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 Passport by Molina Healthcare's (Passport) 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 may 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.

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 an eligible non-physician qualified health care professional, designated by modifier AS, when permitted by applicable federal, state, CMS, and contractual requirements.

Passport allows reimbursement for one assistant-at-surgery when eligible procedures are billed with modifiers **80, 81, 82,** or **AS**, as applicable, unless otherwise limited by provider contract, state or federal requirements, CMS guidance, or applicable benefit provisions. Passport uses code editing logic to evaluate assistant-at-surgery claims. If an applicable modifier is missing, unsupported, or billed inconsistently with policy requirements, the procedure may be denied.

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

The assistant-at-surgery should not report procedure codes different from those reported by the primary surgeon, except when the primary surgeon bills an obstetric global code; in that circumstance, the assistant-at-surgery should bill the specific surgical procedure code with the appropriate modifier.

Passport will not reimburse independently submitted assistant-at-surgery services by a practitioner other than a physician or an eligible APRN unless reimbursement is required by applicable state or federal mandate. When a mandate applies, reimbursement will be administered in accordance with this policy, applicable law, and any controlling contract or benefit provisions.

Passport uses the assistant-at-surgery payment policy indicators in the CMS National Physician Fee Schedule Relative Value File to determine procedure eligibility. Procedures assigned CMS assistant-at-surgery indicator "2" are considered eligible for assistant-at-surgery reimbursement when billed with an appropriate assistant surgeon modifier, including 80, 81, 82, or AS. Procedures assigned to other assistant-at-surgery indicators are not considered eligible unless required by applicable law, CMS guidance, contract, or other controlling requirement.

Reimbursement Guidelines

Passport's standard reimbursement for physician assistant-at-surgery services is 16% of the allowable fee for eligible surgical procedures when billed with modifiers 80, 81, or 82. Physicians serving as

assistants-at-surgery should report the same procedure code as the primary surgeon with the appropriate assistant surgeon modifier, unless otherwise specified in this policy.

For assistant-at-surgery services provided by an eligible Advanced Practice Registered Nurse (APRN), the standard reimbursement rate is 75% of the physician assistant-at-surgery reimbursement amount. This equates to twelve (12) percent of the allowable fee for the primary surgeon when the service is otherwise eligible for reimbursement.

Any new or revised assistant-at-surgery modifier requirements will follow the standard physician reimbursement rate of 16% of the allowable amount for eligible surgical procedures unless otherwise required by applicable state or federal law, CMS guidance, contract, or benefit provision.

For Kentucky Medicaid, and consistent with 907 KAR 3:005, Physician Assistants (PAs) are excluded from reimbursement when assisting in surgery unless a controlling legal or contractual requirement expressly requires otherwise.

Audit and Recovery Process:

- **Review:** Claims will be meticulously examined against Passport'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 Passport's operational necessities. Any updates will be promptly communicated to providers.

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.

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	Modifier AS indicates that an eligible non-physician qualified health care professional, such as an APRN when permitted by this policy and applicable

	requirements, provided assistant-at-surgery services. For Kentucky Medicaid, PA assistant-at-surgery services are excluded from reimbursement unless a controlling requirement expressly provides otherwise.

Documentation History

Type	Date	Action
Effective Date	06/17/2024	New Policy
Revised Date	06/26/2024	Revised to add clarifying language
Revised Date	08/07/2026	KY allows for modifier 81 and 82

Coding

CODING DISCLAIMER. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes that are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Passport by Molina Healthcare adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry-standard coding practices for all submissions. When improper billing and coding are not followed, Passport by Molina Healthcare has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Passport reserves the right to revise this policy as needed.

References

1. CMS:
    a. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS Relative-Value-Files
2. Kentucky Medicaid
    a. 907 Chapter 03 Regulation 005 –Coverage of physicians' services. https://apps.legislature.ky.gov/law/kar/titles/907/003/005/
    b. 907 Chapter 03 Regulation 010 –Reimbursement for physicians' services. https://apps.legislature.ky.gov/law/kar/titles/907/003/010/
3. KYMMIS Provider Billing Instructions
    a. Provider Billing Instructions (kymmis.com)

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.