ENROUTE™ Transcarotid Neuroprotection System

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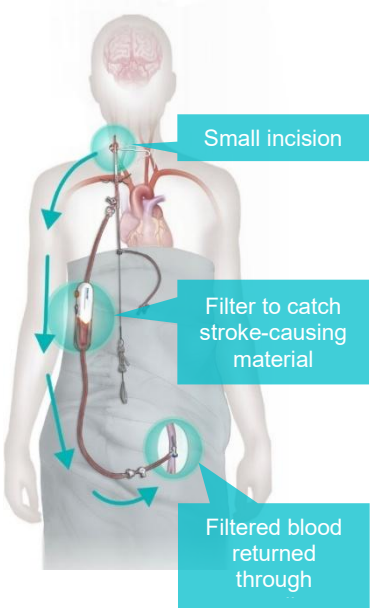
ENROUTE™ TCAR Coding Alert



Effective for dates of service on or after January 1, 2026, CPT code 37215 can be reported with **modifier 62 (co-surgeon)** when documentation supports that two surgeons were required to perform surgery on the same patient during the same operative session. [1]

Action Required

Inform physicians and their offices of the coding update for TCAR CPT code 37215 (transcatheter carotid stent with distal embolic protection). Modifier 62 may now be appended to this code for patient encounters on or after January 1, 2026.[1]

The code may be reported under the following conditions:

For Medicare to qualify as co-surgeons, the operating surgeons must share responsibility for the surgical procedure, with each serving as a primary surgeon during some portion of the procedure.

- Two surgeons of different specialties performing one surgical procedure.[2]
- Two surgeons of the same or different specialties performing parts of the same procedure at the same time.[2]
- Both physicians bill the same procedure code with modifier 62.[2]

When billing TCAR CPT code 37215 and modifier 62, documentation supporting the medical necessity of two surgeons is required. Under the Medicare Physician Fee Schedule (MPFSDB), CPT 37215 has a co-surgeon indicator of "1," meaning modifier 62 is allowed with appropriate documentation. [3]

Indicator Value	Meaning	Application
1	**Co-surgeons *allowed with documentation***	Modifier 62 can be used, but **clinical documentation** supporting the *medical necessity* of two surgeons is required for payment. [3]

Because the TCAR procedure (CPT 37215) has a co-surgeon indicator of "1," any claim submitted with modifier 62 will be suspended for manual review of the supporting documentation. [3]

Documentation Supporting Co-surgeon Modifier 62: [4]

- **The medical record must justify why two surgeons were needed.**
  - Co-surgeon's name, NPI number and the reason for the need of the co-surgeon including the procedure or service performed.
- **Each surgeon should document his own operative notes.**
  - Because co-surgeons each perform a distinct part of the procedure, they can't share the same documentation.

- **Each surgeon should**
  - Identify the other as a co-surgeon and reference the work performed by the co-surgeon along with the details of your own work.

- **The co-surgeons should**
  - Have the same Procedure code with Modifier 62 appended and Diagnosis code.

- **Each surgeon should**
  - Submit his own claim with his own documentation.

Medicare Payment:

This applies to Medicare payments only. Private insurance coverage and rates may differ.

- **Surgeon A:** Appends 62 modifier on their claim
  Reimbursed at 62.5% of the Medicare Physician Fee Schedule Data Base.
- **Surgeon B:** Appends 62 modifier on their claim
  Reimbursed at 62.5% of the Medicare Physician Fee Schedule Data Base.

Medicare Payment Coding Example:

ENROUTE TCAR System: CPT Code 37215 – Modifier 62 (Effective on or after January 1, 2026)[5]

*Each Surgeon can bill different amounts (billed charges).

Date of Service	Procedure **Code**/Modifier	Charge	Units
Surgeon "A" bills			
2/14/20XX	37215-62	$1250.00*	1
Surgeon "B" bills			
2/14/20XX	37215-62	$1,200.00*	1

*Each Surgeon can bill different amounts (billed charges).

Reimbursement is calculated at 62.5% of the allowable amount for CPT code 37215 for each surgeon. Additional documentation is required to support the use of modifier 62. For example, if the allowable amount for CPT 37215 is $1,000, each surgeon would be reimbursed $625 (62.5% of $1,000).[5]

FAQs

1. Do both surgeons need to append the modifier 62 on their claim?

Modifier 62 must be on both claims, or one physician will be paid at 100% and the other physician's claim will deny. Both surgeons must also use the same CPT Code and Diagnosis Code.

2. Do both surgeons need to provide clinical documentation?

Yes. When appending modifier 62 and the Medicare Physician Fee Schedule indicator is "1," documentation must be submitted to support the medical necessity of having two surgeons perform the procedure. Please refer to the documentation requirements section above for specific details on what must be included in the record.

3. How can a denied 62 modifier claim due to missing documentation be corrected?

Submitting the additional documentation and making sure the documentation includes the requirements listed in section above.

4. Do both surgeons have to have the same billed amount?

No, each surgeon can bill different amounts (billed charges) but need to bill the same CPT code 37215 with appended modifier 62 Co-surgeon.

Reimbursement Support

For reimbursement assistance, please contact Boston Scientific PI HEMA team:

- Email: VT.Reimbursement@bsci.com
- Website: **Peripheral Vascular - Reimbursement - Boston Scientific**

References

1. https://www.cms.gov/files/document/r13673cp.pdf
2. https://www.wpsgha.com/guides-resources/view/112
3. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf
4. https://www.aapc.com/blog/33013-4-simple-rules-for-co-surgeon-documentation/?msockid=3dfcfa547df063510c0fef1a7c7662e6
5. https://medicare.fcso.com/coding/modifier-62-fact-sheet

ENROUTE Transcarotid Stent System
USE/INDICATIONS FOR USE The ENROUTE® Transcarotid Stent System used in conjunction with the ENROUTE Transcarotid Neuroprotection System (NPS) is indicated for the treatment of patients at high risk and standard risk for adverse events from carotid endarterectomy, who require carotid revascularization and meet the criteria outlined below: High Risk | Standard Risk With neurological symptoms: ≥ 50% stenosis of the common or internal carotid artery by ultrasound or angiogram | ≥ 70% stenosis of the common or internal carotid artery by ultrasound or ≥ 50% stenosis of the common or internal carotid artery by angiogram Without neurological symptoms: ≥ 80% stenosis of the common or internal carotid artery by ultrasound or angiogram | ≥ 70% stenosis of the common or internal carotid artery by ultrasound or ≥ 60% stenosis of the common or internal carotid artery by angiogram Reference vessel diameter: Must be within 4.0 mm – 9.0 mm at the target lesion Carotid bifurcation location: Minimum 5 cm above the clavicle to allow for placement of the ENROUTE Transcarotid NPS

ENROUTE Transcarotid Neuroprotection System
INTENDED USE/INDICATIONS FOR USE The ENROUTE Transcarotid Neuroprotection System (ENROUTE Transcarotid NPS) is intended to provide transcarotid vascular access, introduction of diagnostic agents and therapeutic devices, and embolic protection during carotid artery angioplasty and stenting procedures for patients diagnosed with carotid artery stenosis and who have appropriate anatomy described below: • Adequate femoral venous access • Common carotid artery reference diameter of at least 6 mm • Carotid bifurcation is a minimum of 5 cm above the clavicle as measured by duplex Doppler ultrasound (DUS) or computerized axial tomography (CT) angiography or magnetic resonance (MR) angiography.

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