

Part B Insider (Multispecialty) Coding Alert

ONCOLOGY: Don't Let 2 Operating Surgeons Cloud Your Judgement

Use modifier 80--not 62--to report an assistant surgeon

You know some surgical procedures require two surgeons, but do you know how to correctly code these situations for Medicare beneficiaries? Here are two examples of surgical oncology procedures that show you how--and when--to use modifiers 62 and 80.

Coding For Co-Pilots

According to the **American Medical Association** guidelines, two surgeons must perform "distinct components" of a single identifiable **CPT procedure** to qualify as co-surgeons.

Example: A surgical oncologist performs a proctectomy and colostomy, while a urologist performs a cystectomy and ureteral transplantations during a pelvic exenteration.

Solution: You don't need multiple codes for this procedure. Use 45126 (Pelvic exenteration for colorectal malignancy, with proctectomy [with or without colostomy],...) and append modifier 62 (Two surgeons) to each surgeon's claim when their documentation meets the requirements below:

- 1. Each surgeon has his own notes:** Co-surgeons can't share the same documentation, unless they are following a payor's specific guidelines. Both surgeons should provide documentation detailing the portion of the procedure they performed, how much work was involved, how long the procedure took--and the medical necessity for having two surgeons on the case, says **Elaine Evers, ART, CCS, CPC**, with the division of surgery at the **MD Anderson Cancer Center** in Houston.
- 2. Each surgeon identifies the other:** Both surgeons should identify the other as a co-surgeon in the documentation, Evers says.
- 3. Each surgeon uses identical diagnosis and procedure codes:** Co-surgeons need to report the same diagnosis code(s) and CPT code(s). They both must submit claims for the same procedure and use modifier 62.

Coding For Second-In-Command

Payment is much less for an assistant surgeon. However, when the surgeon only acts as a "second pair of hands" in the operating room by assisting the primary surgeon with the procedure, you must append modifier 80 (Assistant surgeon).

Important: For Medicare patients, check the fee schedule for modifier 80. A "0" in the ASST SURG column means that you can't append modifier 80 to that code and a "1" means you can. A "9" indicates the concept of assistant surgeon doesn't apply. You may also find a "2," which requires that the assistant practice a different specialty than the primary surgeon.

Example: Your surgical oncologist assists in a quadrantectomy with axillary lymphadenectomy (19162, Mastectomy, partial ...). You may append modifier 80 to the code to describe the presence of an assistant surgeon, but only if each physician has a different specialty.

Editor's Note: You can find the Medicare fee schedule database at www.cms.hhs.gov/physicians/mpfsapp/step0.asp.

