![EmblemHealth logo]

Reimbursement Policy:

Assistant at Surgery – Modifiers 80/81/82 and AS (Commercial)

POLICY NUMBER	EFFECTIVE DATE:	APPROVED BY
RPC20210014	1/01/2021	**RPC (Reimbursement Policy Committee)**

Overview:

EmblemHealth has based this reimbursement policy on the guidelines established by the Centers of Medicare and Medicaid Services (CMS) regarding reimbursement of Assistant-at-Surgery.

An Assistant-at-Surgery actively assists the Physician performing a surgical procedure. The "assistant at surgery" provides more than just ancillary services. The operative note must clearly document the assistant surgeon's role during the operative session.

Reimbursement for Assistant-at-Surgery services, when reported by the Same Individual Physician or Other Qualified Health Care Professional, is based on whether the Assistant-at-Surgery is a Physician (designated by modifiers 80, 81 or 82) or another Qualified Health Care Professional (designated by modifier AS) acting as the surgical assistant. The services of only one Assistant-at-Surgery are reimbursable for each procedure on the Assistant-at-Surgery Eligible List. *No exceptions to this policy are made for teaching hospitals or hospital bylaws.*

Policy Statement:

EmblemHealth reimburses "assistant-at-surgeon" services when the assistant at surgery is a physician, a physician assistant, clinical nurse specialist, or a nurse practitioner or other qualified health care professional consistent with CMS' determination of approved procedure codes payable to an assistant surgeon.

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Definitions:

Term	Description
Allowed Amount	Defined as the dollar amount eligible for reimbursement to the Physician or other Qualified Health Care Professional on the claim (often referred to as an allowed amount or eligible expense in benefit plan documents). The Allowable Amount for services from an Assistant-at-Surgery is no more than the Allowable Amount payable to the primary surgeon for the covered health care services with which the Assistant-at-Surgery actively assisted.
Assistant-at-Surgery/Assistant Surgeon	A Physician or other Qualified Health Care Professional who is assisting the Physician performing a surgical procedure.
Health Care Professional	A Physician Assistant (PA), clinical nurse specialist (CNS) or nurse practitioner (NP) who does not have a "Doctor of Medicine" or "Doctor of Osteopathy" degree/designation.
Physician	A Doctor of Medicine (MD) or Doctor of Osteopathy (DO)
Same Individual Physician or Other Qualified Health Care Professional	The same individual rendering health care services reporting the same Federal Tax Identification number.

Applicable Modifiers:

Assistants-at-Surgery who are Physicians should submit the identical procedure code(s) as the primary surgeon with one of the following modifiers to represent their service(s):

Modifier	Description
80	**Assistant Surgeon:** Surgical assistant services may be identified by adding modifier 80 to the usual procedure number(s).
81	**Minimum Assistant Surgeon:** Minimum surgical assistant services are identified by adding modifier 81 to the usual procedure number.
82	**Assistant Surgeon (when qualified resident surgeon not available):** The unavailability of a qualified resident surgeon is a prerequisite for use of modifier 82 appended to the usual procedure code number(s).

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Assistants-at-Surgery who are *Health Care Professionals should submit the identical procedure code(s) as the primary surgeon with the following modifier to represent their service(s):

Modifier	Description
AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery

Note: Per CMS claims processing manual guidelines, surgical technicians are not listed as a health care practitioner that can report modifier AS. The services of a surgical technician assisting at surgery are included in the reimbursement to the facility and not separately reimbursable.

Assistant Surgeon CMS Status Indicators (SI):

SI	Description
0	Payment restriction 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 restriction for assistants at surgery does not apply to this procedure. Assistant at surgery may be paid.
9	Assistant at Surgery concept does not apply.

Reimbursement Guidelines:

- Only procedure codes with a CMS assistant surgeon indicator of "2" are eligible for assistant surgeon reimbursement.
- Only one assistant surgeon is allowed per procedure code/surgery.
  - A second assistant surgeon will be considered only on the basis of a written appeal when documentation of medical necessity for the second assistant surgeon is submitted.
- The assistant surgeon must report the same codes as the surgeon. An exception to this is when the surgeon bills a global code (e.g. maternity care). In that case, the assistant at surgery must bill the specific surgery-only code (e.g. delivery only).

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- When multiple procedure codes are billed for a surgical session and only some of the codes are eligible for assistant surgeon reimbursement, only the eligible codes will be reimbursed.

- Procedure codes with a CMS assistant surgeon indicator of "1" or "9" are not eligible for assistant surgeon reimbursement. CMS guidelines indicate assistant surgeons cannot be paid on these procedures. *No criteria or guidelines for approval upon appeal have been established for procedure codes with an indicator of "1" or "9".*

- Procedure codes with a CMS assistant surgeon indicator of "0" are not eligible for assistant surgeon reimbursement upon initial adjudication of the claim. However, the claim may be reviewed for reimbursement upon written appeal when documentation has been submitted that supports the medical necessity for the assistant surgeon. *Per CMS guidelines, these procedures normally do not require an assistant surgeon, but an assistant surgeon may be medically necessary in some instances.*

- It is <u>not appropriate</u> to bill assistant at surgery services rendered by surgical technician, scrub nurse, or other surgical assistant(s) under the surgeon's performing provider number*; this is inappropriate application of CMS "incident to" guidelines. Each provider needs to bill under their own rendering provider NPI.*

- *An assistant surgical reduction may apply to supplemental codes.*

Appropriate Coding:

- **Modifier 80 – Assistant Surgeon:** One physician assists another physician in performing a procedure. The physician who assists the operating surgeon would report the same surgical procedure as the operating surgeon. The assistant surgeon generally is present during the entire operation or a substantial portion of the operation to provide assistance to the primary operating surgeon.

- **Modifier 81 – Minimum Assistant Surgeon:** At times the operating physician plans to perform a surgical procedure alone. When a minor problem is encountered during the operation that requires the service of an assistant surgeon for a relatively short period of time, this is considered a minimum assistant surgeon.

- **Modifier 82- Assistant Surgeon when qualified resident surgeon is not available:** In certain programs or facilities (e.g., in teaching hospitals), the physician who generally acts as the assistant surgeon is a qualified resident surgeon. There may be times when a qualified resident surgeon is not available to assist the operating surgeon, so a physician assists the operating surgeon in this instance.

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- **Modifier AS – Non-physician Assisting at Surgery:** CMS has established the -AS modifier to report Physician Assistant (PA), Nurse Practitioner (NP), or Clinical Nurse Specialist (CNS) services for assistant-at-surgery, non-team member.

References:

1. American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
2. Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
3. Association of Surgical Assistants (ASA). "Appropriate Use of Assistant At Surgery Modifiers And Payment Indicators – Clarification." The Surgical Assistant. Vol. 19 No. 3, Summer 2013. Page 3.

Revision History

Company(ies)	DATE	REVISION
EmblemHealth	10/10/2025	• Transferred policy content to individual company-branded template. No changes to policy title or policy number.
EmblemHealth ConnectiCare	1/10/2025	• Addition of note in "Reimbursement Guidelines" section, reading "An assistant surgical reduction may apply to supplemental codes" **effective 4/1/2025**
EmblemHealth ConnectiCare	4/1/2024	• Policy reviewed, no changes to coding or coverage criteria
EmblemHealth ConnectiCare	11/2021	• Clarified statement under "Reimbursement Guidelines" that each provider must bill under their own rendering provider NPI. • Reformatted and reorganized policy, transferred content to new template with new Reimbursement Policy Number
EmblemHealth ConnectiCare	1/2021	• New Policy