Anthem Blue Cross and Blue Shield | Serving Hoosier Healthwise, Healthy Indiana Plan, and Hoosier Care Connect

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: **01/01/2024**

**** 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 **https://providers.anthem.com/in. ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Anthem covered the service for the Hoosier Healthwise, Healthy Indiana Plan (HIP), or Hoosier Care Connect 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, Anthem 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These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Anthem 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 on the website.

INBCBS-CD-RP-053404-24-A May 2024

Policy

Anthem 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.

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 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		
Modifier	**Description**	**Comments**
80	Denotes an assistant at surgery providing full assistance to the primary surgeon	Reimbursement is based on 16% of the allowable fee for the primary surgeon.
81	Denotes an assistant at surgery providing minimal assistance to the primary surgeon	Reimbursement is based on 16% of the allowable fee for the primary surgeon.
82	Denotes an assistant at surgery when a qualified resident surgeon is not available to assist the primary surgeon	Reimbursement is based on 16% of the allowable fee for the primary surgeon.
AS	Denotes an assistant at surgery who is a non-physician (physician assistant, nurse practitioner, or clinical nurse specialist)	Reimbursement is based on 13.6% of the allowable fee for the primary surgeon.

Policy History	
02/16/2024	Update due to regulatory directive: updated Modifiers 80, 81, 82, and AS from 20% to GBD standard, reviewed date 02/16/2024 and effective 01/01/2024
12/19/2023	Review approved and effective: updated policy title from Assistant at Surgery (Modifiers 80, 81, 82, and AS); updated modifiers 80, 81, 82, AS for the 20% to specify HHW/HCC; added modifiers 80, 81, 82, with 16% and modifier AS with 13.6% for HIP
04/03/2017	Review approved: policy template updated
11/04/2015	Review approved: policy template updated
02/01/2015	Initial approval and effective

References and Research Materials
This policy has been developed through consideration of the following: • CMS • Optum EncoderPro 2023 • State contract • State Medicaid

Definitions
General Reimbursement Policy Definitions

Related Policies and Materials
Code and Clinical Editing Guidelines
Modifier Usage