

Team Surgery

Reimbursement Policy ID: RPC.0046.2100

Recent review date: 11/2025

Reimbursement policies and their 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 and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. The health plan may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

The policy outlines the health plans reimbursement guidelines for Team Surgery. Select complex surgical procedures require collaboration by three or more physicians with diverse areas of expertise, functioning as a surgical team. The health plan claim reimbursement logic aligns with Louisiana Department of Health (LDH) policy and CMS guidelines for Team Surgery.

Exceptions

N/A

Reimbursement Guidelines

Select complex surgical procedures require collaboration by three or more physicians, each with a different specialty, functioning as a surgical team. For appropriate reimbursement, Team Surgery is reported by individual providers with modifier 66 appended to the same procedure code. Services are reimbursed at the lower of billed charges or 80% of the fee on file for each surgeon.

Consistent with LDH policy and CMS, codes with CMS Team Surgery status code indicators "1" or "2" are considered by the health plan to be eligible for reimbursement. Appropriate reimbursement for Team Surgery requires each team surgeon to report the same CPT code(s) with modifier 66 appended to procedures performed under the Team Surgery concept.

Definitions

Team Surgery — Modifier 66

Under some circumstances, highly complex procedures (requiring the concomitant services of several physicians or other qualified health care professionals, often of different specialties, plus other highly skilled, specially trained personnel, various types of complex equipment) are carried out under the "surgical team" concept. Such circumstances may be identified by each participating individual with the addition of modifier 66 to the basic procedure number used for reporting services. (CPT Appendix A).

Edit Sources

- I. Current Procedural Terminology (CPT),
- II. Healthcare Common Procedure Coding System (HCPCS),
- III. International Statistical Classification of Diseases and Related Health Problems (ICD), and associated publications and services.
- IV. Louisiana Department of Health (LDH) Medicaid Fee Schedule(s).

Attachments

N/A

Associated Policies

N/A

Policy History

10/2026	<ul style="list-style-type: none">Removed the next review dateReplaced the plan name with "the health plan"
11/2025	Reimbursement Policy Committee Approval
11/2025	Annual review <ul style="list-style-type: none">No major changes
06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
01/2025	Reimbursement Policy Committee Approval
11/2024	Annual review <ul style="list-style-type: none">No major changes
04/2024	Revised preamble
06/2023	Reimbursement Policy Committee Approval
	Precedes Act 319