

## Payment Policy 74

### Assistant at Surgery (Modifier 80/81/82/AS)

#### Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. I

#### Policy Overview

An Assistant-at-Surgery actively assists the Physician performing a surgical procedure.

Reimbursement for Assistant-at-Surgery services 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.

#### Policy

Passport allows reimbursement for one assistant surgeon when eligible procedures are billed with modifiers 80 or AS as applicable unless otherwise noted by provider, state, federal or CMS contracts and/or requirements. Passport uses code editing software to process claims billed for assistant at surgery. If an applicable modifier is not billed appropriately, the procedure may be denied.

When multiple procedures are performed where only some of the procedures are eligible for assistant at surgery reimbursement, only assistant at surgery services for the eligible procedures will be considered for reimbursement. The same multiple procedure fee reductions and clinical edits apply to both the assistant at surgery and the primary surgeon.

The assistant at surgery should not report procedure codes different from the procedure codes reported by the primary surgeon except if the primary surgeon bills an OB global code; then, the assistant at surgery would bill the specific surgery code with the proper modifier.

Passport will not reimburse independently submitted services by a practitioner (other than a Physician or APRN) who is seeking reimbursement for services using an Assistant Surgeon modifier. The sole exception to this rule is if there is a state mandate that necessitates reimbursement, in which case reimbursement will align with this policy. For information on healthcare-related mandates and laws in your state, please contact the proper federal or state legislative office.

Passport does utilize the Assistant at Surgery Eligible List developed by Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule Relative Value File (NPFS (National Physician Fee Schedule)) payment policy indicators to determine if a code is eligible for an Assistant at Surgery.

## Reimbursement Guidelines

Passport by Molina Healthcare’s standard reimbursement for assistant at surgery services is 16% of the allowable fee for eligible surgical procedures when billed with modifier 80.. Physicians serving as Assistants-at-Surgery should employ modifier 80 when submitting procedure codes identical to those of the primary surgeon.

For Assistant-at-Surgery services provided by an Advanced Practice Registered Nurse (APRN), the customary reimbursement rate for APRN or an APRN provider group is 75% of the 16% of the allowable fee for the primary surgeon. This equates to twelve (12) percent of the allowable fee for the primary surgeon.

Any new or changes to modifiers related to Assistant at Surgery services will adhere to the standard reimbursement rate of 16% of the allowable amount for eligible surgical procedures when the Assistant at Surgery is a physician.

Per State regulations and KYMMIS Physician Billing Manual, Kentucky Medicaid does not reimburse modifiers 81 or 82. Additionally, per Kentucky Regulation 907 KAR 3:005, Physician Assistants (PA) are excluded from reimbursement when assisting in surgery.

## Audit and Recovery Process:

- ✚ **Review:** Claims will be meticulously examined against Molina Healthcare's standards.
- ✚ **Discrepancy Identification:** Any inconsistencies or errors identified will be documented.
- ✚ **Recovery:** Overpayments due to inaccuracies will be recovered either by offsetting from future payments or through direct refund requests.
- ✚ **Appeals:** Providers reserve the right to contest any claim adjustments or denials. Details of the appeal process will accompany the notification.

## Policy Monitoring, Review, and Updates:

- ✚ The policy will undergo annual reviews or as required, ensuring its alignment with industry best practices, regulatory mandates, and Molina Healthcare's operational necessities. Any updates will be promptly communicated to providers.

## Definitions

Term	Definition
CMS	the Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children’s Health Insurance Program (CHIP), and health insurance portability standards.
Modifier 80	Assistant Surgeon Modifier 80 is used when the assistant at surgery service was provided by a physician.
Modifier 81	Minimum Assistant Surgeon Modifier 81 is used to indicate a physician provided minimal assistance to the primary surgeon.
Modifier 82	Assistant Surgeon (when qualified resident surgeon not available)

	Modifier 82 can only be used when a qualified resident surgeon is not available and only when the services were performed in a teaching hospital. The circumstances explaining that a resident surgeon was not available must be documented in the medical record.
Modifier AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery Modifier AS indicates that an Advanced Practice Registered Nurse Practitioner (APRN) participated in performing a surgical procedure.

## Documentation History

Type	Date	Action
Effective Date	<<1/1/2021>>	New Policy
Revised Date	<<6/26/2024>>	Added language for clarity

## Supplemental Information

Please note, Passport has followed and enforced these guidelines, in accordance with applicable regulations, since inception on January 1, 2021. For this specific policy, the publication date is merely the date the policy was formally memorialized.

## References

1. KY Medicaid:
  - a. [Title 907 Chapter 3 Regulation 005 • Kentucky Administrative Regulations • Legislative Research Commission Section 7 Physician Assistant Services](#)
  - b. [Title 907 Chapter 3 Regulation 010 • Kentucky Administrative Regulations • Legislative Research Commission Section 5 Services with a Modifier](#)
  - c. [Title 907 Chapter 3 Regulation 010 • Kentucky Administrative Regulations • Legislative Research Commission Section 10 Physician Assistant](#)
2. KYMMIS Provider Billing Instructions
  - a. [Provider Billing Instructions \(kymmis.com\).Physicians Services Provider Type 64 – 65.](#)
3. CMS:
  - a. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>

This policy is designed to provide guidance and is not a guarantee of payment. Healthcare providers should make medical necessity determinations based on the individual clinical circumstances of each patient.