

Team Surgery Modifier –66

Summary of Logic Change:

Pay attached codes when submitted with above modifier according to Medicare eligibility rules.

Eligibility:

Individual consideration, but generally confined to organ transplant and replantation codes from the Surgery section of CPT.

Ineligibility: Medicare

Codes designated as never eligible for team surgery in the CPT book.

Rationale: Medicare

Modifier -66 identifies complex procedures that require the concomitant services of several physicians, from the same or different specialties, plus other highly skilled and specially trained personnel. Complex equipment also may be used. Team surgery usually is confined to organ transplants and replantations. Identify these circumstances for team surgery by listing all procedures as though performed by one physician and add Modifier -66 to each procedure code. The surgeons should agree on charges, procedure codes, and reimbursement splits prior to claims submission. Because of the variables, carefully coordinate the physicians' billing and submit complete and detailed documentation. Also, include a cover letter explaining the reimbursement distribution for each member of the team. The total charges for all procedures performed usually are pre-negotiated and agreed upon prior to surgery. The reimbursement is divided among the surgeons contingent upon actual fees, complexity of procedures, and medical review. If surgeons of different specialties are each performing a different procedure (with specific CPT codes), multiple surgery rules do not apply. If one of the surgeons performs multiple procedures, the multiple procedure pricing rules applies to that surgeon's services.

Disclaimer:

Eligibility, benefits, limitations, exclusions, precert/referral/coverage requirements, provider contracts and specific medical policy still apply to these changes in reimbursement rules. This change does not supercede these other product requirements.

Table of ineligible codes attached

Inclusion of a code on any of these lists does not imply reimbursement. Eligibility, Benefits, Limitations, Exclusions, Precert/Referral Requirements, Provider Contracts and Policy still apply.

This list contains codes that are never considered for Team Surgeon reimbursement.

Procedure Code	Procedure Code Narrative	Always			Sometimes			Never		
Integumentary System										
11981	Insertion, non-biodegradable drug delivery implant									YES
11982	Removal, non-biodegradable drug delivery implant									YES
11983	Removal with reinserion, non-biodegradable drug delivery implant									YES
Musculoskeletal System										
20526	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel									YES
20551	Injection(s); tendon origin/insertion									YES
20552	Injection(s); single or multiple trigger point(s), one or two muscle(s)									YES
20553	Injection(s); single or multiple trigger point(s), three or more muscle(s)									YES
24300	Manipulation, elbow, under anesthesia									YES
24332	Tenolysis, triceps									YES
24343	Repair lateral collateral ligament, elbow, with local tissue									YES
24344	Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)									YES
24345	Repair medial collateral ligament, elbow, with local tissue									YES
24346	Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)									YES
25001	Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)									YES
25024	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve									YES
25025	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve									YES
25259	Manipulation, wrist, under anesthesia									YES
25275	Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation)									YES
25394	Osteoplasty, carpal bone, shortening									YES
25430	Insertion of vascular pedicle into carpal bone (eg, Hori procedure)									YES
25431	Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone									YES
25651	Percutaneous skeletal fixation of ulnar styloid fracture									YES
25652	Open treatment of ulnar styloid fracture									YES
25671	Percutaneous skeletal fixation of distal radioulnar dislocation									YES
26340	Manipulation, finger joint, under anesthesia, each joint									YES

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This list contains codes that are never considered for Team Surgeon reimbursement.

Procedure Code	Procedure Code Narrative	Always Sometimes Never		
		Always	Sometimes	Never
29086	Application, cast; finger (eg, contracture)			YES
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)			YES
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy			YES
29807	Arthroscopy, shoulder, surgical; repair of slap lesion			YES
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)			YES
29900	Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy			YES
29901	Arthroscopy, metacarpophalangeal joint, surgical; with debridement			YES
29902	Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stener lesion)			YES
Cardiovascular System				
33967	Insertion of intra-aortic balloon assist device, percutaneous			YES
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle			YES
33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle			YES
35647	Bypass graft, with other than vein; aortofemoral			YES
35685	Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (List separately in addition to code for primary procedure)			YES
35686	Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (List separately in addition to code for primary procedure)			YES
36002	Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm			YES
36820	Arteriovenous anastomosis, open; by forearm vein transposition			YES
Hemic-Lymphatic System				
38220	Bone marrow; aspiration only			YES
38221	Bone marrow; biopsy, needle or trocar			YES
Digestive System				
43313	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula			YES
43314	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula			YES
44126	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering			YES

Source: HGSA Part B Reference Manual-Medicare Report December 2001.

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This list contains codes that are never considered for Team Surgeon reimbursement.

Procedure Code	Procedure Code Narrative	Always	Sometimes	Never
44127	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering			YES
44128	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)			YES
44203	Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)			YES
44204	Laparoscopy, surgical; colectomy, partial, with anastomosis			YES
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy			YES
45136	Excision of ileoanal reservoir with ileostomy			YES
46020	Placement of seton			YES
47370	Laparoscopy, surgical, ablation of one or more liver tumor(s); radiofrequency			YES
47371	Laparoscopy, surgical, ablation of one or more liver tumor(s); cryosurgical			YES
47380	Ablation, open, of one or more liver tumor(s); radiofrequency			YES
47381	Ablation, open, of one or more liver tumor(s); cryosurgical			YES
47382	Ablation, one or more liver tumor(s), percutaneous, radiofrequency			YES
49491	Repair, initial inguinal hernia, preterm infant (less than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible			YES
49492	Repair, initial inguinal hernia, preterm infant (less than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated			YES