



# Reimbursement Policy

Effective Date.....04/12/2018  
Reimbursement Policy Number..... MAS

## Assistant Surgeon – Modifiers 80, 81, 82 Assistant-at-Surgery – Modifier AS Co-Surgeon (Two Surgeons) – Modifier 62 Surgical Team – Modifier 66

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### Related Policies

- [Modifier 22 Increased Procedural Services Modifier 50 Bilateral Procedures](#)
- [Modifier 51 Multiple Procedures](#)

#### INSTRUCTIONS FOR USE

Reimbursement policies are intended to supplement certain **standard** benefit plans. Please note, the terms of an individual's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which a reimbursement policy is based. For example, an individual's benefit plan document may contain specific language which contradicts the guidance outlined in a reimbursement policy. In the event of a conflict, an individual's benefit plan document **always supersedes** the information in a reimbursement policy. Reimbursement terms in agreements with participating health care providers may also supersede the information in a reimbursement policy. Proprietary information of Cigna. Copyright ©2018 Cigna

### Overview

This policy addresses reimbursement for surgical procedures when two or more surgeons or other surgical assistants are required to perform surgery on the same patient during the same operative session.

This policy applies to services reported using the CMS 1500 Health Insurance Claim Form or its electronic equivalent or its successor form.

### Reimbursement Policy

**Cigna will reimburse physician and non-physician health care professionals for assistant surgeon/assistant-at-surgery/co-surgeon and team surgeon services when all of the following criteria are met:**

- **The appropriate modifier is correctly appended to a Current Procedural Terminology (CPT<sup>®</sup>) or Health Care Procedure Coding System (HCPCS) procedure code.**
- **The Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule assigns the CPT or HCPCS code a '2' designation.**
- **The rendering health care professional must be acting within the scope of his/her license or certification under applicable State law.**

Cigna will not reimburse physician and non-physician health care professionals as assistant surgeons or assistants-at-surgery if CMS assigns the CPT or HCPCS code a '1' or a '9' designation.

Cigna will not reimburse physician health care professionals billing as a co-surgeon or team surgeon if CMS assigns the CPT or HCPCS code a '0' or a '9' designation.

Cigna will not reimburse more than one assistant surgeon or assistant at surgery per procedure.

Cigna will not reimburse an assistant surgeon with two co-surgeons per procedure.

Cigna will only reimburse one primary surgeon per

procedure. **Documentation Requirement**

- Cigna requires supporting documentation such as an operative/procedural report to be submitted with the initial claim in order to be considered for payment if CMS assigns the CPT or HCPCS code a '0' designation for assistant surgeons or assistants-at-surgery, or a '1' for co-surgeon and team surgeon. The documentation must substantiate the need for the additional health care professional. The documentation must identify the role of the health care professional and a detailed description of the actual services the health care professional contributed to the overall procedure.
- Cigna requires the name and credentials of the rendering health care professional to be clearly identified on both the claim (paper or electronic) and the operative/procedural record.
- In the case of a co-surgeon or a team surgeon, each physician is required to submit their own formal operative report with the initial claim

**Clinical Documentation**

Cigna considers the following factors in determining if the services of an assistant surgeon/assistant-at-surgery for CMS designation '0', or co-surgeon/team surgeon with CMS designation of '1,' is clinically appropriate (list not all inclusive):

- Co-morbidities for which prolonged anesthesia poses an increased risk to the patient (e.g. bleeding disorders, significant FEV1 reduction, compromised immune system)
- Surgical complications which warrant the skill of an additional health care professional (e.g. highly vascular tumors, extensive lysis of adhesions, difficult exposure of operative site, unusual amount of blood loss, malignant hyperthermia)
- Age of patient for which prolonged anesthesia poses an increased risk (e.g. premature infant) unless age is already factored into the procedure itself
- Complex surgical procedure such as organ transplants, trauma cases involving multiple body systems and complex bilateral surgeries.

