Anthem Blue Cross and Blue Shield Medicaid | Ohio Medicaid Managed Care

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 **providers.anthem.com/oh**. ****

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 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These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or

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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 to the website.

Policy

Anthem allows reimbursement for one assistant surgeon when eligible procedures are billed with Modifiers 80 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 25% 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	Reimbursement is based on 25% of the allowable fee for the primary surgeon.

	assistant, nurse practitioner or clinical nurse specialist)	

Policy History	
12/19/2023	Review approved and effective: updated policy title from Assistants at Surgery (Modifiers 80, 81, 82, and AS)
12/01/2022	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

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