

Policy Number: 1003	
Subject:	
Impact: Reimbursement impacting all lines	
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Policy: Surgical Assists, Co-Surgeons, and Surgical Teams

Purpose

The purpose of this Health Reimbursement Policy is to document payment policy for covered medical and surgical services and supplies. Health care providers (facilities, physicians, and other professionals) are expected to exercise independent medical judgment in providing care to members. Reimbursement policy is not intended to impact care decisions or medical practice.

Providers are responsible for accurately, completely, and legibly documenting the services performed. The billing office is expected to submit claims for services rendered using valid codes. Claims should be coded appropriately according to industry standard coding guidelines (including, but not limited to, AMA, CPT, CPT Assistant, HCPCS, DRG guidelines, CMS' National Correct Coding Initiative (CCI) Policy Manual, CCI table edits, and other CMS guidelines).

Fee determinations will be based on the applicable provider contract language and WPS/Arise/Aspirus Arise reimbursement policy. To the extent there are any conflicts between Reimbursement Policy and the provider contract language, the provider contract language will prevail.

Reimbursement Requirements

WPS/Arise/Aspirus Arise considers the use of modifiers, 80, AS, 62, 82, and 81 payable when used in accordance with CPT and AMA guidelines. Assists requiring medical documentation must have a complete explanation of why an assist was medically necessary. Opening/closing, positioning, and holding of surgical equipment are not reason enough to support an assist's payment. Listing the name of the assistant in the head of the operative report is not enough evidence of participation. It should also be noted that residents can not bill as assists. If payment is denied based on lack of information for the assistant or co-surgeon, the patient can't be billed for these charges. Physician Assistants and Nurse Practitioners using the AS modifier will be reimbursed at 10% of contracted rate. Physicians using modifier 80 and 81 will be reimbursed at 20% of contracted rate.

Definitions

Assistant Surgeon—Physician who actively assists the operative surgeon. An assistant may be necessary because of the complex nature of the procedures or the patient's condition.

Co-Surgeon—Two or more surgeons where the skills of both surgeons are necessary to perform distinct parts of the operative procedure. Co-surgery is always done during the same operative encounter.

Assistant at surgery—Nurse practitioner, physician assistant, nurse, and midwife acting under the direct supervision of a surgeon. Usually share the same specialty as surgeon.

Surgical Team—Highly complex procedures require the services of a surgical team, consisting of several physicians, often of different specialties, plus other highly skilled, specially trained providers and specialty equipment.



AMA Specific Information

Modifier	Description	Usage	Notes
80	Assistant Surgeon	Surgical assistant services may be identified by adding modifier 80 to the usual procedure number(s).	Only to be used by MD
AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery		Only to be used by NP and PA
62	Two Surgeons	<p>When two surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier 62 to the procedure code and any associated add-on code(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If additional procedure(s), including add-on procedure(s), are performed during the same surgical session, separate code(s) may also be reported with modifier 62 added.</p> <p>Note: If a co-surgeon acts as an assistant in the performance of additional procedure(s) other than those reported with the modifier 62, during the same surgical session, those services may be reported using separate procedure code(s) with modifier 80 or modifier 82 added, as appropriate.</p>	
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).	
81	Minimum Assistant Surgeon	Minimum surgical assistant services are identified by adding modifier 81 to the usual procedure number.	

