



CO-SURGEON GUIDELINES (Modifier 62)

Co-Surgeons – Modifier 62

When the skills of two surgeons, each in a different specialty, are required to perform a specific procedure on the same patient during the same operative session, the procedure should be billed with a -62 modifier. Reimbursement is 62.5% of the fee schedule amount for each co-surgeon (125% of the fee schedule divided equally between the co-surgeons).

The following CMS Payment Policy Indicators for a co-surgeon identify services for which two surgeons may be paid:

0 = Co-surgeons not permitted for this procedure.

1 = Co-surgeons may be paid if supporting documentation is supplied to establish medical necessity.

2 = Co-surgeons permitted. No documentation is required if the two specialty requirements is met.

See CMS Physician Fee Schedule Guide/look-up tool:

<https://www.cms.gov/medicare/physician-fee-schedule/search?Y=0&T=1&HT=0&H1=29827&M=5> [cms.gov]