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**Payment Policy ID Number: 10-027**

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**Revised:** 05/08/2012

## **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 UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.**

### **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.

### **REIMBURSEMENT INFORMATION:**

Florida Blue/Health Options uses the American College of Surgeons' (ACS) 2011 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 a physician as an assistant at surgery: (1) almost always; (2) almost never; or (3) sometimes. If the ACS Study designation is "sometimes" or is silent, Florida Blue/Health Options uses the CMS Medicare Physician Fee Schedule Database (MFSDB) to make this determination.

When the MFSDB is used to make a determination, Florida Blue/Health Options will only reimburse assistant surgeon services which have a status indicator of "2" in assistant at surgery column within the MFSDB. No exceptions will be made for teaching hospitals or hospital bylaws.

In addition, if a hospital has a training program related to the medical specialty required for the surgical procedure and a qualified individual on the staff of the hospital is available to provide such services, no payment will be made for the services of assistant surgeon.

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

With the exception of BlueCare HMO, appeals to override this policy will not be accepted.

The table below described Florida Blue/Health Options reimbursement information by type of assistant:

Assistant Type	Reimbursement Information
<p><b>Surgical Assistant</b></p>	<p>To be covered, the surgical procedure must be one designated by Florida Blue/Health Options as warranting such services and must be performed by a Florida licensed physician assistant, nurse practitioner or clinical nurse specialist.</p> <p>The healthcare provider rendering the service should bill with their Florida Blue provider number. Florida Blue/Health Options reimburses these services at 16 percent of the allowed amount for covered services.</p> <p>For multiple or bilateral surgical procedures, when the physician's allowance is 100% for the primary procedure and 50% for additional procedures, reimbursement is calculated at 16% of the surgeon's allowance for each procedure.</p>
<p><b>Registered Nurse First Assistant (RNFA)</b></p>	<p>Surgical assistance provided by RNFA's should be reported using the AS modifier.</p> <p>Reimbursement is allowed at 16% of the allowed amount for the surgical procedure.</p> <p>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.</p>
<p><b>Assistant Surgeon</b></p>	<p>Surgical procedures designated as requiring a surgical assist performed by a physician should be reported using the 80 modifier.</p> <p>It is typically paid at 16 percent of global allowance.</p>
<p><b>Surgical Assistant with Two Surgeons</b></p>	<p>The services of a surgical assistant, when reported in addition to the services of two surgeons, are eligible for coverage when <b>ALL</b> of the following criteria are met:</p> <ul style="list-style-type: none"> <li>• each surgeon performs a distinct surgery for unrelated surgical conditions; <b>AND</b></li> <li>• the surgeons are of different specialties; <b>AND</b></li> <li>• surgery is through separate incisions or by different operative approaches; <b>AND</b></li> <li>• the surgery is designated as a procedure for which surgical assistant services are eligible for coverage.</li> </ul> <p>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.</p>
<p><b>Multiple Physician Surgical Assistants</b></p>	<p>The services of multiple physician surgical assistants on the same procedure are not eligible for coverage unless documented.</p> <p>The services of a second surgical assistant are subject to medical review of</p>

	documentation that supports medical necessity and determination of which assistant was primary assistant (e.g. physician operative notes, physician progress notes).
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**BILLING/CODING INFORMATION:**

The following modifiers may be used:

**CPT Coding/Modifiers**

80	<b>Assistant Surgeon:</b> Surgical assistant services may be identified by adding modifier 80 to the usual procedure number(s).
81	<b>Minimum Assistant Surgeon:</b> Minimum surgical assistant services are identified by adding modifier 81 to the usual procedure number.
82	<b>Assistant Surgeon (when qualified resident surgeon not available):</b> 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	PA, nurse practitioner, or clinical nurse specialist services for assistant at surgery
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**RELATED MEDICAL COVERAGE GUIDELINES OR PAYMENT POLICIES:**

Co-Surgeons (Two Surgeons) and Surgical Team

**REFERENCES:**

1. American College of Surgeons (ASC). Physicians as Assistants at Surgery: 2007 Study.
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. (Rev. 1, 10-01-03)
3. Centers for Medicare and Medicaid Services (CMS) Manual System, Pub. 100-4, Medicare Claims Processing Manual, Chapter 12, Section 100.1.7, Assistants at Surgery in Teaching Hospitals. (Rev. 811, Issued: 01-13-06, Effective: 01-01-06, Implementation: 02-13-06)
4. Centers for Medicare and Medicaid Services (CMS) Manual System, Pub. 100-4, Medicare Claims Processing Manual, Chapter 12, Section 110, Physician Assistant (PA) Services Payment Methodology. (Rev. 1, 10-01-03)

5. Centers for Medicare and Medicaid Services (CMS) Manual System, Pub. 100-4, Medicare Claims Processing Manual, Chapter 12, Section 110.1, Limitations for Assistant-at-Surgery Services. (Rev. 1, 10-01-03)
6. Centers for Medicare and Medicaid Services (CMS) Manual System, Pub. 100-4, Medicare Claims Processing Manual, Chapter 12, Section 110.3, PA Billing to Carrier. (Rev. 1, 10-01-03)
7. Centers for Medicare and Medicaid Services (CMS), Medicare Physician Fee Schedule Database (MFSDB).

**COMMITTEE APPROVAL:**

This Payment Policy was approved by the BCBSF Payment Policy Committee on 09/08/08.

**PAYMENT POLICY UPDATE INFORMATION:**

01/15/09	New Payment Policy.
11/30/10	Revised
1/1/11	Revised
05/08/2012	Revised to show ASC Study 2011 (removed ASC Study 2007)

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