	Reimbursement Policy

Subject: Assistant at Surgery Guidelines (Modifier 80/81/82/AS)		
Effective Date: **01/01/21**	Committee Approval Obtained: **01/01/21**	Section: **Coding**

***** The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to **https://provider.simplyhealthcareplans.com/florida-provider**. *****

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement by Simply Healthcare Plans, Inc. (Simply) Medicare Advantage if the service is covered by a member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT® codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to participating providers and facilities; a non-contracting provider who accepts Medicare assignment will be reimbursed for services according to the original Medicare reimbursement rates.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Simply Medicare Advantage may:

- Reject or deny the claim
- Recover and/or recoup claim payment

Simply Medicare Advantage reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements. System logic or set up may prevent the loading of policies into the claims platforms in the same manner as described; however, Simply Medicare Advantage strives to minimize these variations.

Simply Medicare Advantage reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.

Policy	Simply Medicare Advantage allows reimbursement for one assistant surgeon when eligible procedures are billed with modifiers 80, 81, 82 or AS, as applicable unless provider, state, federal or CMS contracts and/or requirements indicate otherwise. Simply Medicare Advantage

	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, **unless** the primary surgeon bills an OB global code — then, the assistant at surgery would bill the specific surgery code with the appropriate modifier. Assistant surgeon services billed with modifiers 80, 81, 82 or AS are eligible for reimbursement according to CMS reimbursement guidelines.
History	• Initial review approved and effective **01/01/21**
References and Research Materials	This policy has been developed through consideration of the following: • CMS • State contract • Optum360, 2016 edition
Definitions	• **Modifier 80**: Denotes an assistant at surgery providing full assistance to the primary surgeon • **Modifier 81**: Denotes an assistant at surgery providing minimal assistance to the primary surgeon • **Modifier 82**: Denotes an assistant at surgery when a qualified resident surgeon is not available to assist the primary surgeon • **Modifier AS**: denotes an assistant at surgery who is a non-physician (for example, physician assistant or nurse practitioner) • **General Reimbursement Policy Definitions**
Related Policies	• Code and Clinical Editing Guidelines • Modifier Usage
Related Materials	• None