

Coding Policy Policy and Procedure		
SUBJECT: Coding Policy 03.0 Assistant for Surgical Procedures	DEPARTMENT: Health Care Services	
ORIGINAL EFFECTIVE DATE: 09/1990	DATE(S) REVIEWED/REVISED: 09/90-01/14, 03/14, 01/15, 01/16, 01/17, 01/18, 01/19, 01/20, 02/20, 01/21, 01/22	
APPROVED BY: Coding Policy Review Committee	NUMBER: MC 03.0	PAGE: 1 of 2

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Health Plan Providers
All Lines of Business (except RNFA’s for Medicare LOB)

POLICY:

Surgical assistants are individuals who assist the surgeon in the performance of a surgical procedure. An assistant is approved only for procedures identified with an assistant surgery indicator of “2” on the Medicare Physician Fee Schedule (MPFS).

Surgical assistants must be approved by the facility to assist at surgery; may be a physician; may be a Registered Nurse who is certified as a first assistant* (see note below); may be a Physician Assistant who is in the employ of a plan provider; may be a Nurse Practitioner. A Certified Nurse Midwife may assist with Cesarean section deliveries only.

*NOTE: Registered Nurse First Assistant (RNFA) is approved for Commercial and Oregon Health Plan lines of business only. RNFA’s are not approved for Medicare lines of business.

Only providers who are credentialed with PHP may bill as surgical assistants. An assistant may not bill “incident to” under the surgeon’s name. Charges for an assistant billed under the surgeon’s name will be denied. See also Coding Policy MC 62.0 (Incident To).

PROCEDURE:

The assistant surgeon must report the same code reported by the surgeon with the addition of the appropriate modifier (80, 81, or AS). Reimbursement is based on the assistant surgeon’s contract and is a percentage of the allowed amount for the surgery as listed below. **The surgeon of record is responsible for identifying the presence of the assistant surgeon or assistant at surgery and the work performed by the assistant.** The assistant’s claim may be denied if the role of the assistant is not documented by the surgeon.

- A physician acting as an assistant is reimbursed at 16% of the maximum allowable for the procedure. Claims are to be billed with modifier -80 or -82. (Modifier -82 is used only at teaching facilities when no resident is available.)
- Except as defined below, effective 08/01/2013, a certified RNFA, PA, or CNM (CNM for Cesarean deliveries only) is reimbursed at 13.6% of the maximum allowable for the surgical procedure. Claims are to be billed with modifier -81 or -AS. (Prior to 08/01/2013, the reimbursement rate was 10.4% of the maximum allowable for the surgical procedure.)

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- Effective 01/01/2014, an OHP provider contracted to be reimbursed at a percent of current Oregon Medicaid fee-for-service (FFS) maximum allowable rate is reimbursed at 16% of DMAP's full surgical rate for covered procedures.
- Second or third surgical assistants are approved on a case-by-case basis depending on the complexity of the procedure. Chart notes are required.

REFERENCE:

CMS / Medicare Rules and Regulations
 Medicare Physician Fee Schedule
 Oregon Health Plan Rules and Regulations
 Providence Health Plan Clinical Coding Edits
 National Correct Coding Initiative Edits