Assistant Surgeon
Payment Policy

Applicability

This Policy applies to the following Fallon Health products:
☒ Fallon Medicare Plus (Medicare Advantage)
☒ MassHealth ACO
☒ NaviCare HMO SNP
☒ NaviCare SCO (Medicaid-only)
☒ Summit ElderCare (PACE)
☒ Fallon Health Weinberg PACE
☒ Community Care (Commercial/Exchange)

Policy

Surgical procedures billed with the assistant surgeon modifiers 80, 81, 82, or the AS modifier for physician assistants, nurse practitioners and clinical nurse specialists, are subject to the terms of the Assistant Surgeon Payment Policy.

Definitions

Assistant surgeon: A physician, nurse practitioner (NP), physician assistant (PA) or clinical nurse specialist (CNS) who actively assists the primary attending surgeon in the performance of a surgical procedure. An assistant surgeon may also be referred to as an assistant at surgery. The terms are used interchangeably. An assistant surgeon be necessary due to the complex nature of the procedures(s) or the patient's condition. The assistant surgeon performs medical functions under the direct supervision of the primary attending surgeon. The operative report should clearly document the assistant surgeon's role during the operative session.

Primary attending surgeon: Considered the surgical attending of record or the principal surgeon involved in a specific operation. In addition to their technical and clinical responsibilities, the primary surgeon is responsible for the orchestration and progress of a procedure.

Reimbursement

The Plan reimburses assistant surgeon services provided by a physician (MD/DO), physician assistant, nurse practitioner or clinical nurse specialist who is authorized under state law to provide such services.

The Plan follows the Medicare Physician Fee Schedule (MPFS) Assistant at Surgery (ASST SURG) Indicators to determine if an assistant surgeon is allowed. If the ASST SURG Indicator is "0", the assistant surgeon must submit documentation to establish medical necessity. If the the ASST SURG indicator is "1" or "9", assistant surgeon claims are not payable. If the ASST SURG Indicator is "2", the assistant surgeon claim may be paid.

Fallon Medicare Plus, NaviCare, Summit ElderCare, Fallon Health Weinberg PACE and Community Care
Modifier 80, 81 or 82 may be reported by a physician for assistant surgeon services. When modifier 80, 81 or 82 is reported, reimbursement for a covered procedure is 16% of the allowed amount.

Subsequent surgical procedures (second, third, fourth, and fifth procedures) are subject to multiple procedure payment reduction and covered procedures are reimbursed at 8% of the allowed amount. There is no further reimbursement for procedures after the fifth procedure. Modifier AS may be reported by a physician assistant, nurse practitioner or clinical nurse specialist for assistant surgeon services. When modifier AS is reported, reimbursement for a

covered procedure is 16% of the allowed amount. Subsequent surgical procedures (second, third, fourth, and fifth procedures) are subject to multiple procedure payment reduction and covered procedures are reimbursed at 8% of the allowed amount. There is no further reimbursement for procedures after the fifth procedure.

MassHealth ACO (effective 12/01/2025)
Modifier 80 or 82 is may be reported by a physician (MD/DO) for assistant surgeon services. Effective for dates of service on or after 12/01/2025, when modifier 80 or 82 is reported, reimbursement for a covered procedure is 15% the allowed amount. Subsequent surgical procedures (second, third, fourth, and fifth procedures) are subject to multiple procedure payment reduction and covered procedures are reimbursed at 7.50% of the allowed amount. There is no further reimbursement for procedures after the fifth procedure.

Modifier 81 is not allowed by MassHealth, therefore claims submitted with modifier 81 will be denied effective for dates of service on or after 12/01/2025.

Modifier AS may be reported by a physician assistant, nurse practitioner or clinical nurse specialist for assistant surgeon services. Effective for dates of service on or after 12/01/2025, when modifier AS is reported, reimbursement for a covered procedure is 15% of the allowed amount. Subsequent surgical procedures (second, third, fourth, and fifth procedures) are subject to multiple procedure payment reduction and covered procedures are reimbursed at 7.50% of the allowed amount. There is no further reimbursement for procedures after the fifth procedure.

