



Reimbursement Policy

Subject: Assistant at Surgery (Modifiers 80/81/82/AS)

Effective Date:
01/01/15

Committee Approval Obtained:
04/03/17

Section:
Coding

*****The most current version of the 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 <https://providers.amerigroup.com>. Under Quick Tools, select Reimbursement Policies > Medicaid. Note: State-specific exemptions may apply. Please refer to the Exemptions section below for specific exemptions based on your state.*****

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Amerigroup 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.

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

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

Amerigroup 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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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, Amerigroup strives to minimize these variations.

Amerigroup 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.

Policy

Amerigroup allows reimbursement for one assistant surgeon when eligible procedures are billed with Modifiers 80, 81, 82 or AS as applicable unless otherwise noted in Exhibit A or by provider, state, federal or CMS contracts and/or requirements. Amerigroup uses code editing software to process claims billed for assistant at surgery. If an

	<p>applicable modifier is not billed appropriately, the procedure may be denied.</p> <p>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.</p> <p>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.</p>
Exemptions	<ul style="list-style-type: none"> • Amerigroup Texas, Inc. and Amerigroup Insurance Company, in compliance with Texas Medicaid and Healthcare Partnership, observes Modifier KX in addition to Modifiers AS, 80, 81 and 82.
History	<ul style="list-style-type: none"> • Biennial review approved and effective 04/03/17: Exhibit A updated for New Jersey <ul style="list-style-type: none"> ○ Effective 10/15/17: TX exemption updated • Biennial review approved 11/04/15: Policy language updated; Texas exemption language updated; Exhibit A updated for New Jersey and Washington • Biennial review approved and effective date 07/01/13: Policy template updated • Approved and effective 11/05/12: Washington added to Exhibit A • Biennial review approved 06/06/11 and effective 12/07/11: Policy language updated; Updated policy template and Background and Definitions sections • Review approved 06/01/09: Texas exemption updated; Background section/policy template updated • Review approved 05/30/07: Texas exemption added; Policy language updated • Review approved 05/22/06: Policy template updated • Initial approval effective 03/0
References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • State Medicaid • Amerigroup state contracts • Optum 360, 2016 edition

Definitions	<ul style="list-style-type: none"> • Modifier 80: denotes an assistant at surgery providing full assistance to the primary surgeon • Modifier 81: denotes an assistant at surgery providing minimal assistance to the primary surgeon • Modifier 82: denotes an assistant at surgery when a qualified resident surgeon is not available to assist the primary surgeon • Modifier AS: denotes an assistant at surgery who is a nonphysician (physician assistant, nurse practitioner or clinical nurse specialist) • General Reimbursement Policy Definitions
Related Policies	<ul style="list-style-type: none"> • Code and Clinical Editing Guidelines • Modifier Usage
Related Materials	<ul style="list-style-type: none"> • None

Exhibit A: Market Assistant at Surgery Reimbursement*

Market	Assistant at Surgery modifier usage				
	80	81	82	AS	Note
Georgia	GBD standard	GBD standard	GBD standard	GBD standard	
Maryland	20%	Not payable	20%	Not payable	Through business decision, Amerigroup follows the state Medicaid program guidelines.
New Jersey	GBD standard	GBD standard	GBD standard	GBD standard	
Tennessee	GBD standard	GBD standard	GBD standard	GBD standard	
Texas	GBD standard	GBD standard	GBD standard	GBD standard	Amerigroup Texas, Inc. and Amerigroup Insurance Company allows assistant at surgery reimbursement in a teaching facility when Modifier 80 and KX are used together; Modifier AS is used when the physician assistant is not enrolled as an individual provider and provides assistant at surgery.
Washington	20%	20%	20%	GBD standard	

* GBD standards are based on CMS reimbursement guidelines.