**Appropriate Modifier Per Credential**

**Correct Modifier When Health Care Professional is a Physician**

<b>Scenario</b>	<b>Use Modifier</b>
Two Surgeons working together as primary surgeons performing distinct part(s) of a procedure	62
More than two physicians, often of different specialties, plus other highly skilled, specially trained personnel, working together to perform a surgical procedure	66
Actively assists the Primary Surgeon through an entire operative procedure	80
Provides limited or minimum assistance to the Primary Surgeon	81

In approved teaching facilities, a non-resident assistant surgeon assists the Primary Surgeon when a qualified resident surgeon is not available.	82
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**Correct Modifier Use When Health Care Professional is an Assistant-at-Surgery and is a Non-Physician**

Scenario	Use Modifier
Procedure that requires skilled assistance but not the expertise of a physician	AS

**Reimbursement per Modifier**

Modifier	Reimbursement
62	62.5% of fee schedule or other allowed amount
66	100% of fee schedule or other allowed amount
80	16% of fee schedule or other allowed amount
81	13% of fee schedule or other allowed amount
82	16% of fee schedule or other allowed amount
AS	13.6% of fee schedule or other allowed amount

**NOTE: assistant surgeon/assistant-at-surgery/co-surgeon and team surgeon charges are subject to standard claim processing guidelines such as Multiple Procedure Reduction and clinical code editing.**

**General Background**

**Assistant Surgeons**

An assistant surgeon must be a licensed physician who has knowledge, training, and experience in the type of surgical procedure being performed and who actively assists the primary surgeon through the entire procedure.

Generally, the assistant surgeon:

- assists with less difficult aspects of the primary procedures;
- does not conduct a preoperative work-up on the patient;
- does not admit the patient for surgery; and
- is not responsible for postoperative care.

The medical necessity for use of the services of an assistant surgeon must be well documented in the operative report.

**Note:** If a co-surgeon (second primary surgeon) acts as an assistant in the performance of additional procedure(s) during the same surgical session, those services may be reported using separate procedure code(s) with modifier 80 or 82 added, as appropriate. One assistant surgeon will be reimbursed per procedure.

**CPT Modifier 80 – Assistant Surgeon**

An assistant surgeon must actively assist the primary surgeon through an entire operative procedure. The assistant surgeon must work under the direct supervision and guidance of the primary operating physician and be involved in the actual performance of the procedure, not simply in ancillary services.

Both the primary surgeon and the assistant surgeon should submit the same procedure code for the service provided; the assistant appends modifier 80 to the code. In addition, the individual operative reports submitted by the primary surgeon and the assistant surgeon should indicate the distinct service each provided.

### **CPT Modifier 81 – Minimum Assistant Surgeon**

Modifier 81 is used to indicate the assisting physician provided either limited or minimal surgical assistance to the primary surgeon during a procedure.

Limited or minimum assistance is defined as:

- ☐ Physician assistance during only a portion of the entire procedure; or
- ☐ A clinical situation requiring more than one physician assistant during a surgical procedure.

### **CPT Modifier 82 – Assistant Surgeon (when qualified resident surgeon not available)**

In approved teaching facilities, qualified resident surgeons usually act as assistant surgeons. Per CPT guidelines, appending modifier 82 to the surgical procedure code is only appropriate when a qualified resident surgeon is not available to assist.

For surgical procedures that require a primary surgeon and an assistant surgeon, the primary surgeon reports the procedure code for the surgery without a modifier. The non-resident assistant surgeon reports the surgical procedure code with modifier 82 to indicate assisting during the surgery.

### **Assistants-at-Surgery- HCPCS Modifier AS**

Some procedures may require skilled surgical assistance, but not the expertise of a physician. HCPCS Modifier AS is used when health care professionals including but not limited to physician assistants or advanced practice registered nurses (or advanced practice nurse) assists the primary surgeon during a procedure. These non-physician health care professionals or advanced practice providers (APP) must have training and experience in the type of surgical procedure being performed and must be acting within the scope of his/her license or certification under the applicable State law. The assistant-at-surgery must be present for the entire surgical procedure and perform operational assistance under the direct supervision of the operating physician. The assistant-at-surgery must be involved in the actual performance of the procedure, not simply in ancillary services.

