

Part B Insider (Multispecialty) Coding Alert

Know When Modifier 62 Applies to Your Claims

Make sure documentation shows each physician's role in the surgery.

Not every CPT code is eligible for reimbursement with a co-surgeon. Determine when you can use modifier 62 (Two surgeons) by looking to column AB in the Excel version of the 2011 Fee Schedule database, available for download at www.cms.gov/PhysicianFeeSched.

Remember: For modifier 62 claims, most payers pay an additional fee (generally 125 percent of the "usual" fee for the procedure, split evenly between the two surgeons). Avoid reimbursement problems by checking these claims carefully.

Crack The Column AB Code: A "2" in column AB next to the code you're investigating means that Medicare will pay for a co-surgeon for that procedure and that you don't need to submit documentation with the claim, as long as each surgeon is of a different specialty.

A "1" in column AB indicates that Medicare may pay for a co-surgeon, but you must submit documentation to explain the medical necessity for a co-surgeon.

In contrast, a "0" means that Medicare will never pay two surgeons for the service, while a "9" means that the concept of co-surgery does not apply for that particular code (and therefore you should never apply modifier 62).

Example: Medicare considers most wound repairs to be relatively simple procedures and therefore not eligible for payment with a co-surgeon. For instance, the database assigns a "0" to column AB for codes 12001-12006, meaning that you cannot be reimbursed with a co-surgeon with these procedures.

But for more extensive repairs, such as those described by 12007 (Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities [including hands and feet]; over 30.0 cm), CMS assigns a "1" to column AB, meaning that Medicare may pay for a co-surgeon if documentation clearly explains why this is warranted.

Remember: To claim co-surgeons, each surgeon must perform a distinct portion of a single CPT procedure, and each surgeon must dictate and submit his own operative report for his portion of the surgery.