CO-SURGEON, ASSISTANT SURGEON, TEAM SURGEON AND ASSISTANT-AT-SURGERY GUIDELINES

File Name: co-surgeon_assistant_surgeon_and_assistant_at_surgery_guidelines
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Description

Co-Surgeons are defined as two or more surgeons, where the skills of both surgeons are necessary to perform distinct parts of a specific operative procedure. Co-surgery is always performed during the same operative session.

An assistant surgeon is defined as a physician who actively assists the operating surgeon. An assistant may be necessary because of the complex nature of the procedure(s) or the patient's condition. The assistant surgeon is usually trained in the same specialty.

An assistant-at-surgery may be a physician assistant, nurse practitioner or nurse midwife acting under the direct supervision of a physician, where the physician acts as the surgeon and the assistant-at-surgery as an assistant.

Under some circumstances, highly complex procedures may require the services of a surgical team, consisting of several physicians, often of different specialties, plus other highly skilled, specially trained personnel, and complex equipment. A physician operating in this setting is referred to as a team surgeon.

Policy

Co-Surgeons: Reimbursement for co-surgeons is 120% of the maximum allowance for the primary procedure divided equally between the co-surgeons.

Assistant Surgeon: Reimbursement for assistant surgeons is 16% of the maximum allowance for the procedure.

Team Surgeon: Reimbursement for team surgery will be determined on an individual consideration basis.

Physician Assistant/Nurse Practitioner/Nurse Midwife: Reimbursement may be allowed when medical necessity and appropriateness of assistant surgeon services are met, and when the physician assistant/nurse practitioner/nurse midwife is under the direct supervision of a physician. Separate reimbursement will not be allowed for the hospital-employed physician assistant/nurse practitioner/nurse midwife. The physician assistant/nurse practitioner/nurse midwife reimbursement for a covered procedure is 13.6% of the maximum allowed for the procedure.

Blue Cross Blue Shield North Carolina (Blue Cross NC) uses CMS and American College of Surgeons guidelines as its primary source, alongside internal review, for determining reimbursement for assistant surgery. Understanding that CMS does not advise on all codes, Blue Cross NC reserves the right to edit "S" codes for assistant surgery benefits as deemed appropriate.

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Commercial Reimbursement Policy

Blue Cross Blue Shield North Carolina (Blue Cross NC) will reimburse co-surgeon, assistant surgeon, and team surgeon services according to the criteria outlined in this policy.

Reimbursement Guidelines

Co-Surgeons

Services by surgeons of different specialties or subspecialties each performing distinct components of a procedure as primary surgeons will be allowed at 120% of the maximum allowance for the primary procedure. Multiple procedure guidelines may apply if additional procedures are performed. Each surgeon should document their distinct operative work in a separate operative report. Claims from both co-surgeons should report the same procedure code with modifier 62 appended. The total allowance for the operative session will be divided equally between the co-surgeons.

Co-surgeon claims for procedures designated as co-surgeon allowed will be denied when both surgeons have the same specialty or subspecialty.

When a claim for a non-surgical procedure is submitted with modifier 62 for co-surgeon, the claim will be denied because the co-surgeon concept does not apply.

Assistant Surgeon

An assistant surgeon must be appropriately board-certified or otherwise highly qualified as a skilled surgeon and licensed as a physician in the state where the services are provided.

Services by the primary surgeon will be allowed at 100% of the maximum allowance for the primary procedure performed. An additional 16% will be allowed to the assistant surgeon if criteria for assistant surgeon services are met. An assistant surgeon may be of the same specialty or subspecialty, or may be of a different specialty.

Modifier 80 (assistant surgeon), 81 (minimum assistant surgeon), or 82 (when qualified resident surgeon not available) is used by physicians to bill for assistant at surgery services.

Modifier AS (PA, NP, or CNS services for assistant at surgery) indicates that a non-physician provider served as the assistant at surgery.

Modifiers 80, 81 and 82 should be used for a physician to report an assistant for surgery services. These modifiers are not intended to be used for non-physician reporting assistant for surgery services.

