

Reimbursement Policy

Subject: **Modifiers 80, 81, 82 and AS: Assistant at Surgery**

Policy Number: **G-06005**

Policy Section: **Coding**

Last Approval Date: **12/19/2023**

Effective Date: **12/19/2023**

**** Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to provider.healthybluela.com. ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Healthy Blue covered the service for the 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 Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Healthy Blue may:

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

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Healthy Blue strives to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

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. If an applicable modifier is not billed appropriately, the procedure may be denied.

<https://provider.healthybluela.com>

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Healthy Blue does not apply multiple procedure fee reductions to the assistant at surgery.

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 appropriate modifier.

Related Coding		
Code	Description	Comments
80	Denotes an assistant at surgery providing full assistance to the primary surgeon	Reimbursement is based on 20% of the allowable fee for the primary surgeon.
81	Denotes an assistant at surgery providing minimal assistance to the primary surgeon	Not eligible for reimbursement.
82	Denotes an assistant at surgery when a qualified resident surgeon is not available to assist the primary surgeon	Not eligible for reimbursement
AS	Denotes an assistant at surgery who is a non-physician (physician assistant, nurse practitioner or clinical nurse specialist)	Reimbursement is based on 80% of the allowable fee for the Assistant surgeon.

Policy History	
12/29/2023	Review approved and effective: updated policy title from Assistants at Surgery (Modifiers 80, 81, 82, and AS)
09/01/2017	Review approved and effective: policy template updated
04/03/2017	Review approved and effective: policy template updated
11/04/2015	Review approved: policy language updated
10/17/2013	Review approved and effective: policy language updated
11/05/2012	Review approved and effective: policy language updated
06/06/2011	Review approved 06/06/2011 and effective 12/07/2011: policy language updated; updated Background and Definitions sections and policy template
06/01/2009	Review approved: Background section/policy template updated
05/30/2007	Review approved: policy language updated
05/22/2006	Review approved: no changes
03/03/2006	Initial approval and effective

References and Research Materials	
This policy has been developed through consideration of the following:	
<ul style="list-style-type: none">• CMS• Optum EncoderPro 2023• State contract	

- State Medicaid

Definitions

General Reimbursement Policy Definitions

Related Policies and Materials

Code and Clinical Editing Guidelines

Modifier Usage

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