

		<b>Reimbursement Policy</b>
<b>Subject: Assistant at Surgery</b>		
Effective Date: <b>10/17/13</b>	Committee Approval Obtained: <b>04/03/17</b>	Section: <b>Coding</b>
<p>*****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 <a href="https://providers.healthybluelo.com">https://providers.healthybluelo.com</a>.*****</p> <p>These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Healthy Blue if the service is covered by a member’s Healthy Louisiana 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 both participating and nonparticipating providers and facilities.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Healthy Blue may:</p> <ul style="list-style-type: none"> <li>• Reject or deny the claim.</li> <li>• Recover and/or recoup claim payment.</li> </ul> <p>Healthy Blue 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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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 setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Healthy Blue strives to minimize these variations.</p> <p>Healthy Blue 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.</p>		
<b>Policy</b>	<p>Healthy Blue allows reimbursement for one assistant surgeon when eligible procedures are billed with Modifiers 80, 81, 82 or AS as applicable unless otherwise noted by provider, state, federal or CMS contracts and/or requirements. We use code-editing software to process claims billed for assistant at surgery. If an applicable modifier is not billed appropriately, the procedure may be denied.</p> <p>Healthy Blue does not apply multiple procedure fee reductions to the assistant at surgery.</p>	

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	<p>The assistant at surgery should not report procedure codes different from the procedure codes reported by the primary surgeon <b>except</b> if the primary surgeon bills an OB global code; then, the assistant at surgery would bill the specific surgery code with the appropriate modifier.</p> <p><b>Assistant at Surgery Reimbursement</b></p> <ul style="list-style-type: none"> <li>• Modifier 80 is reimbursed at 20%.</li> <li>• Modifier 81 is not payable.</li> <li>• Modifier 82 is not payable.</li> <li>• Modifier AS is reimbursed at 80% of provider’s Assistant Surgeon fee.</li> </ul>
<b>History</b>	<ul style="list-style-type: none"> <li>• Effective 09/01/17: Policy template updated</li> <li>• Biennial review effective <b>04/03/17</b>: Policy template updated</li> <li>• Biennial review approved <b>11/04/15</b>: Policy language updated</li> <li>• Review effective <b>10/17/13</b>: Policy language updated</li> <li>• Approved and effective <b>11/05/12</b>: Policy language updated</li> <li>• Biennial review approved <b>06/06/11</b> and effective <b>12/07/11</b>: Policy language updated; updated Background and Definitions sections and policy template</li> <li>• Audit review approved <b>06/01/09</b>: Background section/policy template updated</li> <li>• Review approved <b>05/30/07</b>: Policy language updated</li> <li>• Review approved <b>05/22/06</b></li> <li>• Initial committee approval and effective date <b>03/03/06</b></li> </ul>
<b>References and Research Materials</b>	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> <li>• CMS</li> <li>• State Medicaid</li> <li>• State contracts</li> <li>• Optum Learning: Understanding Modifiers, 2015 Edition</li> </ul>
<b>Definitions</b>	<ul style="list-style-type: none"> <li>• <b>Modifier 80:</b> Denotes an assistant at surgery providing full assistance to the primary surgeon</li> <li>• <b>Modifier 81:</b> Denotes an assistant at surgery providing minimal assistance to the primary surgeon</li> <li>• <b>Modifier 82:</b> Denotes an assistant at surgery when a qualified resident surgeon is not available to assist the primary surgeon</li> <li>• <b>Modifier AS:</b> Denotes an assistant at surgery who is nonphysician (e.g., physician assistant, nurse practitioner)</li> <li>• <b>General Reimbursement Policy Definitions</b></li> </ul>
<b>Related Policies</b>	<ul style="list-style-type: none"> <li>• Code and Clinical Editing Guidelines</li> <li>• Modifier Usage</li> </ul>
<b>Related Materials</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>