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Payment Policy ID Number: 10-027

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Revised: 11/09/2023

Surgical Assistant

THIS PAYMENT POLICY IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS PAYMENT POLICY APPLIES TO ALL LINES OF BUSINESS AND PROVIDERS OF SERVICE. IT DOES NOT ADDRESS ALL POTENTIAL ISSUES RELATED TO PAYMENT FOR SERVICES PROVIDED TO TRULI MEMBERS AS LEGISLATIVE MANDATES, PROVIDER CONTRACT DOCUMENTS OR THE MEMBER'S BENEFIT COVERAGE MAY SUPERSEDE THIS POLICY.

DESCRIPTION:

To qualify as an assistant at surgery, the assistant must actively assist the operating physician performing a surgical procedure. This requires that the assistant be involved in the actual performance of the procedure (not in other ancillary services), thereby, rendering the assistant unavailable to perform another surgical procedure at the same time. The operative note should clearly document the assistant's role during the operative session.

REIMBURSEMENT INFORMATION:

Truli for Health uses the American College of Surgeons' (ACS) 2023 Study as the primary source to determine whether a procedure is eligible for reimbursement for an assistant-at-surgery. The ACS Study has three designations to indicate whether the operation requires the use of an assistant at surgery: (1) almost always; (2) almost never; or (3) sometimes. If the ACS Study designation is "sometimes" or is silent, Truli for Health uses the Centers for Medicare and Medicaid Services (CMS) Medicare Physician Fee Schedule (MPFS) to make this determination.

When the MPFS is used to make a determination, Truli for Health will only reimburse assistant surgeon services which have a status indicator of "2" in assistant at surgery column within the MPFS.

Appeals to override this policy will not be accepted.

The criteria outlined in the paragraphs above will determine whether or not a procedure is allowed under this payment policy regardless of hospital bylaws requiring the attendance of an assistant at surgery.

Consistent with CMS policy, assistant at surgery services in a teaching hospital will not be reimbursed unless no qualified resident was available to perform the services and that fact is certified in the medical record. Modifier 82 would be reported in these cases.

For delivery codes, assistant at surgery is only allowed for cesarean deliveries and does not include antepartum or postpartum care. 's

The table below describes Truli for Health reimbursement information by type of assistant:

Assistant	Reimbursement Information
Туре	
Surgical Assistant	To be covered, the surgical procedure must be one designated by Truli for Health as warranting such services and must be performed by a Florida licensed physician assistant, advanced registered nurse practitioner, or clinical nurse specialist. The healthcare provider rendering the service should bill with their Truli for Health provider number using modifier AS. Physicians are not allowed to bill on behalf of the assistant using the physician's provider ID. Truli for Health standard allowed amount is 13.6% of the fee schedule. Multiple procedure reductions may also be applied as
Registered Nurse First Assistant (RNFA)	appropriate. To be covered, the surgical procedure must be one designated by Truli for Health as warranting such surgical assist services and performed by a Florida licensed RNFA. The RNFA rendering the service should bill with their Truli for Health provider number using modifier AS. Physicians are not allowed to bill on behalf of the assistant using the physician's provider ID. Truli for Health's standard allowed amount is 13.6% of the fee schedule. Multiple procedure reductions may also apply as appropriate. Services of staff nursing personnel other than RNFAs (i.e., physician employee or hospital staff) utilized as surgical assistants are considered included in the allowance paid for hospital costs.
Assistant Surgeon	Surgical procedures designated as requiring a surgical assist performed by a physician should be reported using Modifier 80. To be covered, the surgical procedure must be one designated by Truli for Health as warranting such surgical assist services. Truli for Health's standard allowed amount is 16% of the fee schedule. Multiple procedure reductions may also be applied as appropriate.
Surgical Assistant with Two Surgeons	The services of a surgical assistant, when reported in addition to the services of two surgeons, are eligible for coverage when ALL of the following criteria are met: • each surgeon performs a distinct surgery for unrelated surgical conditions; AND • surgeons are of different specialties; AND • surgery is through separate incisions or by different operative approaches; AND • surgery is designated as a procedure for which surgical assistant services are eligible for coverage. When each surgeon performs a distinct part of the total surgery for a related surgical condition through the same incisions, the services of a surgical assistant, when reported in addition to the services of two surgeons, are not eligible for coverage unless documented as to medical necessity, for medical review.

Assistant Type	Reimbursement Information				
Multiple Physician		ultiple physic for	cian surgical assi coverage	stants on the same unless	procedure are not documented.
Surgical Assistants	The services of a second surgical assistant are subject to medical review of documentation that supports medical necessity and determination of which assistant was primary assistant (e.g., physician operative notes, physician progress notes).				

BILLING/CODING INFORMATION:

The following modifiers may be used:

CPT® Coding/Modifiers

- **80** Assistant Surgeon: Surgical assistant services may be identified by adding modifier 80 to the usual procedure number(s).
- **81 Minimum Assistant Surgeon:** Minimum surgical assistant services are identified by adding modifier 81 to the usual procedure number.
- 82 Assistant Surgeon (when qualified resident surgeon not available): The unavailability of a qualified resident surgeon is a prerequisite for use of modifier 82 appended to the usual procedure code number(s).

HCPCS Coding/Modifiers

AS Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery

RELATED MEDICAL COVERAGE GUIDELINES OR PAYMENT POLICIES:

Co-Surgeons (Two Surgeons) 10-024

REFERENCES:

- 1. American College of Surgeons (ACS). Physicians as Assistants at Surgery: 2020 Study. Physicians as Assistants at Surgery: 2023 Update
- 2. Centers for Medicare and Medicaid Services (CMS) Manual System, Pub. 100-4, Medicare Claims Processing Manual, Chapter 12, Section 20.4.3, Assistant at Surgery Services.
- 3. Centers for Medicare and Medicaid Services (CMS) Manual System, Pub. 100-4, Medicare Claims Processing Manual, Chapter 12, Section 100.1.7, Assistant at Surgery in Teaching Hospitals.
- 4. Centers for Medicare and Medicaid Services (CMS) Manual System, Pub 100-4, Medicare Claims Processing Manual, Chapter 12, Section 110.2, 120.1, Limitations for Assistant-at-Surgery Services Furnished by Physician Assistants, Nurse Practitioners and Clinical Nurse Specialists
- 5. Centers for Medicare and Medicaid Services (CMS), Medicare Physician Fee Schedule Database (MPFS).

GUIDELINE UPDATE INFORMATION

02/11/2021	statement added to "Description" section regarding operative note documentation
	Annual Review – No changes
05/02/2022	Assistants at Surgery: 2020 Study.
11/10/2022	
11/09/2023	Annual Review – Link updated for the American College of Surgeons (ACS). Physicians as Assistants at Surgery: 2023 Study. References reviewed and updated

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