



## MEDICAL COVERAGE POLICY

**SERVICE: Assistant Surgeon Policy**

**Policy Number: 248**

**Effective Date: 11/01/2020**

**Last Review: 09/24/2020**

**Next Review Date: 09/24/2021**

### Important note

Unless otherwise indicated, this policy will apply to all lines of business.

Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

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**PRIOR AUTHORIZATION: Not applicable.**

### POLICY:

SWHP/FirstCare use the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule Relative Value File (NPFS) payment policy indicators to determine for which procedures an assistant surgeon may be reimbursed. All CPT codes in the NPFS with the payment code indicator "2" for "Assistant Surgeons" are considered by SWHP to be reimbursable for assistant surgeon services, as indicated by an assistant surgeon modifier (80, 81, 82, or AS). The CMS definition of Assistant Surgeon Indicator "2" is "2 = Payment restriction for assistants at surgery does not apply to this procedure. Assistant at surgery may be paid."

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.

Procedure codes with a CMS assistant surgeon indicator of "1" or "9" are NOT eligible for assistant surgeon reimbursement.

SWHP/FirstCare will NOT reimburse requests for payment by a non-contracted, health care practitioner who is seeking payment for services as an assistant surgeon using modifier 80, 81, 82, AS, **UNLESS Prior Authorization for that provider has been procured.**

The following provider types are not eligible for reimbursement of assistant at surgery service:

- Certified First Assistant (CFA)
- Certified Surgical First Assistant (CSFA)
- Certified Surgical Assistant (CSA)

These provider types are also not recognized by Medicare as eligible to bill or be reimbursed for assistant at surgery services.

### OVERVIEW:



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An Assistant Surgeon actively assists the physician performing a surgical procedure.

Modifier 80:	Assistant surgeon.
Modifier 81:	Minimum assistant surgeon.
Modifier 82:	Assistant surgeon (when qualified resident surgeon not available).
Modifier AS:	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery.

**CMS:**

### POLICY HISTORY:

Status	Date	Action
New	06/05/2018	New policy
Reviewed	08/22/2019	No changes
Reviewed	09/24/2020	Re-formatted for SWHP/FirstCare

### REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. SWHP/FirstCare will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP/FirstCare so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.