

<b>Professional Pricing Policy</b>	
Subject: <b>Assistant Surgeon Services</b>	
Policy Number: HLCP-0005	Policy Section: <b>Coding</b>
Last Approval Date: September 1, 2020	Effective Date: October 17, 2020

## Disclaimer

*These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for allowed amounts for HealthLink members. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or Revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to participating providers and facilities.*

*If appropriate coding/billing guidelines are not followed, HealthLink and/or its Payors may:*

- *Reject or deny the claim*
- *Recover and/or recoup claim payment*

*These policies may be superseded by provider or State contract language, or State, Federal requirements or mandates.*

*We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or adjust pricing accordingly to the effective date. HealthLink reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to the website. Note: medical claim pricing and processing services provided by HealthLink are available to a payor; however not all payors purchase such services for the benefit plans they sponsor.*

## Policy

HealthLink uses the American College of Surgeons (ACS) as its primary source for determining Assistant Surgeon 'always' and 'never' designations.

- HealthLink allows procedure codes designated as 'always.'
  - Exception: HealthLink considers CPT codes 59510, 59515, 59618 and 59622 as global delivery codes and not eligible for Assistant Surgeon pricing.
- HealthLink will not allow procedure codes designated as 'never.'

HealthLink references the designation assigned by CMS when the ACS indicates that an Assistant Surgeon may 'sometimes' be required for a certain procedure code or has not assigned a designation to a procedure code. There may be times when HealthLink assigns a designation if both the ACS and CMS designate a procedure code as 'sometimes.'

Providers rendering assistance at surgery should report such services by appending CPT modifier 80 (physician providing assistance in surgery), 81 (physician providing minimum assistance in surgery), 82 (physician providing assistance in surgery when qualified resident not available), or HCPCS Level II modifier AS (non-physician providing assistance in surgery (e.g., Physician Assistant (PA), Registered Nurse First Assist (RNFA), or other non-physician provider as required by state licensure, as appropriate, to a specific surgical procedure code.

HealthLink considers the following points to be important considerations in the adjudication of an Assistant Surgeon claim:

1. The provider of service must be a licensed or certified practicing Medical Doctor (M.D.), Doctor of

Podiatric Medicine (D.P.M.), Doctor of Dental Surgery (D.D.S.), Doctor of Osteopathy (D.O.), Physician Assistant (P.A.), Physician Assistant First Surgical Assist (PAFSA), Registered Nurse First Assist (RNFA), Clinical Nurse Specialist (CNS), or any other provider with equal state licensure or certification and recognized by HealthLink to be considered an Assistant Surgeon for a covered procedure.

2. Only one Assistant Surgeon is allowed per covered surgical procedure.
3. CPT codes reported with an Assistant Surgeon modifier are subject to multiple surgery rules, if applicable. Pricing for Assistant Surgeon services is allowed as follows:
  - Assistant Surgeon services are allowed reported with modifiers 80, 81, and 82 under the applicable physician fee schedule at 16% of the allowance for the primary procedure. Multiple surgery rules are applied to subsequent procedures, if applicable.
  - Assistant Surgeon services reported with modifier AS will be eligible at 16% of the allowance under the applicable physician extender fee schedule. If there is no applicable physician extender fee schedule, the Assistant Surgeon services will be eligible under the applicable physician fee schedule at 14% of the allowance for the primary procedure. Multiple surgery rules are applied to subsequent procedures, if applicable.
4. Procedures reported with an unlisted CPT code will be retrospectively reviewed for pricing and eligibility for an Assistant Surgeon.
5. Assistant Surgeon claim editing is administered by HealthLink's claim editing system. HealthLink's claim editing system uses edit designations that are tailored to physicians. However, HealthLink applies the same edit designations to non-physician assistants.
6. Some procedures may require assistance for positioning, and retraction for maintaining visualization. However, this type of assistance can usually be performed by a surgical technician and does not require Assistant Surgeon services.

#### Related Coding

Code	Description	Comments
Modifier 80	physician providing assistance in surgery	16% of the allowance
Modifier 81	physician providing minimum assistance in surgery	16% of the allowance
Modifier 82	physician providing assistance in surgery when qualified resident not available	16% of the allowance
Modifier AS	non-physician providing assistance in surgery	14% of the allowance

#### Exemptions

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#### Definitions

Assistant Surgeon services	Required for the successful completion of certain surgical procedures they have identified as sufficiently complex or intensive.
General Professional Pricing Policy Definitions	

## Related Policies and Materials

Modifier Rules

## References and Research Materials

This policy has been developed through consideration of the following

- CMS
- American College of Surgeons (ACS)
- American Medical Association (AMA) Current Procedural Terminology (CPT)

### **Use of Pricing Policy**

*This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Pricing Policy is constantly evolving and we reserve the right to review and update these policies periodically.*

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