LifeWise Assurance Company

Payment Policy

cmi_051730

Title	**Modifier 80, 81, 82 – Assistant Surgeons (Physician)**		
Number	**CP.PP.097.v3.4**		
Last Approval Date	08/12/24	**Original Effective Date**	11/14/03
Cross Reference	• *Multiple Surgical Reductions* • *Modifier AS – Physician assistant, nurse practitioner or clinical nurse specialist services for assistant at surgery (Non-Physician)* • *Modifier 62 – Two Surgeons* • *Modifier 66 – Surgical Team*		

Coverage of any service is determined by a member's eligibility, benefit limits for the service or services rendered and the application of the Plan's Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the **Plan's professional or facility services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

Purpose	To define when the Plan recognizes services appended with modifier 80, 81, or 82 that are submitted on a CMS 1500 paper claim or 837P electronic claim form.
Scope	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company, and Premera Blue Cross HMO lines of business and products.
Policy	The Plan recognizes modifiers 80, 81, and 82 appended to a service to indicate when a physician provides assistant-at-surgery services. Non-physician providers assisting with surgery should append modifier AS- *Physician assistant, nurse practitioner or clinical nurse specialist services for assistant at surgery (Non-Physician)*. The Plan primarily determines whether codes are eligible/billable for assistant surgeons based on the "Assistant Surgeon" indicator in the current CMS National Physician Fee Schedule (LINK)as follows: • **0** – Payment restriction for assistants at surgery applies to this procedure unless supporting documentation is submitted to established medical necessity • **1** – Statutory payment restriction for assistants at surgery applies to this procedure. Assistant at surgery may not be paid • **2** – Payment restriction for assistants at surgery does not apply to this procedure. Assistant at surgery may be paid • **9** – Concept does not apply The physician assistant surgeon must report the **same procedure code** as the primary surgeon but appended with one of the physician assistant-at-surgery modifiers. If the primary surgeon bills a global code (e.g., maternity care), the physician assistant-at-surgery can only report the specific surgery only code (e.g., delivery only). Modifiers 80, 81 or 82 must not be billed with modifier AS - *Physician assistant, nurse practitioner or clinical nurse specialist services for assistant at surgery (Non-Physician)* on the same claim, by the same provider, or on the same date of service if the surgical assistant is a physician. Only **one** assistant surgeon modifier is allowed per applicable surgical procedure.

	If the services of more than one or several physicians or other highly skilled, specially trained physicians/personnel are required for a complex procedure, such services must be billed as a "surgical team" utilizing modifier 66 - *Surgical Team*. Each provider's documentation must clearly define what role the provider played as part of the surgical team. When the individual skills of **two** surgeons work together as **primary surgeons** performing distinct or simultaneous parts of a single or same surgical procedure on the same patient during the same operative session due to the complex nature of the procedure(s) and/or the patient's condition, **the additional surgeon is not acting as an assistant-at-surgery**. The two surgeons are acting as "co-surgeons", in which case, modifier *62-Two Surgeons* should be used. Each primary surgeon documents and creates their own operative report and identifies the other as a co-surgeon. A physician assistant-at-surgery must **actively assist the surgeon and participate in the performance of the procedure**. Rather than just indicate that a surgical assistant was present/participating in the surgical procedure, the operative report must document: • the reason the physician assistant surgeon's services were needed, and • the **specific service(s)** the physician assistant surgeon rendered. The assistant surgeon must report only the procedures for which they assisted the primary surgeon, appended with an appropriate physician assistant surgeon modifier. Only those codes that are eligible/billable for assistant surgeons, based on the "Assistant Surgeon" indicator flag will be reimbursed. When the surgical procedure is listed with "Indicator 0" on the National Physician Fee Schedule, documentation indicating the need for a surgical assistant must accompany the claim in order to support potential reimbursement and identify the specific service(s) the physician assistant surgeon rendered. All physician assistant-at-surgery claims require the assisting provider's own National Provider Identifier (NPI) number upon claim submission. Codes that are eligible for multiple surgical reductions will be adjusted when multiple surgical procedures are performed at the same surgical session.