Physician Assistant/Nurse Practitioner/Nurse Midwife

A physician assistant**/**nurse practitioner/nurse midwife must be appropriately certified or licensed in the state where the services are provided and be credentialed in the facility where the procedure is performed. **Reimbursement may be allowed when medical necessity and appropriateness of assistant surgeon services are met, and when the physician assistant/nurse practitioner/nurse midwife is under the direct supervision of a physician. Separate reimbursement will not be allowed for the hospital-employed physician assistant/nurse practitioner/nurse midwife. The physician assistant/nurse practitioner/nurse midwife reimbursement for a covered procedure is 13.6% of the maximum allowed for the procedure.**

Team Surgeon

Highly complex procedures requiring multiple physicians of different specialties, and other highly skilled personnel and equipment may be considered for reimbursement as team surgery. **Reimbursement for assistant surgeons is limited to 16% of the maximum allowance for the procedure. Services will not be reimbursed if the above criteria are not met.**

Procedures that are minor, non-surgical, or that are not of sufficient complexity to require multiple physicians of different specialties and other highly skilled personnel and equipment, do not satisfy the definition of team surgery, and will be denied if submitted with modifier 66 (Team Surgery).

Additional Information

Physicians will not be allowed additional benefits for the supervision of a physician assistant/nurse practitioner/nurse midwife.

Provider claims with a physician billing for both primary surgeon and assistant surgeon services for the same procedure are considered inappropriate and are not eligible for reimbursement.

RN-First Assistants are not eligible for reimbursement as surgical assistants.

Rationale

Refer to Multiple Procedure and Bundling guidelines for procedures performed in addition to the primary procedure(s) during the same operative session.

When multiple procedures are performed and the secondary procedures are allowable according to the multiple procedure guidelines, as well as being eligible for assistant surgeon services, benefits for those services will be allowed and processed according to the multiple procedure guidelines.

When a surgeon is unexpectedly requested to render services during an ongoing operative session, claims will be reviewed according to the above criteria.

Billing and Coding

Applicable codes are for reference only and may not be all inclusive. For further information on reimbursement guidelines, please see the Blue Cross NC web site at Blue Cross NC.

Modifier 62

Procedures billed with modifier 62 will be denied when a claim for the same procedure code without modifier 62 has been previously submitted and processed for a different provider.

Procedures billed without modifier 62 will be denied when a claim for the same procedure code with modifier 62 has been previously submitted by a different provider.

Procedures identified by Blue Cross NC as non-surgical in nature or as not appropriate for co-surgeons will be denied if billed with modifier 62.

Modifier 66

Procedures billed with modifier 66 will be denied when a claim for the same procedure code without modifier 66 has been previously submitted and processed for a different provider.

Procedures billed without modifier 66 will be denied when a claim for the same procedure code with modifier 66 has been previously submitted by any provider.

Procedures where team surgery is not allowed, based on the Medicare Physician Fee Schedule (MPFS) and Blue Cross NC's interpretation, will be denied if billed with modifier 66.

Medical and surgical services billed with modifier 66 in which the team surgery concept does not apply will be denied.

Claims for services provided by more than one surgeon should have each surgeon's provider identification number.

Claims and medical records for all providers in the operative session may be required.

Obstetrical Deliveries

Global maternity codes are not eligible for reimbursement with assistant modifiers. Reimbursement for maternity "Delivery only" codes may be eligible for assistant modifiers.

Modifier	Description
62	Two surgeons
66	Surgical team
80	Assistant surgeon
81	Minimum assistant surgeon
82	Assistant surgeon (when qualified resident surgeon not available)
AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery

Related policy

Bundling Guidelines

Modifier Guidelines

References

Medical Policy Advisory Group 3/01

Specialty Matched Consultant Advisory Panel - 9/2002

Medical Policy Advisory Group - 10/2003

Medical Policy Advisory Group - 03/10/2005

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Medical Policy Advisory Group - 03/24/2006

Medical Director review – 2/2012

Medical Director review – 11/2013

Centers for Medicare and Medicaid Services, CMS Manual System

American Medical Association, Current Procedural Terminology (CPT®)

