

Assistant-at-Surgery Services Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

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 Value & Balance Exchange reimbursement policies may 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 and, when specified, to those billed on UB04 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 reference resource regarding UnitedHealthcare Value & Balance Exchange's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Value & Balance Exchange 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 Value & Balance Exchange 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, the enrollee's benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Value & Balance Exchange due to programming or other constraints; however, UnitedHealthcare Value & Balance Exchange strives to minimize these variations.

UnitedHealthcare Value & Balance Exchange may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Value & Balance Exchange products.

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, 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. The Assistant-at-Surgery services which are reimbursable services are set forth on UnitedHealthcare Value & Balance Exchange's Assistant-at-Surgery Eligible List.

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-at-Surgery is a Physician (designated by modifiers 80, 81 or 82) or another Qualified Health Care Professional (designated by modifier AS) acting as the surgical assistant. The services of only one Assistant-at-Surgery are reimbursable for each procedure on the Assistant-at-Surgery Eligible List. No exceptions to this policy are made for teaching hospitals or hospital bylaws.

Reimbursement Guidelines

Multiple Procedures

If an Assistant Surgeon submits multiple procedure codes, multiple procedure reductions will apply.

Cesarean Section

Only a non-global cesarean section delivery code (without antepartum or postpartum components) is a reimbursable service when submitted with an appropriate assistant surgeon modifier.

Global cesarean section Current Procedural Terminology (CPT®) codes 59510, 59515, 59618, and 59622 submitted by an Assistant-at-Surgery will not be reimbursed. Surgical assists for cesarean section delivery should be submitted with appropriate "delivery only" procedure code.

Assistant-at-Surgery Eligible List

The Assistant-at-Surgery Eligible List is developed based on the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule Relative Value File (NPFS) payment policy indicators.

All codes in the NPFS with the payment code indicator "2" for "Assistant-at-Surgery" are considered by UnitedHealthcare Value & Balance Exchange to be reimbursable for Assistant-at-Surgery services, as indicated by an assistant surgeon modifier (80, 81, 82, or AS).

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.

UnitedHealthcare Value & Balance Exchange applies the payment indicators for HCPCS codes G0412-G0415 when adjudicating CPT codes 27215-27218 for the purpose of this policy.

[Assistant-at-Surgery Eligible List](#)

[CMS Files For Download](#)

Physicians (MD/DO)

UnitedHealthcare Value & Balance Exchange's standard reimbursement for Assistant-at-Surgery services on the Assistant-at-Surgery Eligible List which are provided by a Physician is 16% of the Allowable Amount for eligible surgical procedures. This percentage is based on CMS.

Assistant-at-Surgery who are Physicians should submit the identical procedure code(s) as the primary surgeon with one of the following modifiers to represent their service(s):

Modifier		
80	81	82

Health Care Professionals

UnitedHealthcare Value & Balance Exchange's standard reimbursement for Assistant-at-Surgery services on the Assistant-at-Surgery Eligible List which are provided by a Health Care Professional is 14% of the Allowable Amount for the surgical procedures. This percentage is based on CMS.

Assistant-at-Surgery who are Health Care Professionals should submit the identical procedure code(s) as the primary surgeon with the following modifier to represent their service(s):

Modifier
AS

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.


UnitedHealthcare Value & Balance Exchange will not reimburse independently submitted services by a non-contracted, health care practitioner (other than a Physician or Qualified Health Care Professional) who is seeking reimbursement for services using an Assistant Surgeon modifier unless a state mandate exists that requires reimbursement, in which case they will be reimbursed pursuant to this policy. For information about the health care-related mandates and laws in your state, contact the appropriate federal or state legislative office.

Definitions	
Allowable Amount	Defined as the dollar amount eligible for reimbursement to the physician or other qualified health care professional on the claim (often referred to as an allowed amount or eligible expense in benefit plan documents). The Allowable amount for services from an assistant-at-surgery is no more than the allowable amount payable to the primary surgeon for the covered health care services with which the assistant-at-surgery actively assisted.
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 for teaching hospitals or hospital bylaws. Hospitals must follow their own bylaws. UnitedHealthcare Value & Balance Exchange is not required to comply with hospital bylaws.</p>
2	<p>Q: Were all CPT codes reviewed for Assistant-at-Surgery eligibility?</p> <p>A: All CPT and HCPCS codes were reviewed for Assistant-at-Surgery eligibility. It is important to note that an anesthesiologist utilizes CPT anesthesia codes and is not considered an Assistant-at-Surgery during the surgical procedure. Further, HCPCS "C" codes are for Outpatient Prospective Payment System and Assistant-at-Surgery services are not a part of this payment system.</p>
3	<p>Q: Why does UnitedHealthcare Value & Balance Exchange reimburse the Assistant-at-Surgery for the non-global cesarean OB codes only?</p> <p>A: The global Cesarean OB codes include services for antepartum and postpartum as well as the delivery. The Assistant-at-Surgery's services are for the delivery only and are reimbursed using the non-global Cesarean OB code.</p>
4	<p>Q: Can the reimbursement to providers for Assistant-at-Surgery services provided to UnitedHealthcare Value & Balance Exchange enrollees vary?</p> <p>A: Yes, the reimbursement for Assistant-at-Surgery services can vary. The Assistant-at-Surgery reimbursement policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Value & Balance Exchange enrollees. Other factors affecting reimbursement, including but not limited to legislative mandates, the Physician or other provider contracts, and/or the enrollee's benefit coverage documents,</p>

	including provisions addressing benefits for services rendered by non-participating providers, may supplement, modify or, in some cases, supersede this policy.
5	<p>Q: The CMS NPFS contains additional Assistant-at-Surgery payment policy indicators of 0, 1 and 9. Are procedure codes with any of these indicators for Assistant-at-Surgery considered for reimbursement when reported with an assistant surgeon modifier?</p> <p>A: No, only procedure codes included on the Assistant-at-Surgery Eligible List will be considered for reimbursement. This list is based on the CMS NPFS payment policy indicator “2” for “Assistant-at-Surgery”.</p>

Attachments

 Assistant-at-Surgery Eligible List	Designates procedures allowed for Assistant-at-Surgery reimbursement.
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Resources

American Medical Association, <i>Current Procedural Terminology (CPT®)</i> and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files

History

1/1/2021	Policy implemented by UnitedHealthcare Value & Balance Exchange
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