

KMAP GENERAL BULLETIN 18109

Team Surgery

There are times when the individual skills of more than two surgeons are required to perform surgery on the same patient during the same operative session. This is required due to the complexity and/or the patient's condition. In this situation, the additional physicians are not acting as assistants-at-surgery. If a team of surgeons (more than two surgeons of different specialties) is required to perform a specific procedure, each surgeon bills with a modifier 66 appended to the procedure. The Kansas Medical Assistance Program (KMAP) considers codes with CMS Team Surgery Indicators of 1 and 2 eligible for team surgery reimbursement.

Effective July 6, 2018, all claims received with modifier 66 must have sufficient medical documentation attached so that pricing can be considered "by report". When surgeons of different specialties are each performing a different procedure (with different CPT® codes), team surgery rules for modifier 66 do not apply.

Note: The effective date of the policy is July 6, 2018. The implementation of State policy by the KanCare managed care organizations (MCOs) may vary from the date noted in the Kansas Medical Assistance Program (KMAP) bulletins. The **KanCare Open Claims Resolution Log** on the KMAP [Bulletins](#) page documents the MCO system status for policy implementation and any associated reprocessing completion dates, once the policy is implemented.

KMAP[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

Customer Service

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.
Monday - Friday

Note: Refer to the CPT codebook for complete descriptions.

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For the changes resulting from this provider bulletin, view the updated [Coding Modifiers Table](#); and *Professional Fee-for-Service Provider Manual*, Section 8400, page 8-59.

DXC Technology is the fiscal agent of KMAP.