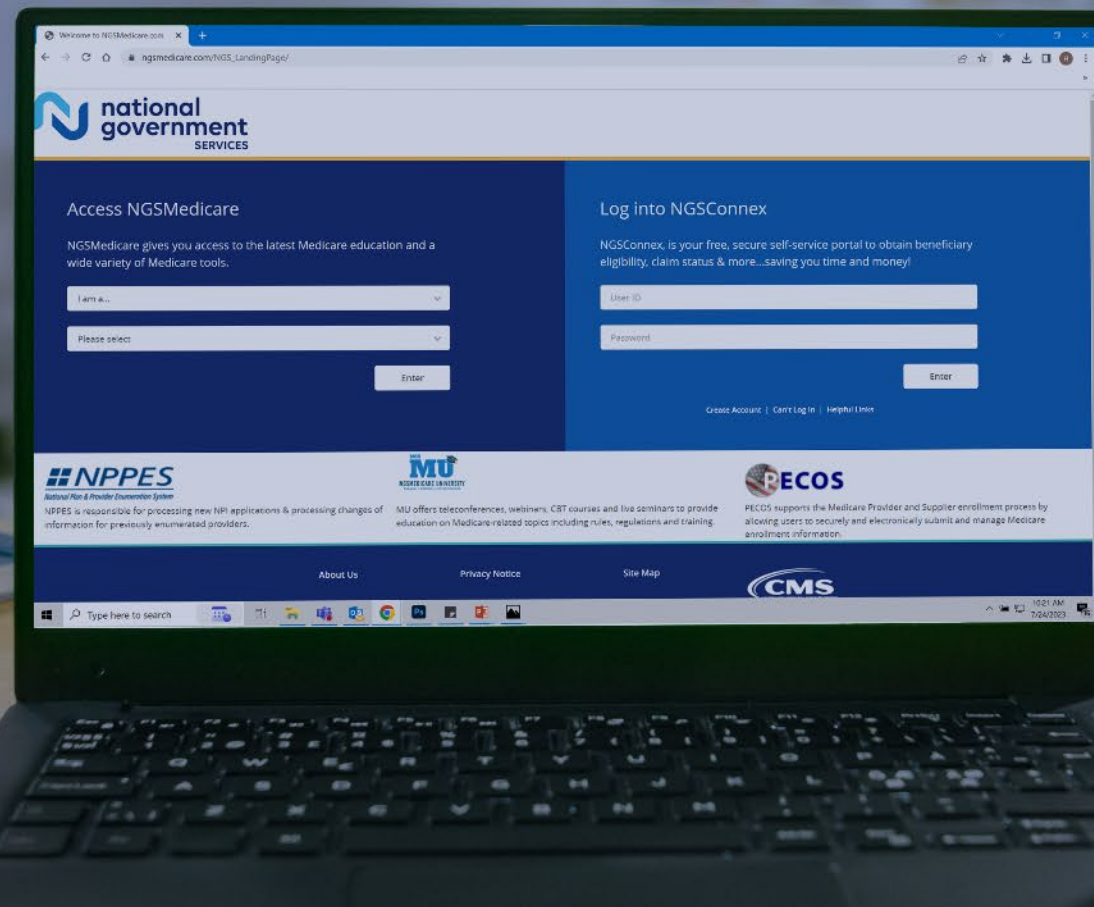
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Web portal for claim information



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