SAVVY CODER

Modifier –62: How to Determine Whether You Can Bill for Cosurgery

The Office of Inspector General (OIG) recently announced that it would investigate how practices are using modifier –62, which represents cosurgery. Make sure your practice is using it appropriately.

Cosurgery 101

The OIG, in its March 2020 work item, outlined the key features of cosurgery.

What is cosurgery? Cosurgery occurs when "the individual skills of two surgeons are necessary to perform a specific surgical procedure or distinct parts of a surgical procedure (or procedures) simultaneously on the same patient during the same operative session." However, billing for cosurgery isn't an option for all CPT codes.

Use modifier –62. Each surgeon "should report the specific procedure(s) by billing the same procedure code(s)" with modifier –62.

Reimbursement. "By appending modifier –62 to the procedure code(s), the fee schedule amount applicable to the payment for each cosurgeon is 62.5% of the global surgery fee schedule amount." So in total, CMS would pay 125% of the usual fee.

Scope of audit. The OIG plans "to audit a sample of claim line items—specifically where different physicians billed for the same cosurgery procedure code, for the same beneficiary, on the same date of service."

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You Can Append –62 to Some CPT Codes, But Not Others

How do you know that cosurgery is even an option for a specific CPT code?

First, go to the Physician Fee Schedule Search, which is at www.cms.gov/apps/physician-fee-schedule.

Set the search parameters. In the "HCPCS Code" field, enter the CPT code of the procedure, select "2020," "Payment Policy Indicators," and "All Modifiers," and click "Submit."

Check the cosurgery column. A successful search will populate a chart for the CPT code that you submitted. See which of these three numerals is in the chart's "Cosurg" column:
• 0—cosurgeons not permitted for the procedure
• 1—cosurgeons could be paid (supporting documentation is required to establish the medical necessity of two surgeons for the procedure)
• 9—cosurgery concept doesn't apply to the procedure

Coding Tips

Cosurgeons can be of the same specialty. Years ago, the CPT had noted that cosurgeons are "usually of different specialties," but that was deleted in 1999.

Not for surgical assistants. If you are billing for an assistant-at-surgery, use modifier –80 or –82, not –62.

EXTRA **MORE ONLINE.** For more on cosurgery, see this article at aao.org/eyenet.

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Cosurgery for the Eye

The "Eye and Ocular Adnexa" section of the Current Procedural Terminology (CPT) includes scores of codes. Currently, if you were to use the CMS Physician Fee Schedule Search for those codes, you would find that 102 of them have a cosurgery indicator of 1. This means that two cosurgeons can each use modifier –62 to bill for the same procedure. These codes are as follows: 65091, 65093, 65103, 65105, 65110, 65112, 65114, 65125, 65130, 65175, 65265, 65273, 65290, 65710, 65730, 65750, 65755, 65756, 65780, 65781, 65782, 65850, 65865, 65870, 65875, 65920, 65930, 66150, 66160, 66170, 66172, 66174, 66175, 66180, 66220, 66225, 66500, 66680, 66852, 66920, 66940, 66985, 66986, 66999, 67005, 67010, 67015, 67025, 67027, 67030, 67036, 67039, 67040, 67041, 67042, 67043, 67107, 67108, 67112, 67113, 67120, 67121, 67250, 67255, 67299, 67312, 67318, 67331, 67332, 67334, 67335, 67343, 67399, 67400, 67412, 67414, 67420, 67440, 67445, 67450, 67550, 67570, 67599, 67902, 67903, 67904, 67950, 67971, 67973, 67974, 67999, 68320, 68325, 68335, 68362, 68399, 68525, 68540, 68720, 68745, 68750, and 68899.

To see which of the "Eye and Ocular Adnexa" CPT codes have a cosurgery indicator of 0 or 9, see this article at aao.org/eyenet.