<table>
<tr><td>Codes/Coding Guidelines</td><td>Physician Assistant surgeon modifiers include:

<table>
<tr><th>Modifier</th><th>Definition</th></tr>
<tr><td>80</td><td>Assistant Surgeon
Provides full assistance to the primary surgeon
Capable of taking over the surgery should the primary physician surgeon become incapacitated.
The provider reports their services using their own provider NPI number with the appropriate place of service.
Reimbursement will be 20% of the provider’s applicable Fee Schedule allowed amount for the primary surgery</td></tr>
<tr><td>81</td><td>Minimum Assistant Surgeon:
An assistant who does not participate in the entire procedure but provides minimal assistance to the primary physician surgeon.
The provider reports their services using their own provider NPI number with the appropriate place of service.
Reimbursement will be 10% of the provider’s applicable Fee Schedule allowed amount for the primary surgery</td></tr>
<tr><td>82</td><td>Assistant Surgeon (When Qualified Resident Surgeon is not Available):
Used primarily in teaching hospitals to indicate that a qualified resident surgeon is unavailable
The provider reports their services using their own provider NPI number with the appropriate place of service.
Reimbursement will be 20% of the provider’s applicable Fee Schedule allowed amount for the primary surgery</td></tr>
<tr><td colspan="2"></td></tr>
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<tr><td>Violations of Policy</td><td>Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be appropriate to the seriousness of the violation and shall be determined at Plan’s sole discretion.

Violations of this policy may be grounds for corrective action, up to and including termination of employment.</td></tr>
<tr><td>Exceptions</td><td><u>Oregon providers:</u> Reimbursement of modifier 81 will be 15% of the provider’s applicable Fee Schedule allowed amount for the primary surgery
This policy does not apply to any provider reimbursed using an ASC APC payment methodology.</td></tr>
<tr><td>Laws, Regulations & Standards</td><td>None</td></tr>
<tr><td>References</td><td>American Medical Association’s Current Procedural Terminology (AMA/CPT), Professional Edition codebook
Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFS) Relative Value File
American College of Surgeons (ACS) Physicians as Assistants at Surgery (current study)</td></tr>
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Policy Owner Review	Payment Integrity Oversight Committee	
Contact	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department.	
Annual Review Dates	08/12/24; 11/09/23; 12/07/22; 01/07/22; 01/27/21; 02/10/20; 03/15/19; 03/29/18; 06/13/17; 07/13/15; 07/14/14; 07/16/13; 07/16/12; 08/04/11; 01/27/11; 03/04/10; 05/25/09; 10/10/08; 09/24/07; 08/28/06; 08/29/05; 10/21/04; 10/08/04; 11/06/03	
Version History	03/29/18	Created new section "Codes/Coding Guidelines" and moved the modifier information into this section
	03/15/19	Annual review; Added second paragraph to identify the main resource that is used to identify when an assistant surgeon is billable
	02/10/20	Added the fifth paragraph that referenced "team surgery" and billing these services using modifier 66; Added Payment Policy Modifier 66 to the Cross Reference section
	01/27/21	• Clarified the Purpose statement to indicate that the policy pertains to Professional services billed on a CMS-1500 or 837P electronic claim forms • Added LINK to the CMS National Physician Fee Schedule • Clarified that Modifiers 80/81/82 and Modifier AS cannot be billed on the same claim by the same provider on the same date of service • Added an Exception that this policy does not apply to providers that are paid on an ASC-APC payment methodology
	01/07/22	Deleted reference to the Claims Editor tool on the provider portal
	12/07/22	• In the Policy section, clarified that the operative report must document the specific services that the physician assistant rendered rather than just mention a physician assistant was present. • Added paragraph to indicate services with indicator flag "0" in the National Physician Fee Schedule must be accompanied by documentation for the need of a surgical assistant and the specific services performed.
	11/09/23	• In the Policy section, added the last sentence to the third paragraph which indicates that only one surgical assistant is allowed per applicable surgical procedure. • Also added the sixth paragraph indicating that the assistant surgeon only reports the procedure codes for which they assisted the primary surgeon and only those procedure codes eligible for an assistant surgeon will be reimbursed.
	08/12/24	In the Cross Reference section, added Modifier 62-Two Surgeons. In the Policy section: • Added the third paragraph to indicate that the assistant surgeon must bill the same procedure code, appended with a surgical assist modifier, as the primary surgeon. • Added the sixth paragraph to indicate that when two surgeons are acting as primary surgeons performing distinct or simultaneous parts of a procedure, they are not acting as assistants-at-surgery but co-surgeons whose services must be appended with modifier 62. • In the second to the last paragraph, indicated that the NPI number of the assistant surgeon must be on the assistant surgeon's claim In the Codes/Coding Guidelines sections:

		• added a bullet to each modifier section indicating that the provider reports their services using their own NPI number.