

Assistant-at-Surgery Services Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare's Medicare Advantage reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Medicare Advantage may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Medicare Advantage enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents**. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Medicare Advantage due to programming or other constraints; however, UnitedHealthcare Medicare Advantage strives to minimize these variations.

UnitedHealthcare Medicare Advantage may modify this reimbursement policy at any time to comply with changes in CMS policy and other national standard coding guidelines by publishing a new version of the reimbursement policy on this website. However, the information presented in this reimbursement policy is accurate and current as of the date of publication. UnitedHealthcare Medicare Advantage encourages physicians and other health care professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other health care professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. UnitedHealthcare's Medicare Advantage reimbursement policies do not include notations regarding prior authorization requirements.

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*** For more information on a specific enrollee's benefit coverage, please call the customer service number on the back of the member ID card.*

Application

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS 1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

An Assistant-at-Surgery actively assists the Physician performing a surgical procedure. Reimbursement for Assistant-at-Surgery services, when reported by the Same Individual Physician or Other Qualified Health Care Professional, is based on whether the Assistant Surgeon is a Physician (designated by modifiers 80, 81 or 82) or another Health Care

Professional (designated by modifier AS) acting as the surgical assistant.

Only one Assistant-at-Surgery for each procedure with an Indicator of 2 on the National Physician Fee Schedule (NPFSS) is a reimbursable service. No exceptions to this policy are made for teaching hospitals or hospital bylaws.

Reimbursement Guidelines

Multiple Procedures

If an Assistant-at-Surgery submits multiple procedure codes, multiple procedure reductions will apply.

Assistant-at-Surgery

The Assistant-at-Surgery is based on the Centers for Medicare and Medicaid Services (CMS) NPFSS payment policy indicators.

CMS Definition of Assistant at Surgery Indicator "2"

2 = Payment restriction for Assistants-at-Surgery does not apply to this procedure. Assistant-at-Surgery may be paid.

All codes in the NPFSS with the payment code indicator "2" for "Assistant-at-Surgery" are considered by UnitedHealthcare Medicare Advantage to be reimbursable for Assistant-at-Surgery services, as indicated by an Assistant Surgeon modifier (80, 81, 82, or AS).

All codes in the NPFSS with the status code indicator "1" for "Assistant Surgeons" are considered by UnitedHealthcare Medicare Advantage to not be reimbursable for Assistant Surgeon services, as indicated by an Assistant Surgeon or surgical assistant modifier (80, 81, 82, or AS), and will not be allowed for payment.

All codes in the NPFSS with the status code indicator "0" for "Assistant Surgeons" are considered by UnitedHealthcare Medicare Advantage to be conditionally reimbursable for Assistant Surgeon services, as indicated by an Assistant Surgeon or surgical assistant modifier (80, 81, 82, or AS), and will be reviewed with clinical documentation for Assistant-at-Surgery eligibility.

Physicians (MD/DO)

UnitedHealthcare's Medicare Advantage standard reimbursement for Assistant-at-Surgery services performed by a Physician is 16% of the Allowable Amount for eligible surgical procedures. This percentage is based on CMS.

Assistants-at-Surgery who are Physicians should submit the identical procedure code(s) as the primary surgeon with one of the following modifiers 80, 81 or 82 to represent their service(s).

Health Care Professionals

UnitedHealthcare's Medicare Advantage standard reimbursement for Assistant-at-Surgery services provided by a Health Care Professional other than a Physician (i.e., Physician Assistants (PA), Nurse Practitioners (NP) or Clinical Nurse Specialists (CNS)) is in accordance with the requirements outlined in Medicare Claims Processing Manual Chapter 12 section 110.2. Per CMS guidelines covered PA Assistant-at-Surgery services are reimbursed at 80 percent of the lesser of the actual charge or 85 percent of what a Physician is paid under the Medicare Physician Fee Schedule. Since Physicians are paid at 16 percent of the surgical payment amount under the Medicare Physician Fee Schedule for Assistant-at-Surgery services, the actual payment amount that PAs receive for Assistant-at-Surgery services is 13.6 percent of the amount paid to Physicians. The AS modifier must be reported on the claim form when billing PA Assistant-at-Surgery services. This pricing guideline applies unless the provider has a specific contract provision prohibiting the 85% of Physician allowable reimbursement rate.

Assistants-at-Surgery who are Health Care Professionals should submit the identical procedure code(s) as the primary surgeon with the following modifier AS to represent that a PA, NP or CNS served as the Assistant-at-Surgery. Per CMS claims processing manual guidelines, surgical technicians are not listed as a health care practitioner that can report

modifier AS. The services of a surgical technician assisting at surgery are included in the reimbursement to the facility and not separately reimbursable.

Other categories of nonphysician practitioners are not recognized as Medicare providers and thus are not able to bill the program independently for their services. Medicare cannot reimburse an Assistant-at-Surgery's services if the assistant is an unlicensed practitioner and does not qualify to be a Medicare provider.

Definitions

Allowable Amount	Defined as the dollar amount eligible for reimbursement to the physician or other qualified health care professional on the claim. Contracted rate, reasonable charge, or billed charges are examples of an Allowable Amount, whichever is applicable. For percent of charge or discount contracts, the Allowable Amount is determined as the billed amount, less the discount.
Assistant-at-Surgery/Assistant Surgeon	A physician or other qualified health care professional who is assisting the physician performing a surgical procedure.
Health Care Professional	A physician assistant, registered nurse or nurse practitioner who does not have a "Doctor of Medicine" or "Doctor of Osteopathy" degree/designation.
Physician	A Doctor of Medicine (MD) or Doctor of Osteopathy (DO)
Same Individual Physician or Other Qualified Health Care Professional	The same individual rendering health care services reporting the same Federal Tax Identification number.

Questions and Answers

1	<p>Q: What if hospital bylaws require the attendance of an assistant for all procedures?</p> <p>A: No exceptions will be made to the policy to accommodate hospital bylaws. The NPFS published by CMS will be used to determine benefits for Assistants-at-Surgery.</p>
2	<p>Q: The CMS NPFS contains Assistant-at-Surgery payment policy indicators of 0, 1, 2 and 9. Are procedure codes with any of these indicators for Assistants-at-Surgery considered for reimbursement when reported with an Assistant Surgeon modifier?</p> <p>A: Yes, procedure codes included on the CMS NPFS payment policy indicators "2" "Assistants-at-Surgery" will be considered for reimbursement. Indicator "0" will also be eligible for reimbursement. However, there is payment restriction for Assistants-at-Surgery unless supporting documentation is submitted to establish medical necessity.</p>

Codes

CPT code section

[National Physician Fee Schedule Relative Value File](#)

Modifier Codes

Code

AS	80	81	82
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Resources

www.cms.gov

Centers for Medicare and Medicaid Services: PFS Relative Value Files

Medicare Claims Processing Manual - Chapter 12 - Physicians/Nonphysician Practitioners: Sections 20.4.3, 100.1.7, 110, 110.2, 120, 120.1, 120.3

History

9/1/2021	Policy Version Change Reimbursement Guidelines Section: Health Care Professionals verbiage update Resources Section: Updated History Section: Entries prior to 9/1/2019 archived
6/1/2021	Policy Version Change Template Updated Definitions Section: Updated Modifier Section: Removed descriptions History Section: Entries prior to 6/1/2019 archived
1/25/2012	Policy Approved