Medica

Reimbursement Policy	
Title: Assistant Surgeon	
Policy Number: RP-P-120X	**Application:** All Medica Members
Last Reviewed: 08/14/2023	**Effective Date:** 04/01/1999
Related Policies: Multiple Procedure Reduction, Obstetrical	

Disclaimer: *This reimbursement policy is intended to provide general guidance regarding Medica's policy for the services described, and does not constitute a guarantee of payment. You are responsible for submitting accurate claims. Factors affecting claims reimbursement may include, but are not limited to, state and federal laws, regulations and accreditation requirements, along with administrative services agreements, provider contracts, and benefit coverage documents. Coding methodology and industry standards are also considered in developing reimbursement policy.*

Medica routinely updates reimbursement policies, and new versions are published on this website. If you print a copy of this policy, please be aware that the policy may be updated later, and you are responsible for the information contained in the most recent online version. Medica communicates policy updates to providers via Medica's monthly e-newsletter, Medica Connections®, as well as through Medica Provider Alerts.

All content included on the provider portion of medica.com is an extension of providers' administrative requirements, which all Medica network providers are contractually obligated to follow.

Summary:

This policy addresses reimbursement for services provided by an assistant surgeon.

Policy Statement:

An assistant surgeon actively assists the primary surgeon performing a surgical procedure.

Codes eligible for reimbursement for an assistant surgeon are designated by the Centers for Medicare and Medicaid Services (CMS) with minor modifications. Individual consideration may be made when there are extenuating circumstances, supported by documentation establishing medical necessity.

Assistant surgeons submit the identical procedure code(s) as the primary surgeon, with the appropriate modifier (80, 81, 82, or AS) to represent their service(s).

The reimbursement amount is dependent upon the assistant surgeon modifier appended to the surgical code submitted. If an assistant surgeon submits multiple procedure codes, multiple procedure reductions will apply. Only one assistant surgeon will be reimbursed for each eligible procedure.

MD/DO Assistant Surgeons:

Modifier	Definition	Reimbursement %
80	Assistant Surgeon	16%
81	Minimum Assistant Surgeon	16%
82	Assistant surgeon, when qualified resident surgeon is not available	16%

Modifier AS is used when a non-physician is performing assistant surgeon services. Eligible non-physician providers include:

- Physician Assistants
- Nurse Practitioners
- Clinical Nurse Specialists

Note: Medica also allows reimbursement to Registered Nurse First Assistants (RNFA). Surgical procedures eligible for an assistant surgeon performed by RNFAs must be billed using the primary surgeon's provider number, include the same surgical code as the primary surgeon and be appended with the AS modifier.

Non-Physician Assistant Surgeons:

Modifier	Definition	Reimbursement %
AS	Physician assistant, nurse practitioner, or clinical nurse specialist for assistant at surgery	14%

Code Lists:
Assistant Surgeon Eligible Code List

Definitions:	
Assistant Surgeon	A practitioner who actively assists the primary surgeon in the performance of a surgical procedure.
Multiple Procedure Reduction	Reduction for secondary and subsequent procedures performed by the same physician or other qualified health care professional on the same date of service.

Resources:
Centers for Medicare and Medicaid Services (CMS)
Current Procedural Terminology (CPT®)
Healthcare Common Procedure Coding System (HCPCS)
National Physician Fee Schedule (NPFS)

Effective Date:	04/01/1999

Revision Updates:	
03/26/2024	Code List Update
08/14/2023	Code List Update
06/19/2023	Annual Policy Review
01/13/2022	Template Update

©1999-2024 Medica.

CPT® is a registered trademark of the American Medical Association.