

REIMBURSEMENT POLICY

Assistant At Surgery

Active

Policy Number: Surgery/Interventional Procedure – 001
Policy Title: Assistant At Surgery
Section: Surgery/Interventional Procedure
Effective Date: 07/01/16

Product: Commercial FEP Medicare Advantage Platinum Blue

Description

This policy addresses reimbursement for assistant surgical procedures during the same operative session.

Definitions

Assistant at surgery: An assistant at surgery actively assists the physician in charge of a case in performing a surgical procedure. A surgical assistant must be a trained individual who is able to participate in and actively assist the surgeon in completing the operation safely and expeditiously by helping to provide adequate exposure in the operating field, maintain hemostasis, cutting suture materials, clamping and ligating bleeding vessels, visualization of anatomic structures during the course of a surgical operation and, in selected instances, actually performing designated parts of a procedure.

Policy Statement

Per CMS Medicare Claims Processing Manual: payment for an assistant at surgery when the procedure is authorized for an assistant and the person performing the service is a physician, physician assistant (PA), nurse practitioner (NP) or a clinical nurse specialist (CNS).

To bill services of an assistant at surgery use the surgical procedure code with modifier -80, -81, -82 or -AS.

- Modifier –AS specifically designates the assist as a physician assistant, nurse practitioner or clinical nurse specialist

The National Provider Identifier (NPI) of the assistant must also be reported. Services will be denied as a duplicate charge if the primary surgeon's NPI is reported instead of the assistant.

If more than one surgical procedure was done during the same session, list each procedure separately. The assistant at surgery must report the same code(s) as the surgeon.

Reimbursement for eligible assistant at surgery services is 16 percent of the surgery allowance. When an assistant surgeon is involved in multiple surgical procedures, the same method used for determining reimbursement for the primary surgeon shall be used in determining reimbursement for the assistant surgeon. The secondary surgeries will be subject to an additional multiple surgery reduction (50 percent), if appropriate. *Refer to Surgery/Interventional Procedure – 005 Multiple Surgery Reduction Reimbursement Policy.*

Assistant at surgery services may be submitted with the modifier -22 as secondary to the appropriate surgical assist modifier (-81, 82 or -AS) for surgical procedures that are difficult, complex or complicated or situations where the service necessitated significantly more time to complete than the typical work effort. The -22 modifier must also be present on the primary surgeon's claim. *Refer to Surgery/Interventional Procedure – 004 Modifier 22 Reimbursement Policy.*

Blue Cross generally follows the list that CMS has furnished to Medicare carriers, for approved codes. The CMS Fee Schedule for Physician Services indicators for assistant at surgery are as follows:

- 0 = Payment restrictions 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 restrictions for assistants at surgery does not apply to this procedure. Assistant at Surgery may be paid.
- 9= Concept does not apply.

Assistant at Surgery Using Robotics

When a robot is used in conjunction with a surgery, an assistant at surgery service may be billed for a qualified practitioner (MD, NP, CNS or PA) assisting by operating the machine (robot). The appropriate surgical code and modifier would be billed. However, separately billed charges for surgical robotics (S2900) will not be reimbursed.

Documentation Submission

The documentation/operative report should include the name and credentials of the assistant, and the specific activities that the assistant at surgery performed.

Coverage

Eligible services will be subject to the subscriber benefits, Blue Cross or Medicare fee schedule amount and any coding edits.

The following applies to all claim submissions.

All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.



All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

Coding

The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

CPT/HCPCS Modifier: 22 80 81 82 AS
ICD-10 Diagnosis: N/A
ICD-10 Procedure: N/A
CPT/HCPCS: N/A
Revenue Codes: N/A

Cross Reference

Cross Reference: Surgery/Interventional Procedure – 004 Modifier 22
 Surgery/Interventional Procedure – 005 Multiple Surgical Reduction

Policy History

12/02/2014	Initial Committee Approval Date
04/06/2016	Annual Policy Review
03/15/2017	Annual Policy Review
03/04/2019	Annual Policy Review
01/26/2021	Annual Policy Review
11/29/2021	Policy Review – updated format
05/24/2022	Policy Review – removed statement about documentation requirement re: assist at surgery

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