

Assistant-at-Surgery Services Policy, Professional for Louisiana

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 be not be reimbursed. Surgical assists for cesarean section delivery should be submitted with appropriate “delivery only” procedure code.

Assistant-at-Surgery Eligible List

Louisiana uses a state defined list of procedures that allow for reimbursement for assistant surgery charges. Please see the Attachment section for the state defined list

Physicians (MD/DO)

UnitedHealthcare Community Plan's reimbursement for Assistant-at-Surgery services on the Assistant-at-Surgery Eligible List which are provided by a Physician in Louisiana is 20% of the Allowable Amount for eligible surgical procedures.

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

Modifier	CPT Description
80	Assistant Surgeon

Health Care Professionals

UnitedHealthcare Community Plan's reimbursement for Assistant-at-Surgery services on the Assistant-at-Surgery Eligible List which are provided by a Health Care Professional in Louisiana is 16% of the Allowable Amount for the surgical procedures.

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	HCPCS Level II Description
AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for 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.

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.


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,
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	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, 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: Please right-click on the icon to open the file.

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

06/07/2021	Policy Version Change Removed modifiers, removed reference to CMS and their Assistant-At-Surgery Eligible List.
02/19/2021	Updated policy Overview Section
02/25/2020	Physicians section: Updated percentage from 16% to 20%. Updated verbiage to include “*Louisiana does not reimburse for services submitted with an 81 or 82 modifier” as was referenced previously in the state exceptions section. Health Care Professionals section: Replaced 14% with 16% State Exceptions section: Removed state exceptions grid, including all previous state exceptions previously referenced Attachments section: Removed Assistant at Surgery Eligible List, Florida Assistant-at-Surgery Eligible List, Kansas Assistant Surgeon with Supporting Documentation List, Missouri Assistant Surgeon Eligible List, Nebraska Assistant-at-Surgery with Supporting Documentation List, and Nebraska Assistant-at-Surgery Eligible List Entries prior to 2/25/2020 archived