

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 Community Plan reimbursement policies uses 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 Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan 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 Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, 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 Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan 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 Community Plan Medicaid 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 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. The Assistant-at-Surgery services which are reimbursable services are set forth on UnitedHealthcare Community Plan'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 Community Plan 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 Community Plan applies the payment indicators for HCPCS codes G0412-G0415 when adjudicating CPT codes 27215-27218 for the purpose of this policy.

The edits administered by this policy may be found on the following link using the appropriate year and quarter under the “Asst Surg” column:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>

Physicians (MD/DO)

UnitedHealthcare Community Plan'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 Community Plan'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 Community Plan 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.

State Exceptions: Variations from percentages stated above. For modifiers not listed, the policy percentage applies

Arizona	Reimbursement is 20% for all Assistant Surgeon modifiers (AS, 80, 81, 82) AZ Medicaid allows reimbursement for codes with NPFS payment policy indicator of "0", when documentation is submitted to support the need for an assistant.
California	Reimbursement is 20% for modifier 80; modifier AS is 85% of assistant surgeon fee for CNM codes 59514 or 59620 only, all other codes not covered. Modifiers 81 and 82 are not covered.
Colorado	Reimbursement is 20% for first procedure, 5% for extra procedures
Florida	Florida uses customized, state identified assistant-at-surgery lists. Reimbursement is 16% for modifiers 80, 81 and 82; 12.8% for modifier AS.
Hawaii	Reimbursement is 15% for modifiers 80, 81, and 82 Per Hawaii State Regulations, Nurse Practitioners are excluded from the Assistant Surgeon modifier requirements for CPT 64493-64495.
Indiana	Reimbursement is 20% for all Assistant Surgeon modifiers (AS, 80, 81, 82).
Kansas	Reimbursement is 25% for all Assistant Surgeon modifiers (AS, 80, 81, 82) Health Care Professionals acting as assistant-at-surgery should report their services under their own provider number, and not under the surgeon's provider number. Per state regulations, reimbursement may be considered for codes with Medicare Physician Fee Schedule (MPFS) indicator of "0", when documentation is submitted to support the need for an assistant.
Kentucky	Per State regulations, Kentucky Medicaid does not reimburse for modifiers 81, 82 or AS.
Maryland	Reimbursement is 13% for modifier AS; 20% for modifiers 80, 82
Massachusetts	Reimbursement is 15% for modifiers AS, 80 and 82.
Mississippi	Mississippi Per State regulations, MS Medicaid does not reimburse for Modifier AS
Missouri	Missouri does not apply modifier reductions as described in this policy. Fees for Assistant Surgeon procedures are indicated on the fee schedules. Missouri uses a state-defined list of procedures that allow for an assistant surgeon to be reimbursed. Modifiers AS, 81 and 82 are not covered.
Nebraska	Nebraska uses a customized list of codes that allow for an assistant-at-surgery, as well as a customized list of codes that may allow an assistant-at-surgery when supporting documentation is submitted. Nebraska does not apply 80 modifier reductions as described in this policy. Fees for Assistant Surgeon procedures with an 80 modifier are indicated on the fee schedules. Therefore the individual modifier percentages reference in this policy do not apply NE providers. Reimbursement for assistant surgeon services are built into the fee schedules.
North Carolina	Per State regulations, North Carolina Medicaid does not reimburse for Modifier 81 Physician Assistants are excluded from the Assistant Surgeon modifier requirements.

State Exceptions: Variations from percentages stated above. For modifiers not listed, the policy percentage applies

Ohio	Reimbursement is 25% for modifier 80. As of date of service 1/1/2017 reimbursement is 25% for modifier AS. Ohio reimburses for modifier UD for Physician Assistant, without the AS modifier. Prior to date of service 1/1/2017 modifier AS was not covered. Modifiers 81 and 82 are not covered.
Pennsylvania	Reimbursement is 20% for Assistant Surgeon modifiers (AS, 81, 82).
Texas	Reimbursement is 16% for all Assistant Surgeon modifiers (AS, 80, 81, 82)
Virginia	Reimbursement is 16% for Assistant Surgeon modifiers (80, 81, 82). Modifier AS is not covered.
Washington	Reimbursement is 20% for all Assistant Surgeon modifiers (AS, 80, 81, 82)
Washington DC	The district does not apply modifier reductions as described in this policy. Modifier 80 is managed with the fee schedule. Modifiers AS, 81 and 82 are out of scope.
Wisconsin	Reimbursement is 20% for all Assistant Surgeon modifiers (AS, 80, 81, 82). Wisconsin Health Care Professionals must submit claims with modifier AS in WI using their own provider numbers, not that of the primary surgeon.

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, clinical nurse specialist 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 Community Plan 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 Community Plan 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 Community Plan 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 Community Plan 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, including provisions addressing benefits for services rendered by non-participating providers, may supplement, modify or, in some cases, supersede this policy.</p>
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.
Florida Assistant-at-Surgery Eligible List	Designates procedures allowed for Assistant-at-Surgery reimbursement in Florida.
Kansas Assistant-at-Surgery with Supporting Documentation List	Designates procedures allowed for Assistant-at-Surgery reimbursement in Kansas when supporting documentation is submitted.
Missouri Assistant-at-Surgery Eligible List	Designates procedures allowed for Assistant-at-Surgery reimbursement in Missouri.
Nebraska Assistant-at-Surgery with Supporting Documentation List	Designates procedures allowed for Assistant-at-Surgery reimbursement in Nebraska when supporting documentation is submitted.
Nebraska Assistant-at-Surgery Eligible List	Designates procedures allowed for Assistant-at-Surgery reimbursement in Nebraska.

Resources

Individual state Medicaid contracts, regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®)* 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

1/1/2023	Policy Date and Version Change State Exceptions Section: Colorado added History Section: Entries prior to 10/11/2020 archived
10/09/2022	Policy Date and Version Change State Exceptions Section: North Carolina updated History Section: Entries prior to 10/09/2020 archived
4/24/2022	Policy Date and Version Change State Exceptions Section: Washington DC added History Section: Entries prior to 4/24/2020 archived
6/27/2021	Policy Version Change Assistant-at-Surgery section provided link to source document
6/14/2021	Policy Version Change State Exceptions Section: Indiana added
4/18/2021	Policy Version Change Attachments Section: Update to Kansas Assistant-at-Surgery with Supporting Documentation List
2/7/2021	Policy Version Change State Exceptions Section: Nebraska updated
1/17/2021	Policy Version Change State Exceptions Section: Ohio updated
1/9/2021	Policy Version Change State Exceptions Section: Hawaii updated
1/1/2021	Policy Version Change State Exceptions Section: Kentucky state exception added Attachments Section: Update to Assistant-at-Surgery Eligible List, Florida Assistant-at-Surgery Eligible List, Kansas Assistant-at-Surgery with Supporting Documentation List, Missouri Assistant-at-Surgery Eligible List, Nebraska Assistant-at-Surgery with Supporting Documentation List, and Nebraska Assistant-at-Surgery Eligible List History Section: Entries prior to 1/1/2019 archived
1/1/2019	Annual Policy Approval Date and Annual Policy Version Change Policy Change: Updated title and definition with Assistant-at-Surgery; Added 'Professional' to the policy title; removed reference to Employer and Individual and Medicare and Retirement in the Application section. Policy List Change: Assistant Surgeon Eligible list, Florida Assistant Surgeon Eligible list and Kansas Assistant Surgeon Codes Requiring Documentation updated History/Updates section: Entries prior to 1/1/2017 archived