Blue Cross® and Blue Shield® of North Carolina (Blue Cross NC) | Healthy Blue® | Healthy Blue® Care Together | Medicaid

Reimbursement Policy	
Subject: **Modifier 62**	
Policy Number: **G-06027**	Policy Section: **Coding**
Last Approval Date: **03/15/2023**	Effective Date: **07/01/2021**

****Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to **https://provider.healthybluenc.com**.****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member's benefit plan. The determination that a service, procedure, or item is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must also meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

Ensure that you use proper billing and submission guidelines, including industry-standard, compliant codes on all claim submissions. Services should be billed with Current Procedural Terminology (CPT®) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

NCHB-CDFC-RP-089209-25-SRS88135 August 2025

Policy

Healthy Blue and Healthy Blue Care Together allows reimbursement of procedures eligible for co surgeons when billed with Modifier 62 unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

Reimbursement to each surgeon is based on 62.5% of the applicable fee schedule or contracted/negotiated rate. Co-surgeons must be from different specialties and performing surgical services during the same operative session.

Each surgeon must bill the same procedure code(s) with Modifier 62. If one or both surgeons fail to use the modifier appropriately, it is possible that one surgeon may receive 100% of the applicable fee schedule or negotiated/contracted rate, and the other surgeon's claim may be denied or pended due to a duplicate or suspected duplicate service, respectively.

Assistant surgeon and/or multiple procedures rules and fee reductions apply if:

- A co-surgeon acts as an assistant in performing additional procedure(s) during the same surgical session.

Note: Assistant surgeon rules do not apply to procedures appropriately billed with Modifier 62.

- Multiple procedures are performed.

Related Coding
Standard correct coding applies

Policy History	
03/15/2023	Review approved: Policy template updated
07/01/2021	Initial approval and effective

References and Research Materials
This policy has been developed through consideration of the following: • CMS • Healthy Blue and Healthy Blue Care Together state contract • Optum EncoderPro 2023

Definitions	
Modifier 62	When 2 surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding Modifier 62 to the procedure code and any associated add-on code(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If additional procedure(s) (including add-on procedure{s}) are performed during the

	same surgical session, separate code(s) may also be reported with Modifier 62 added.
General Reimbursement Policy Definitions	

Related Policies and Materials
List any policies that are related to the specific policy
Assistant at Surgery (Modifiers 80/81/82/AS)
Duplicate or Subsequent Services on the Same Date of Service
Modifier Usage
Multiple and Bilateral Surgery: Professional and Facility Reimbursement
Modifier 66