Limitations
- Separate reimbursement will not be allowed for hospital-employed assistant surgeons.
- The member cannot be held liable when assistant surgeon claims are denied.
- Payment is not allowed for an assistant surgeon when payment for either two surgeons (modifier 62) or team surgeons (modifier 66) is appropriate. Payment may be considered if medical necessity is established upon provider appeal.
- The Plan does not reimburse for assistant surgeons at teaching hospitals unless there is no qualified resident available.
- The Plan will not reimburse separately for a registered nurse first assistant (RNFA) assisting a physician during surgery as per Medicare guidelines.
- Only one assistant surgeon is allowed per eligible procedure. A second assistant surgeon will be considered only upon written appeal when documentation of medical necessity for the second assistant surgeon is submitted.

Referral/notification/prior authorization requirements

Many surgical procedures require prior authorization. Please refer to the Procedure Code Look-up Tool on the Plan website for prior authorization requirements. The Procedure Code Look-up Tool is available at: http://www.fchp.org/providertools/ProcedureCodeLookup/.

Each PACE plan member s assigned to an Interdisciplinary Team. PACE provides participants with all the care and services covered by Medicare and Medicaid, as approved by the interdisciplinary team, as well as additional medically necessary care and services not covered by Medicare and Medicaid. With the exception of emergency care and out-of-area urgently needed care, all care and services provided to PACE plan members must be approved by the interdisciplinary team.

Billing/coding guidelines

Payment is allowed for assistant surgeons only when medical necessity and appropriateness of assistant surgeons are met. The Plan follows Medicare Physician Fee Schedule (MPFS) Assistant at Surgery (ASST SURG) Indicators to determine medical necessity and appropriateness of assistant surgeon services.

Assistant surgeons must bill under their own name and NPI as rendering provider. If a physician appends modifier AS to a procedure code, the claim will be denied (see above for assistant surgeon modifiers that should be used by physicians).

Medicare Physician Fee Schedule (MPFS) Assistant at Surgery (ASST SURG) Indicators

The Medicare Physician Fee Schedule (MPFS) assistant at surgery (ASST SURG) indicators are used to determine if assistant surgeon services are allowed for a procedure code:

0 = Payment restriction for assistants at surgery applies to this procedure unless supporting documentation is submitted to establish medical necessity.
1 = Statutory payment restriction for assistants at surgery applies to this procedure. Assistants at surgery may not be paid.
2 = Payment restriction for assistants at surgery does not apply to this procedure. Assistants at surgery may be paid.
9 = Concept does not apply.

Use the following link to go to the Medicare Physician Fee Schedule Look-up Tool: https://www.cms.gov/medicare/physician-fee-schedule/search. In the “Type of Information” box, select Payment Policy Indicators; then enter the procedure code in the “HCPCS Code” box and click “Search Fees.” Under Search Results, look for ASST SURG.

Place of service

This policy applies to services rendered in all settings.

Policy history

Origination date:	04/18/02
Previous revision date(s):	05/09/07 07/01/09 – moved to new policy template and corrected typographical errors in the Reimbursement section. 11/01/2009 – added description of additional 50% reduction for multiple procedures. 01/01/2011 - clarify language to state consistently that the Plan uses Medicare and other nationally recognized guidelines to determine medical necessity and appropriateness of assistant surgeon services. 07/01/2015 - updated to new Plan template. 11/01/2015 – Updated billing/coding guidelines. 05/01/2016 - Annual review.
Connection date & details:	March 2017 – Annual review January 2018 – Added Definitions January 2019 – Annual review; no updates. January 2020 – Updated referral/notification/prior authorization section. April 2022 – Medicare Physician Fee Schedule assistant at surgery (ASST SURG) indicators added under Billing/coding guidelines. October 2025 – Under Reimbursement, added new section for reimbursement for assistant surgeons for MassHealth ACO effective 12/01/2025; under Billing/coding guidelines, clarified that each assistant surgeon must bill under their own name and NPI as the rendering provider, claims with the AS modifier submitted by physicians will be denied.

The criteria listed above apply to Fallon Health Plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding, and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to

apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.