Keystone First
Family of Health Plans

Team Surgery

Reimbursement Policy ID: RPC.0046.0100

Recent review date: 11/2025

Next review date: 01/2027

Keystone First 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. Keystone First 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 Keystone First 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. Keystone First claim reimbursement logic aligns with the Centers for Medicare and Medicaid Services (CMS) Professional Fee Schedule (PFS) 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.

Consistent with the Centers for Medicare and Medicaid Services (CMS) Professional Fee Schedule (PFS), all codes in the CMS PFS with Team Surgery status code indicators "1" or "2" are considered by Keystone Frist 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) and associated publications and services.
II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10).
III. Healthcare Common Procedure Coding System (HCPCS).
IV. Centers for Medicare and Medicaid Services (CMS) Professional Fee Schedule (PFS): https://www.cms.gov/medicare/physician-fee-schedule/search/overview.
V. The National Correct Coding Initiative (NCCI).
VI. Corresponding Keystone First Clinical Policies.
VII. Applicable Keystone First manual reference.
VIII. Commonwealth of Pennsylvania Medicaid Program guidance.
IX. Commonwealth of Pennsylvania Medicaid Program fee schedule(s).

Attachments

N/A

Associated Policies

N/A

Policy History

11/2025	Reimbursement Policy Committee Approval
11/2025	Annual review • No major updates
06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
02/2025	Reimbursement Policy Committee Approval
11/2024	Annual review • No major updates

04/2024	Revised preamble
03/2024	Reimbursement Policy Committee Approval
12/2023	Annual Review • Update Edit Sources
08/2023	Removal of policy implemented by Keystone First from Policy History section
01/2023	Template revised • Preamble revised • Applicable Claim Types table removed • Coding section renamed to Reimbursement Guidelines • Associated Policies section added