

ASSISTANT SURGEON POLICY

Policy Number: SURGERY 003.35 T2

Effective Date: January 14, 2019

Table of Contents	Page
INSTRUCTIONS FOR USE	1
APPLICABLE LINES OF BUSINESS/PRODUCTS	1
APPLICATION	1
OVERVIEW	1
REIMBURSEMENT GUIDELINES	2
DEFINITIONS	3
QUESTIONS AND ANSWERS	3
ATTACHMENTS	4
REFERENCES	4
POLICY HISTORY/REVISION INFORMATION	4

Related Policies

- Refer to the [Reimbursement Guidelines](#) section of the policy

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

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 forms. 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.

OVERVIEW

An Assistant Surgeon actively assists the Physician performing a surgical procedure. The Assistant Surgeon services which are reimbursable services are set forth on Oxford's [Assistant Surgeon Eligible List](#).

Reimbursement for Assistant Surgeon services, when reported by the Same Individual Physician or Other 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 a surgical assistant. No exceptions to this policy are made for teaching hospitals or hospital bylaws.

Multiple Procedures

If an Assistant Surgeon submits multiple procedure codes, multiple procedure reductions will apply. Refer to the *Multiple Procedures* policy.

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 Surgeon will be reimbursed using the non-global cesarean section codes 59514 and 59620 as follows:

- 59510 reimbursed using 59514
- 59515 reimbursed using 59514
- 59618 reimbursed using 59620
- 59622 reimbursed using 59620

Assistant Surgeon Eligible List

The [Assistant Surgeon Eligible List](#) is developed based on the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule Relative Value File (NPFS) status indicators.

All codes in the NPFS with the following status code indicator "2" for "Assistant Surgeons" are considered by Oxford to be reimbursable for Assistant Surgeon services, as indicated by an Assistant Surgeon modifier (80, 81, 82, or AS).

CMS Definition of Assistant Surgeon Indicator "2"

2 = Payment restriction for assistants at surgery does not apply to this procedure. Assistant at surgery may be paid.

Oxford applies the payment indicators for HCPCS codes G0412-G0415 when adjudicating CPT codes 27215-27218 for the purpose of this policy.

Important Note: Review by an Oxford Medical Director is required for the services of an Assistant Surgeon for any procedure not listed on the [Assistant Surgeon Eligible List](#). If an Assistant Surgeon is not warranted for that procedure, the charges of the Assistant Surgeon are denied as not medically necessary.

Participating surgeons are required to use participating Assistant Surgeons if available. Failure to use participating Assistant Surgeons may be considered an administrative violation potentially warranting administrative disciplinary action.

Physicians (MD/DO)

Oxford's standard reimbursement for Assistant Surgeon services on the [Assistant Surgeon 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 Surgeons 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	Description
80	Assistant surgeon
81	Minimum assistant surgeon
82	Assistant surgeon (when qualified resident surgeon not available)

Health Care Professionals

Oxford's standard reimbursement for Assistant Surgeon services on the [Assistant Surgeon 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 surgeons 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	Description
AS	PA (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.

Oxford will not reimburse independently submitted services by non-contracted, health care practitioner (other than a Physician or 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: The dollar amount eligible for reimbursement to the Physician or Health Care Professional on the claim. Contracted rate, reasonable charge, or billed charges are examples of Allowable Amounts.

Assistant Surgeon: A Physician or other 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 health care practitioner holding a degree/designation as a "Doctor of Medicine" or Doctor of Osteopathy, which is recognized within the jurisdiction of practice.

Same Individual Physician or Other Health Care Professional: The same individual rendering health care services reporting the same Federal Tax Identification number.

QUESTIONS AND ANSWERS

1	Q:	What if hospital bylaws require the attendance of an assistant for all procedures?
	A:	No exceptions will be made for teaching hospitals or hospital bylaws. Hospitals must follow their own bylaws. Oxford is not required to comply with hospital bylaws.
2	Q:	Were all CPT codes reviewed for Assistant Surgeon eligibility?
	A:	All CPT and HCPCS codes were reviewed for Assistant Surgeon eligibility. It is important to note that an anesthesiologist utilizes CPT anesthesia codes and is not considered an Assistant Surgeon during the surgical procedure. Further, HCPCS "C" codes are for Outpatient Prospective Payment System and Assistant Surgeon services are not a part of this payment system.
3	Q:	Why does Oxford reimburse the Assistant Surgeon for the non-global cesarean OB codes only?
	A:	The global Cesarean OB codes include services for antepartum and postpartum as well as the delivery. The Assistant Surgeon's services are for the delivery only and are reimbursed using the non-global Cesarean OB code.
4	Q:	Can the reimbursement to providers for Assistant Surgeon services provided to Oxford members vary?
	A:	Yes, the reimbursement for Assistant Surgeon services can vary. The Assistant Surgeon reimbursement policy does not address all issues related to reimbursement for health care services provided to Oxford members. Other factors affecting reimbursement, including but not limited to legislative mandates, the Physician or other provider contracts, and/or the member'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.
5	Q:	The CMS NPFS contains additional Assistant Surgeon status indicators of 0, 1, and 9. Are procedure codes with any of these indicators for Assistant Surgeons considered for reimbursement when reported with an assistant surgeon modifier?
	A:	No, only procedure codes included on the Assistant Surgeon Eligible List will be considered for reimbursement. This list is based on the CMS NPFS status indicator "2" for "Assistant Surgeons".

ATTACHMENTS

Assistant Surgeon Eligible List

A list designating procedures allowed for assistant surgeon reimbursement



Assistant Surgeon
Eligible List

REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Payment Policy Oversight Committee. [2018R5000C]

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 (RVF).

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
01/14/2019	<ul style="list-style-type: none">Updated <i>Assistant Surgeon Eligible List</i> (CPT codes designating procedures allowed for assistant surgeon reimbursement) to reflect annual code edits:<ul style="list-style-type: none">Added 20932, 20933, 20934, and 33440Removed 31595, 46762, 61332, 61480, 61610, 61612, and 66220Archived previous policy version SURGERY 003.34 T2