Assistant Surgeon

Payment Policy ID: RPC.0004.7700

Recent review date: 11/2022

Next review date: 11/2023

AmeriHealth Caritas Family of Companies claim payment policies and the 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 regulatory agencies, and medical specialty professional societies. In making claim payment determinations, the health plan also uses coding terminology and methodologies that are based on accepted industry standards, including the Healthcare Common Procedure Coding System (HCPCS) manual, the Current Procedural Terminology (CPT) codebook, the International Statistical Classification of Diseases and Related Health Problems (ICD) manual, and the National Uniform Billing Code (NUBC).

Other factors affecting reimbursement may supplement, modify, or in some cases supersede medical/claim payment policy. These factors may include but are not limited to: legislative or regulatory mandates, a provider's contract, and/or a member's eligibility to receive covered health care services

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) and Ohio Department of Medicaid (ODM).

Exceptions

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.

Coding

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

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 will reimburse Assistant Surgeon services at 25% 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). When appended to the procedure code(s), modifier 81represents the services performed by each physician who participated in the operative session. 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 (when qualified resident surgeon is not 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, to indicate that a qualified resident surgeon is unavailable. 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-Physician Assistant, Nurse Practitioner, or Clinical Nurse Specialist for Assistant at Surgery
HCPCS Level II modifier AS is used to report non-physician providers (NPP) or advance practice providers (APP) who assist in surgery.

Applicable Claim Types

	Facility	Professional
Medicare	No	No
Medicaid	No	Yes
ACA Exchange	No	No

Edit Sources

I. *Current Procedural Terminology* (CPT©), *Healthcare Common Procedure Coding System* (HCPCS©), *International Statistical Classification of Diseases and Related Health Problems* (ICD©), and associated publications and services.
II. Centers for Medicare and Medicaid Services (CMS).
III. Ohio Medicaid Fee Schedule(s).
IV. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files
V. Ohio Administrative Code Rule 5160-4-22 Surgical Services
VI. Ohio Administrative Code Rule 5160-4-03 Services provided by a physician assistant

Attachments

N/A

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Ohio

Policy History

12/01/2022	Policy Implemented by AmeriHealth Caritas
10/13/2022	Reimbursement Policy Committee Approval

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