History

1/00	Implementation
3/00	Reference to Blue Edge removed.
3/01	Medical Policy Advisory Group Review. No change in policy
5/01	Changes in formatting.
11/01	Coding format change.
10/02	Specialty Matched Consultant Advisory Panel review. RN-First Assistant identified as not eligible for reimbursement as an assistant surgeon.
10/03	Medical Policy Advisory Group review. Reformatted sections for appearance. Reaffirmed policy.
11/03	Benefit Application section corrected.
3/3/05	For consistency added "Blue Care, Blue Choice, Blue Options and Classic Blue to the Policy statement. Policy changed to state "Blue Cross and Blue Shield of North Carolina uses the American College of Surgeons as its primary source for determining those procedures available for assistant surgeon benefits" for Blue Care, Blue Choice, Blue Options and Classic Blue Products. Policy guidelines changed to "When multiple procedures are performed and the secondary procedures are allowable according to the multiple procedure guidelines, but not individually eligible for assistant surgeon services, benefits for those services may be allowed on an individual consideration basis." and "On occasion, a procedure not allowed assistant surgeon benefits may be unusually complex for a particular patient and warrant assistant surgeon services. These cases will be reviewed on an individual consideration basis." Notice given 03/03/2005. Medical Policy Advisory Group reviewed policy on 03/10/2005. Effective date 05/05/2005.
5/8/06	Medical Policy Advisory Group review 3/24/06. No change to policy.
9/10/07	No change to policy. Medical Policy reviewed 08/17/07 by Senior Medical Director of Provider Partnerships, Medical and Reimbursement Policy.
12/22/08	Revised statement “Blue Cross and Blue Shield of North Carolina uses the American College of Surgeons as its primary source for determining those procedures available for assistant surgeon benefits to “Blue Cross and Blue Shield of North Carolina uses ClaimCheck® guidelines as its primary source for determining those procedures available for assistant surgeon benefits. Medical policy reviewed 11/2008 by VP Senior Medical Director of Provider Partnerships, Medical and Reimbursement Policy.
2/16/09	Added nurse practitioner as eligible to receive reimbursement as surgical assistant. Revised statement to “RN-First Assistants are not eligible for reimbursement as surgical assistants.” under the section titled “When Co-Surgeon, Assistant Surgeon, and Services are not covered.” Policy title changed from "Co-Surgeon, Assistant Surgeon, and Physician Assistant Guidelines" to “Co- Surgeon, Assistant Surgeon, and Assistant -at - Surgery Guidelines”
3/30/09	Added nurse practitioner as eligible to receive reimbursement as surgical assistant. Revised statement to “RN-First Assistants are not eligible for reimbursement as surgical assistants.”

	under the section titled “When Co-Surgeon, Assistant Surgeon, and Services are not covered.” Policy title changed from "Co-Surgeon, Assistant Surgeon, and Physician Assistant Guidelines" to “Co- Surgeon, Assistant Surgeon, and Assistant -at - Surgery Guidelines”
7/20/09	Added nurse midwife as eligible to receive reimbursement as surgical assistant. Remove references to Blue Care, Blue Choice, Blue Options and Classic Blue. Policy reviewed by VP/ Senior Medical Director of Provider Partnerships, Medical and Reimbursement Policy.
6/22/10	Policy Number(s) removed (amw)
3/30/12	Added “Team Surgeon” to policy title. Revised the definitions in the Description section. Added the following to the Policy statement: “Team Surgeon: Benefits are allowed for medically necessary procedures and allowance(s) will be determined on an individu al consideration basis.” **The following was noticed and will be effective 5/29/2012:** Co-surgeon claims for procedures designated as co-surgeon allowed will be denied when both surgeons have the same specialty or subspecialty. When a claim for a non-surgical procedure is submitted with modifier -62 for co-surgeon, the claim will be denied because the co-surgeon concept does not apply. Procedures that are minor, non-surgical, or that are not of sufficient complexity to require multiple physicians of different specialties and other highly skilled personnel and equipment, do not satisfy the definition of team surgery, and will be denied if submitted with modifier -66 (Team Surgery).Procedures billed with modifier -62 will be denied when a claim for the same procedure code without modifier -62 has been previously submitted and processed for a different provider. Procedures billed with modifier -66 will be denied when a claim for the same procedure code without modifier -66 has been previously submitted and processed for a different provider. Modifier -62 will be added to claims for procedures designated as “co-surgeon allowed” when a claim for the same procedure code with modifier -62 has been previously submitted and processed for a different provider. (adn)
7/24/12	Description section revised for clarity. The guidelines for when these providers: will be considered for payment was reworded to read: **Co-Surgeon** “Services by surgeons of different specialties or subspecialties each performing distinct components of a procedure as primary surgeons will be allowed at 120% of the maximum allowance for the primary procedure. Multiple procedure guidelines may apply if additional procedures are performed… Claims from both co-surgeons should report the same procedure code with modifier -62 appended. The total allowance for the operative session will be divided equally between the co-surgeons.” The following statement was added to the section regarding **Assistant Surgeon**: Services by the primary surgeon will be allowed at 100% of the maximum allowance for the primary procedure performed. An additional 20% will be allowed to the assistant surgeon if criteria for assistant surgeon services are met. An assistant surgeon may be of the same specialty or subspecialty or may be of a different specialty. (adn)
12/10/13	Routine policy review. No change to current policy. (adn)
5/13/14	Policy category changed from “Corporate Medical Policy” to “Corporate Reimbursement Policy”. No changes to policy content. (adn)
8/12/14	Policy category returned to “Corporate Medical Policy.” (adn)
7/28/15	Reimbursement rates in the Policy section have been changed to read: The assistant surgeon benefit for a covered procedure is 16% of the maximum allowed for the procedure. The physician assistant/nurse practitioner/nurse midwife benefit for a covered procedure is 13.6% of the maximum allowed for the procedure. The following statement, which was deleted in earlier versions of this policy, has been added back into the policy: BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included. (adn)

