

# Assistant Surgeon

Reimbursement Policy ID: RPC.0004.2100

Recent review date: 07/2025

*Reimbursement policies and their 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 and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. The health plan may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.*

*In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.*

*This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.*

*To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.*

## Policy Overview

This Assistant Surgeon policy identifies procedures that are eligible for reimbursement as Assistant Surgeon services, as identified by the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFS) and the Louisiana Department of Health (LDH).

## Exceptions

Non-physician providers should report assistant surgery services with the AS Modifier. Modifier 80 is not eligible for reimbursement when billed by non-physician assistants at surgery.

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

## Reimbursement Guidelines

The health plan utilizes the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule Relative Value File (NPFS) payment policy indicators.

All codes in the NPFS with the payment indicator of “2” for “Assistant Surgeon” are considered reimbursable for assistant surgeon services as indicated by assistant surgeon modifiers (80 or AS).

Assistant surgeons submit procedure code(s) with an appropriate modifier appended [80 or AS] to represent their services. Only one assistant surgeon will be reimbursed for each eligible procedure. Procedure code(s) must be identical to those billed by the primary surgeon, with the addition of the Assistant Surgeon modifier 80 or AS.

The health plan will reimburse Assistant at Surgery procedures according to applicable State Fee Schedule(s) and the provider’s contract.

If services are billed/coded inappropriately, the health plan may:

- Reject or deny the claim
- Recoup claim payment

## Definitions

### Modifier 80 – Assistant Surgeon

Surgical assistant services may be identified by adding modifier 80 to the usual procedure code(s). Modifier 80 is appended to the same service as the primary surgeon and designates the surgeon as the surgical assistant on the service.

### Modifier AS – Non-physician Assistant at Surgery

HCPCS Level II modifier, AS, is used to report non-physician providers (NPP) or advance practice providers (APP) who assist in surgery. This includes a physician assistant, nurse practitioner, or clinical nurse specialist who assist at surgery.

## Edit Sources

- I. Current Procedural Terminology (CPT)
- II. Healthcare Common Procedure Coding System (HCPCS)
- III. International Statistical Classification of Diseases and Related Health Problems (ICD), and associated publications and services.
- IV. Louisiana Department of Health (DHS) Medicaid Fee Schedule(s).

## Attachments

N/A

## Associated Policies

N/A

## Policy History

|         |                                                                                                                                        |
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| 10/2026 | <ul style="list-style-type: none"><li>• Removed the next review date</li><li>• Replaced the plan name with “the health plan”</li></ul> |
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| 07/2025 | Reimbursement Policy Committee Approval                                            |
| 06/2025 | Minor updates to formatting and syntax                                             |
| 06/2025 | Annual Review <ul style="list-style-type: none"> <li>• No major changes</li> </ul> |
| 04/2024 | Revised preamble                                                                   |
| 08/2023 | Removal of policy implemented by the health plan from Policy History section       |
| 06/2023 | Reimbursement Policy Committee Approval                                            |