

**To:** AmeriHealth Caritas Louisiana Providers

**Date:** July 31, 2020

**Subject:** Co-Surgery

**Summary:** AmeriHealth Caritas Louisiana Policy PRP.002 Co-Surgery

## Content

AmeriHealth Caritas Louisiana would like to make you aware of the attached policy that has been approved by the Louisiana Department of Health in accordance with La. R.S. 46:460.54 and will become **effective 10/01/2020**.

## Questions:

Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana's Provider Services department at 1-888-922-0007 or your [Provider Network Management Account Executive](#).

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## Electronic Funds Transfer (EFT)

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Policy name	Effective date
Co-Surgery	11/1/2020

Policy number
PRP.002.Co-Surgery

**Important information about this policy**

AmeriHealth Caritas’ (ACFC) claim payment policies and the resulting edits are based on guidelines from established industry sources such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), State regulatory agencies, and medical specialty professional societies. In making claim payment determinations, the health plan also uses coding terminology and methodologies that are based on accepted industry standards, including the Healthcare Common Procedure Coding System (HCPCS) manual, the Current Procedural Terminology (CPT) codebook, the International Statistical Classification of Diseases and Related Health Problems (ICD) manual and the National Uniform Billing Code (NUBC).

Other factors affecting reimbursement may supplement, modify or in some cases, supersede medical/claim payment policy. These factors may include, but are not limited to: legislative or regulatory mandates, a provider’s contract, and/or a member’s eligibility to receive covered health care services.

This policy will remain in effect until such time that revisions are submitted to Louisiana Department of Health for review and approval.

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**Policy overview**

Both the Medicare Physician Fee Schedule (MPFS) and State Medicaid Fee Schedules support the concept of Co-Surgery.

Co-Surgeon charges should be submitted with modifier 62 and Co-surgeons should each dictate their own operative reports.

CPT codes designated on the MPFS with Co-Surgeon indicator of “1” or “2” are considered as acceptably billed with the Co-Surgery modifier.

AmeriHealth Caritas will follow CPT® and State guidelines for Co-Surgery

### Reimbursement guidelines

AmeriHealth Caritas will reimburse Co-Surgery procedures according to applicable State Fee Schedule(s) and the provider's contract.

To report correctly for reimbursement, the each Co-Surgeon must bill the same procedure code with modifier 62. The expectation is that no other claims billing the same procedure without modifier 62 for the same member and date of service will be received.

Claims for procedures billed with modifier 62 must be accompanied by documentation to support medical necessity for Co-Surgeons.

AmeriHealth Caritas will follow CPT® and State guidelines for Co-Surgery.

If services are billed/coded inappropriately, Amerihealth Caritas may:

- Reject or deny the claim
- Recoup claim payment

### Exceptions

Multiple Procedure Reductions

Multiple procedure reductions apply to claims billed with modifier 62.

See policy for Multiple Procedure Reduction.

### Cross reference

Multiple Procedure Reduction Policy

### Definitions

Co-Surgery: Two surgeons work together as primary surgeons performing distinct part(s) of a procedure.

### Edit sources

*Current Procedural Terminology ( CPT® )* and associated publications and services

Medicare Physician Fee Schedule

Iowa Medicaid Enterprise Fee Schedule

### Edit types

Edit is applicable to professional claims.

### Policy history abstract

Original Effective Date: 10/1/2020