



## Surgical Team (Modifier -66) Documentation Form

**Instructions:** Surgical Team (Modifier -66) refers to more than two surgeons with different skills and specialties, working together to carry out various portions of a complicated surgical procedure during the same operative session on the same date of service for the same member. Each surgical team member should submit the same procedure code with Modifier -66 indicating that a team of surgeons was required for the procedure. The Company follows the Medicare Physician Fee Schedule Database Surgical Team indicators for reimbursement consideration of team surgery. This form should be completed by professional providers when requesting reimbursement for a team of surgeons. Each surgical team member *must* provide their full name, provider and tax ID numbers, percentage of allowance, operative report, and signature (Use an additional sheet if more than seven procedures were performed).

Member Name	ID	Date of Service

Code for Team Surgery	Performing Surgeon Name/ Participating or Non-Participating ( <i>Please Print</i> )	Billed Amount (\$)	Percentage of Total Allowance (%)*
		Total:	Total:

<b>Surgeon 1 (<i>Please Print</i>)</b>		<b>Surgeon 2 (<i>Please Print</i>)</b>	
Full Name:		Full Name:	
Provider Number:		Provider Number:	
Tax ID:		Tax ID:	
% of Total Allowance for Surgeon 1:		% of Total Allowance for Surgeon 2:	
Signature		Signature	
<b>Surgeon 3 (<i>Please Print</i>)</b>		<b>Surgeon 4 (<i>Please Print</i>)</b>	
Full Name:		Full Name:	
Provider Number:		Provider Number:	
Tax ID:		Tax ID:	
% of Total Allowance for Surgeon 3:		% of Total Allowance for Surgeon 4:	
Signature		Signature	

*\*Total percentage of allowance for all surgeons cannot exceed 100 %.*

Return **one** completed form with all signatures and operative report attached from each surgeon to:

**Claims Medical Review - Surgical Team Review**  
**1901 Market Street**  
**Philadelphia, PA 19103**