

Assistant Surgeon

Reimbursement Policy ID: RPC.0004.72KF

Recent review date: 07/2025

Next review date: 10/2027

Keystone First Community Health Choices reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. Keystone First Community Health Choices may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This Assistant Surgeon policy identifies procedures that are eligible for reimbursement as Assistant Surgeon services, as identified by the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFs) and the state of Pennsylvania.

Exceptions

Non-physician providers should report assistant surgery services with the AS Modifier. Modifier 80 is not eligible for reimbursement when billed by non-physician assistants at surgery.

Reimbursement Guidelines

Keystone First Community Health Choices utilizes the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule Relative Value File (NPFS) payment policy indicators.

All codes in the NPFS with the payment indicator of “2” for “Assistant Surgeon” are considered reimbursable for assistant surgeon services as indicated by assistant surgeon modifiers [80, 81, 82, or AS].

Assistant surgeons submit procedure code(s) with an appropriate modifier appended [80, 81, 82, AS] to represent their services. Only one assistant surgeon will be reimbursed for each eligible procedure. Procedure code(s) must be identical to those billed by the primary surgeon, with the addition of the Assistant Surgeon modifiers 80, 81, 82, or AS.

Keystone First Community Health Choices will reimburse Assistant Surgeon services at [16%] of the allowable charges.

Definitions

Modifier 80 — Assistant Surgeon

Surgical assistant services may be identified by adding modifier 80 to the usual procedure code(s). Modifier 80 is appended to the same service as the primary surgeon and designates the surgeon as the surgical assistant on the service.

Modifier 81 — Minimum Assistant Surgeon

Minimum surgical assistant services are identified by adding modifier 81 to the usual procedure code(s). Modifier 81 is used to indicate the Assistant at Surgery is not present for the entire procedure; rather, he or she assists with a specific part of the procedure only.

Modifier 82 — Assistant Surgeon (teaching hospital, no resident available)

The unavailability of a qualified resident surgeon is a prerequisite for use of Modifier 82. Use of this modifier is limited to a teaching hospital setting. When appended to the procedure code(s), modifier 82 represents the services performed by the assistant surgeon in the absence of a resident.

Modifier AS — Non-physician Assistant at Surgery

HCPCS Level II modifier AS is used to report non-physician providers (NPP) or advanced practice providers (APP) who assist in surgery. This includes a physician assistant, nurse practitioner, or clinical nurse specialist who assist at surgery.

Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. Centers for Medicare and Medicaid Services (CMS), <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>
- III. State reference if applicable

Attachments

N/A

Associated Policies

N/A

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Policy History

07/2025	Reimbursement Policy Committee Approval
07/2025	Annual Review No major changes
06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
04/2024	Revised preamble
12/2023	Reimbursement Policy Committee Approval
08/2023	Removal of policy implemented by Keystone First Community Health Choices from Policy History section
01/2023	Template Revised - Revised preamble - Removal of Applicable Claim Types table - Coding section renamed to Reimbursement Guidelines - Added Associated Policies section