

Part B Insider (Multispecialty) Coding Alert

PART B REVENUE BOOSTER: Co-Surgery or Assistant Surgery? The Difference Could Cost You 46 Percent of Your Pay

Keep an eye out for separate op notes, experts say.

Can't tell a surgical assist from a co-surgery? It could cost you.

On Jan. 30, CMS issued Transmittal 1632, which lets physicians who assign benefits to critical access hospitals know just how to bill co-surgery claims. If you could use a refresher, check out the following quick tips.

What is co-surgery? "Co-surgery refers to a single surgical procedure which requires the skill of two surgeons, each in a different specialty, performing parts of the same procedure simultaneously," Transmittal 1632 says. "Co-surgery has been performed if the procedure(s) performed is part of and would be billed under a single surgical procedure code.

"Co-surgery differs from surgical assists, because during an assist, one physician is the primary surgeon and the other doctor assists him. But if two surgeons "work together as primary surgeons performing distinct part(s) of a single reportable procedure, each surgeon shall report his/her distinct operative work by reporting the same surgical procedure code and the 62 modifier (Two surgeons)," CMS notes in the new transmittal 1632.

If your physician performs a surgical assist rather than a co-surgery, you'll report modifier 80 (Assistant surgeon) instead of modifier 62 to the surgical procedure code.

Bottom line: Most carriers pay co-surgery claims by reimbursing the procedure code at 125 percent and splitting that between the two surgeons (thus, each surgeon gets 62.5 percent of the fee schedule amount). For surgical assists, most payers reimburse assistant surgeons at 16 percent of the regular fee schedule amount. This means that if you erroneously bill an assistant surgery instead of a co-surgery, you're losing money.

The difference: Coders sometimes question whether an op note describes a co-surgery or a surgical assist. "It is probably hard to tell in some cases, but my doctors dictate on the op note to list them as 'co-surgeons,' not as 'surgeon' and 'assistant surgeon,' and then they each dictate their own report," says **Leslie Follebout, CPC-ORTHO, PCS**, coding department supervisor with Peninsula Orthopaedic Associates.

Separate notes are key: "When co-surgery is performed, each surgeon is required to dictate his/her own operative report, and they should put on the first page that it was a joint effort ("Co-surgeon Dr.B") on it," suggests **Rena G. Hall, CPC**, coder and auditor with KC Neurosurgery Group in Kansas City, Mo. "The report should also have numerous references about how Dr.A did this and then Dr. B did that and there should be lots of 'we's' throughout the report," she advises. "One prime example of a co-surgery is when one surgeon will perform the opening and closure while the other surgeon performs the actual procedure," Hall adds.

To read CMS' Transmittal 1632, visit the CMS Web site at www.cms.hhs.gov/transmittals/downloads/R1672CP.pdf.