Assistant Surgeon

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Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

This policy provides information regarding the coverage of assistant surgeon services, as determined by applicable federal and/or state legislation.

This policy is designed to address medical necessity guidelines that are appropriate for most individuals with a particular disease, illness, or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

PURPOSE

This policy outlines Highmark Health Options reimbursement for assistant surgeons.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus LTSS (DSHP Plus LTSS) members.

Assistant Surgeon – Physician who actively assists the physician in charge of a case in performing a surgical procedure.

Assistant-at-Surgery – **C**onsidered non-MD professionals such as nurses, operating room technicians, or other specially trained professionals, whose services are included in the primary surgeon's, or facility's, reimbursement.

PROCEDURES

HHO makes determinations regarding whether assistant at surgery services is reimbursable on a code-by-code basis. 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.

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).

The same clinical edits apply to the assistant surgeon as the primary surgeon.

PROVIDER TYPES ELIGIBLE FOR REIMBURSEMENT FOR ASSISTANT AT SURGERY SERVICES

HHO considers the following provider types eligible for reimbursement for assistant at surgery services:

- MD (Medical Doctor)
- DO (Doctor of Osteopathic Medicine)
- PA (Physician's Assistant)
- NP (Nurse Practitioner)
- RNFA (Registered Nurse First Assistant)

PROVIDER TYPES NOT ELIGIBLE FOR REIMBURSEMENT FOR ASSISTANT AT SURGERY SERVICES

The following provider types are not eligible for reimbursement of assistant at surgery service. HHO does not credential these provider types, and they are not eligible providers under our member plan language.

- 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. (ASA5)

Claims for services of CFAs, CSAs, or CSFAs, will be printed and returned to the billing office.

Contracted participating providers and groups are expected to not submit claims for assistant at surgery services performed by CFAs, CSAs, or CSFAs. Members may not be balance-billed for CFA services.

ASSISTANT SURGEON FEE ADJUSTMENTS

Procedure codes eligible for assistant at surgery reimbursement:

- Reported by physician providers with modifier -80 or -82 appended will be reimbursed at:
  - Medicaid: 16% of the established fee for the primary surgery.
- Reported by physician providers with modifier -81 appended will be reimbursed at:
  - Medicaid: 16% of the established fee for the primary surgery.
- Reported by a non-physician provider (NPP) with modifier -AS appended will be reimbursed at the following rates:
  - Medicaid: 16% of the established fee for the primary surgery.

Note: Other pricing adjustments may also apply before the final allowable amount for each line item is determined. For example, multiple surgery fee reductions, bilateral adjustments, related within global adjustments, co-surgery adjustments, etc.

PROCEDURE CODES ELIGIBLE FOR ASSISTANT SURGEON REIMBURSEMENT

Procedure codes with a CMS assistant surgeon indicator of "2" are eligible for assistant surgeon reimbursement.

- One assistant surgeon is allowed per procedure code/surgery.
- A second assistant surgeon will be considered only on a written appeal when documentation of medical necessity for the second assistant surgeon is submitted.

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.

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".

In the absence of a CMS assistant at surgery indicator for a particular procedure code, HHO may establish an assistant at surgery designation.

POST-PAYMENT AUDIT STATEMENT

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

PLACE OF SERVICE: INPATIENT/OUTPATIENT

CODING REQUIREMENTS

Modifier	Description
62	Two surgeons.
66	Surgical team.
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).
AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery.

CMS ASSISTANT SURGEON INDICATORS

Value	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

Participating facilities will be reimbursed per their Highmark Health Options contract.

Reference

Centers for Medicare and Medicaid. 2022. Medicare claims processing manual; Chapter 12-Physicians/Nonphysician Practitioners. Retrieved from https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf

POLICY UPDATE HISTORY

06/09/2022	Approved in Reimbursement Committee
06/20/2022	Approved in Governance