Commercial Reimbursement Policy

Subject: **Modifiers 80, 81, 82 and AS: Assistant at Surgery-Professional**	
Policy Number: **C-08006**	Policy Section: **Coding**
Last Approval Date: **09/27/2023**	Effective Date: **09/27/2023**

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by an Anthem Blue Cross and Blue Shield (Anthem) member's benefit plan. 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, as well as to the member's state of residence.

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. These codes denote the services and/or procedures performed and when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:

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

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

The Health Plan allows reimbursement for an assistant surgeon when eligible procedures are billed with Modifiers 80, 81, 82, or AS unless provider, state, or federal contracts and/or requirements indicate otherwise. Eligible procedures are identified using the Centers for

Medicare and Medicaid Services (CMS) Medicare Physician Fee Schedule (MPFS) Assistant Surgery payment indicators and applied using the guidelines as indicated below.

Reimbursable:

- Codes identified with MPFS Assistant Surgery payment indicator '2'.
- Only one assistant surgeon per covered surgical procedure.

Nonreimbursable:

- Codes identified with MPFS Assistant Surgery payment indicators '0', '1', and '9'.
- Procedures requiring assistance for positioning and retraction for maintaining visualization.
- Applicable assistant surgeon modifier billed inappropriately.

Procedures reported with an assistant surgeon modifier are subject to multiple surgery reimbursement rules.

The assistant at surgery should not report procedure codes different from the procedure codes reported by the primary surgeon, **EXCEPT** if the primary surgeon bills an OB global code; then the assistant at surgery would bill the specific surgery code with the appropriate modifier.

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	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 for reimbursement under the applicable physician fee schedule at

		14% of the allowance for the primary procedure.

Exemptions

Missouri	Anthem Blue Cross and Blue Shield reimburses Modifier AS at 16% of the physician fee schedule and physician extender fee schedule
Wisconsin	Anthem Blue Cross and Blue Shield reimburses Modifier AS at 14% of the physician fee schedule and physician extender fee schedule

Policy History

09/27/2023	Review approved and effective: updated policy name from Assistant at Surgery (Modifiers 80, 81, 82, AS); replaced CMS alignment from 'reimbursement' to the 'identification'
09/24/2021	Review approved 09/24/2021 and effective 11/01/2022: policy language updated to follow CMS MPFS Assistant Surgery indicators, removed reference to ACS reimbursement guidelines. Updated Definitions and Related Policy sections. Removed and retired Assistant Surgery Coding list.
04/21/2020	Review approved: added exemptions Missouri reimburses AS modifier at 16% Wisconsin reimburses modifier AS at 14% of the physician extender and physician fee schedule
06/01/2019	Review approved: new policy template; added definitions section and related coding table
05/03/2018	Review approved: Coding table updated; added codes 15733, 19294, 20939, 31241, 31253, 31257, 31259, 31298, 32994, 36465, 36466, 36482, 36483, 38222, 55874, 0479T, 0483T, 0484T, C9738, C9748, G0516, G0517, G0518 to deny effective DOS 01/01/2018; added code C9749 to deny effective DOS 04/01/2018
07/11/2017	Review approved; added new code effective 07/01/2017 0474T to the assistant surgeon not allowed list
03/07/2017	Review approved: added and deleted codes to "nevers" list, updated 'methodology' section with minor language changes
11/01/2016	Review approved: removed codes deleted 10/1/2016: 0347T and 0356T. Update policy document to match "never allow assistant surgeon" code list
08/02/2016	Review approved: added new codes effective 07/01/2016: 0437T, 0438T, 0440T, 0441T, 0442T, 0444T and 0445T; updated policy to match

07/18/2016	Review approved: updated “nevers” coding chart to include codes that were left off when copied over to new sheet for 2016.
02/05/2015	Review approved: coding updates to the “nevers” list; minor revisions to 1st paragraph, description section; updated ‘nevers’ coding chart; added 61645 to CMS ‘Sometimes”.
01/06/2015	Review approved: updated coding table and policy to match
08/05/2014	Review approved and effective 07/01/2024: added codes 0347T, 0356T and updated policy to match
11/05/2013	Review approved: minor language and punctuation updates, added physician fee schedule language; embedded “nevers” excel list in policy
08/06/2013	Review approved: updated ‘Never’ coding table: removed 29838, C9724-C9725, C9732
02/05/2013	Review approved: Revised ‘Never’ coding table: embedded coding table into policy: 2013AssistSurgNEVERSCoding_01012013
01/07/2013	Review approved: revised ‘Never’ coding table based on 2014 coding updates
11/06/2012	Review approved: revised language for modifier AS; added provider degrees in policy section, and any other provider language
08/07/2012	Review approved: added codes 0302T, 0303T, 0304T, 0307T, and 0308T
01/10/2012	Review approved: updated ‘Never’ codes
08/20/2010	Review approved: A bracketed statement was added to the Policy Section #2. If a state mandate would allow a 2nd assist surg under certain circumstances, then the terms of that language needs to be inserted.
01/05/2010	Review approved: updated Header and Footer; updated Policy History ad The code table was removed from the policy and an Excel file was embedded in policy; Reference Information Section was renamed “Methodology for Determining Assistant Surgeon Edit Designation; policy language clarified to conform to standard policy language.
03/18/2009	Review approved: Rationale section was removed; coding grid was updated to include the new 2009 never codes; minor language changes to policy section.
08/05/2008	Review approved; added statement Only one assistant surgeon per covered procedure will be reimbursed
05/09/2008	Initial policy approval and effective

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- MPFS Indicator list
- Optum EncoderPro 2023

Definitions

Assistant Surgeon	An assistant at surgery is a physician or non-physician practitioner who actively assists the physician in charge of the case in performing a surgical procedure.
Payment Indicator	Medicare Physician Fee Schedule (MPFS) Assistant Surgeon payment indicator: 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 surgeon may not be paid. 2- Payment restriction for assistants at surgery does not apply to this procedure. Assistant surgeon may be paid. 9- Assistant surgeon concept does not apply.
General Reimbursement Policy Definitions	

Related Policies and Materials

Claims Requiring Additional Documentation – Professional and Facility
Modifier Rules - Professional
Multiple and Bilateral Surgery - Professional
Scope of License - Professional

Use of Reimbursement 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. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.