Assistant Surgeon

Reimbursement Policy ID: RPC.0004.DEDS

Recent review date: 12/2023

Next review date: 10/2025

AmeriHealth Caritas VIP Care 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. AmeriHealth Caritas VIP Care 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.

Policy Overview

This Assistant Surgeon policy identifies procedures that are eligible for reimbursement as Assistant Surgeon services, as identified by the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFS).

Exceptions

N/A

Reimbursement Guidelines

Non-physician providers should report assistant surgery services with the AS Modifier. Modifier 80 is not eligible for reimbursement when billed by non-physician assistants at surgery.

Reimbursement Guidelines

AmeriHealth Caritas VIP Care utilizes the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule Relative Value File (NPFS) payment policy indicators.

The Medicare NPFS describes status indicators as below:
- 0=Payment restrictions for assistants at surgery applies to this procedure unless supporting documentation is submitted to establish medical necessity
- 1=Statutory payment restriction for assistants at surgery applies to this procedure. Assistant at surgery may not be paid
- 2=Payment restrictions for assistants at surgery does not apply to this procedure. Assistant at surgery may be paid
- 9=Concept does not apply

All codes in the NPFS with the payment indicator of "2" for "Assistant Surgeon" are considered reimbursable for assistant surgeon services as indicated by assistant surgeon modifiers [80, 81, 82, or AS].

Assistant surgeons submit procedure code(s) with an appropriate modifier appended [80, 81, 82, AS] to represent their services. Only one assistant surgeon will be reimbursed for each eligible procedure. Procedure code(s) must be identical to those billed by the primary surgeon, with the addition of the Assistant Surgeon modifiers 80, 81, 82, or AS.

AmeriHealth Caritas VIP Care will reimburse Assistant Surgeon services at [16%] of the allowable charges. Services rendered for Assistant at Surgery for non-physician providers (PA, NP, or CNS) reimbursement is [85%] of [16%] (i.e., 13.6 percent) of the allowable charges.

Definitions

Modifier 80 — Assistant Surgeon
Surgical assistant services may be identified by adding modifier 80 to the usual procedure code(s). Modifier 80 is appended to the same service as the primary surgeon and designates the surgeon as the surgical assistant on the service.

Modifier 81 — Minimum Assistant Surgeon
Minimum surgical assistant services are identified by adding modifier 81 to the usual procedure code(s). Modifier 81 is used to indicate the Assistant at Surgery is not present for the entire procedure; rather, he or she assists with a specific part of the procedure only.

Modifier 82 — Assistant Surgeon (teaching hospital, no resident available)
The unavailability of a qualified resident surgeon is a prerequisite for use of Modifier 82. Use of this modifier is limited to a teaching hospital setting. When appended to the procedure code(s), modifier 82 represents the services performed by the assistant surgeon in the absence of a resident.

Modifier AS — Non-physician Assistant at Surgery
HCPCS Level II modifier AS is used to report non-physician providers (NPP) or advanced practice providers (APP) who assist in surgery. This includes a physician assistant, nurse practitioner, or clinical nurse specialist who assist at surgery.

Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10).
III. https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00144529

Attachments

N/A

Associated Policies

N/A

Policy History

04/2024	Revised preamble
12/2023	Reimbursement Policy Committee Approval
08/2023	Removal of policy implemented by AmeriHealth Caritas VIP Care from Policy History section
01/2023	Template Revised • Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section