

# PROVIDERALERT



**To:** AmeriHealth Caritas Louisiana Providers

**Date:** July 31, 2020

**Subject:** Assistant Surgeon Care

**Summary:** AmeriHealth Caritas Louisiana Policy PRP.001 Assistant Surgeon Care

## Content

AmeriHealth Caritas Louisiana would like to make you aware of the attached policy that has been approved by the Louisiana Department of Health in accordance with La. R.S. 46:460.54 and will become **effective 10/01/2020**.

### Questions:

Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana's Provider Services department at 1-888-922-0007 or your [Provider Network Management Account Executive](#).

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### Electronic Funds Transfer (EFT)

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Policy name	Effective date
Assistant Surgeon	10/1/2020

Policy number
PRP.001.Asst_Surgeon

**Important information about this policy**

AmeriHealth Caritas’ (ACFC) claim payment policies and the resulting edits are based on guidelines from established industry sources such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), State regulatory agencies, and medical specialty professional societies. In making claim payment determinations, the health plan also uses coding terminology and methodologies that are based on accepted industry standards, including the Healthcare Common Procedure Coding System (HCPCS) manual, the Current Procedural Terminology (CPT) codebook, the International Statistical Classification of Diseases and Related Health Problems (ICD) manual and the National Uniform Billing Code (NUBC).

Other factors affecting reimbursement may supplement, modify or in some cases, supersede medical/claim payment policy. These factors may include, but are not limited to: legislative or regulatory mandates, a provider’s contract, and/or a member’s eligibility to receive covered health care services.

This policy will remain in effect until such time that revisions are submitted to Louisiana Department of Health for review and approval.

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**Policy overview**

CMS, the Medicare Physician Fee Schedule (MPFS) and State Medicaid Fee Schedules define certain procedure codes as appropriately billed with “Assistant at Surgery” modifiers. For CPT codes with allowable Assistant at Surgery charges, the MPFS will use indicator code 2. The services of only one Assistant Surgeon are reimbursable for each procedure.

Acceptable CPT® modifiers for Assistant Surgeon services are 80 and AS.

AmeriHealth Caritas will follow MPFS and State guidelines for reimbursement of Assistant Surgeon procedures.

### Reimbursement guidelines

AmeriHealth Caritas will reimburse Assistant at Surgery procedures according to applicable State Fee Schedule(s) and the provider's contract.

Only codes with an acceptable Assistant at Surgery indicator will be reimbursed.

#### Accepted Modifiers:

- 80 – A licensed physician serves as the assistant at surgery.
- AS – Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery.

If services are billed/coded inappropriately, AmeriHealth Caritas may:

- Reject or deny the claim
- Recoup claim payment

### Exceptions

#### Multiple Procedure Reduction

If an Assistant Surgeon submits multiple procedure codes to which multiple procedure reduction applies, reductions will apply.

### Cross reference

See policy for Multiple Procedure Reduction

### Definitions

Assistant Surgeon: A Physician, Physician's Assistant or Nurse Practitioner who assists the Physician primary surgeon performing a surgical procedure.

### Edit sources

- *Current Procedural Terminology (CPT®)* and associated publications and services
- Medicare Physician Fee Schedule
- Applicable State Medicaid Fee Schedule(s)

### Edit types

Edit is applicable to claims for professional services.

### Policy history abstract

Original Effective Date: 10/1/2020