12/30/15	Added benefit information to Policy section for clarity. Added policy information to Physician Assistant/Nurse Practitioner/Nurse Midwife and Team Surgeon subheadings under the "when services will be considered for payment' section for clarity. No change to policy intent. (adn)
4/29/16	Statement regarding Assistant Surgeon Services in the Policy Guidelines Section revised to read: "When multiple procedures are performed and the secondary procedures are allowable according to the multiple procedure guidelines, as well as being eligible for assistant surgeon services, benefits for those services will be allowed and processed according to the multiple procedure guidelines." The following statement was deleted: "on occasion, a procedure for which assistant surgeon benefits are not allowed may be unusually complex for a particular patient and warrant assistant surgeon services. These cases will be reviewed on an individual consideration basis." **Notification given 4/29/2016 for effective date of 7/1/2016.** (an)
12/30/16	Routine review. No change to policy. (an)
12/29/17	Routine review. No change to policy. (an)
12/31/18	Routine review. No change to policy. (an)
1/14/20	Routine policy review. Senior Medical Director approved 12/2019. No changes to policy statement. (an)
9/8/20	Updated ClaimCheck® to ClaimsXten™ in the Policy section. No change to policy statement. (bb)
12/31/20	Routine review. Medical Director approved 12/2020. No change to policy statement. (eel)
4/20/21	Policy format update. No changes to policy statement. (eel)
12/30/21	Clarification added in Policy section "**Understanding that CMS does not advise on all codes, Blue Cross NC reserves the right to edit "S" codes for assistant surgery benefits as deemed appropriate.**" Routine policy review. Medical Director approved. (eel)
6/1/22	Policy language updated throughout. Modifier 62, Modifier 66, and Obstetrical Deliveries added to Billing and Coding section. Instructions on usage of 80, 81, 82 and AS added to Reimbursement Guidelines. Medical Director approved. **Notification on 3/31/2022 for effective date 6/1/2022**. (eel)
12/31/2022	Routine policy review. Minor revisions only. (ckb)
9/29/2023	Clarified AS modifier instruction. No change to policy intent. (tlc)

Application

These reimbursement requirements apply to all commercial, Administrative Services Only (ASO), and Blue Card Inter-Plan Program Host members (other Plans members who seek care from the NC service area). This policy does not apply to Blue Cross NC members who seek care in other states.

This policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this policy.

Legal

Reimbursement policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices

and knowledge are constantly changing and Blue Cross NC reserves the right to review and revise its medical and reimbursement policies periodically.

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