

**n05591**  
**Assistant Surgeon Policy**

*Values*

Accountability • Integrity • Service Excellence • Innovation • Collaboration

**Abstract Purpose:**

This reimbursement policy outlines Network Health’s process, for all lines of business, for services provided by assistant surgeons.

**Policy Detail:**

- I. An assistant at surgery is a physician or a health care professional who actively assists the physician performing a surgical procedure. Assistants at surgery are considered medically necessary for some surgical procedures. Codes eligible for reimbursement for an assistant at surgery are codes designated by the Centers for Medicare and Medicaid Services (CMS) located on the National Physician Fee Schedule (NPFS) Relative Value File.
  
- II. A status code in the assistant surgeon column on the NPFS indicates when an assistant at surgery is allowed or not allowed.

Status Indicators	Definition
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 the procedure and assistant at surgery may not be paid.
2	Payment restriction for assistants at surgery does not apply to the procedure and assistant at surgery may be allowed.
9	Concept does not apply.

- III. Only one assistant at surgery will be reimbursed for each eligible procedure. The assistant at surgery should submit the identical procedure code(s) as the primary surgeon with an appropriate assistant at surgery modifier to represent their service(s).

**IV. Modifiers:**

The following modifiers are considered Assistant at surgery:

- A. 80 – Assistant Surgeon
- B. 81 – Minimum Assistant Surgeon
- C. 82 – Assistant Surgeon (when qualified resident surgeon not available)
- D. AS – Assistant at surgery service

**V. Commercial Reimbursement**

- A. Claims will be reimbursed at twenty percent (20%) of the surgical allowed amount for the following provider types billing as Assistant Surgeons:
  - 1. Doctor of Chiropractic (D.C.)
  - 2. Doctor of Dental Surgery (D.D.S.)
  - 3. Doctor of Medicine (M.D)
  - 4. Doctor of Optometry (O.D)
  - 5. Doctor of Osteopathy (D.O.), and
  - 6. Doctor of Podiatric Medicine (D.P.M.)
- B. Claims will be reimbursed at ten percent (10%) of the surgical allowed amount for a non-physician practitioner Nurse Practitioners (N.P.) and Physician Assistants (P.A.).
- C. If an assistant at surgery submits multiple procedure codes, multiple procedure reductions and assistant surgeon reductions will apply.

**VI. Medicare Reimbursement**

- A. Claims will be reimbursed at sixteen percent (16%) of the surgical allowed amount for the following provider types billing as Assistant Surgeons:
  - 1. Doctor of Chiropractic (D.C.)
  - 2. Doctor of Dental Surgery (D.D.S.)
  - 3. Doctor of Medicine (M.D)
  - 4. Doctor of Optometry (O.D)
  - 5. Doctor of Osteopathy (D.O.), and
  - 6. Doctor of Podiatric Medicine (D.P.M.)
- B. Claims will be reimbursed at thirteen-point six percent (13.6%) of the surgical allowed amount for a non-physician practitioner Nurse Practitioners (N.P.) and Physician Assistants (P.A.).
- C. If an assistant at surgery submits multiple procedure codes, multiple procedure reductions and assistant surgeon reductions will apply.

**VII. Cesarean Reimbursement**

- A. Only a non-global cesarean section delivery (without antepartum or postpartum components) is a reimbursable service when submitted with an appropriate assistant surgeon modifier.
- B. Global cesarean section CPT codes submitted by an assistant surgeon will be reimbursed using the non-global cesarean section codes.

**Regulatory Citations:**

Centers for Medicare and Medicaid Services (CMS)

**Related Policies:**

Multiple and Endoscopic Policy Commercial

Multiple and Endoscopic Policy Medicare

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