### **Two Surgeons (Co-Surgeons) - CPT Modifier 62**

Modifier 62 is used to indicate a surgical procedure that required the skills of two surgeons (typically with different specialties) who act as co-surgeons and perform distinct components of a single surgical procedure. According to the American Medical Association (AMA), "When two surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding the modifier 62 to the procedure code and any associated code(s) for that procedure as long as both surgeons continue to work together as primary surgeons." Each surgeon should report the co-surgery once using the same procedure code. If additional procedure(s), including add-on procedure(s) are performed during the same surgical session, separate code(s) may also be reported with modifier 62 added.

Co-surgeons may also involve two physicians with the same surgical skills who are performing bilateral procedures under the same anesthesia such as bilateral knee replacements.

**Note:** If a co-surgeon acts as an assistant in the performance of additional procedure(s) during the same surgical session, those services may be reported using separate procedure code(s) with the modifier 80 or modifier 82 added, as appropriate. Assistant surgeons will not be reimbursed for the same procedure as both co-surgeons.

### **Surgical Team: CPT Modifier 66**

The American Medical Association (AMA) defines modifier 66 as follows:

"Under some circumstances, highly complex procedures (requiring the concomitant services of several physicians, often of different specialties, plus other highly skilled, specially trained personnel, various types of complex

equipment) are carried out under the “surgical team” concept. Such circumstances may be identified by each participating physician with the addition of modifier 66 to the basic procedure number used for reporting services. Team surgery involves a procedure(s) that requires more than two surgeons with different specialties. Generally, the members of the surgical team, such as a heart transplant team, perform the same role with each procedure. Documentation, in the form of an operative report, is comprised of each surgeon’s description of his or her role on the team and their specific work during the surgery. Each physician should submit the same procedure code appended with modifier 66 to report their part in the team surgery”.

**CMS Designations**

**CMS Designations for Assistant Surgeon and Assistant-at-Surgery – Modifiers 80, 81, 82 and AS**

<u>Value</u>	<u>Description</u>
0	Assistant surgeon/Assistant- at-Surgery may be paid; supporting documentation required to establish medical necessity.
1	Assistant Surgeon/ Assistant-at-Surgery not permitted for this procedure.
2	Assistant surgeon/Assistant- at- Surgery permitted.
9	Assistant Surgeon/Assistant-at-Surgery concept does not apply.

**CMS Designations for Co-Surgeons (Two Surgeons) – Modifier 62**

<u>Value</u>	<u>Description</u>
0	Co-Surgeon not permitted for this procedure
1	Co-Surgeon may be paid; supporting documentation required to establish medical necessity.
2	Co-Surgeon permitted.
9	Co-Surgeon concept does not apply.

**CMS Designations for Team Surgeons – Modifier 66**

<u>Value</u>	<u>Description</u>
0	Team surgeons not permitted for this procedure.
1	Team surgeons may be paid; supporting documentation required to establish medical necessity.
2	Team surgeons permitted.
9	Team surgeon concept does not apply.

**Cigna Customizations**

Click on the link below to identify codes for which Cigna's designation for Assistant Surgeon/Assistant- at-Surgery or Co-Surgeon differs from CMS:

[Modifier 62, 66, 80, 81, 82, and AS Code List Assistant Surgeon,Co-Surg/Team Surg Code List](#)

**References**

- Centers for Medicare and Medicaid Services, 2018 National Physician Fee Schedule Relative Value Files (NPF SRVF), <http://www.cms.hhs.gov/PhysicianFeeSched/PFSRVF/list.asp>.
- Coding with Modifiers, Third Edition, © 2007 by the American Medical Association
- Understanding Modifiers, Comprehensive Instruction to Effective Modifier Application, © 2015 Optum

360, LLC.

4. Current Procedural Terminology (CPT®) ©2017 American Medical Association: Chicago, IL.
5. Health Care Procedure Coding System, Copyright © 2017 by Practice Management Information Corporation (PMIC).

## Policy History/Update

Date	Change/Update
04/12/2018	Updated policy template. Removed all references to credential requirements from policy statement and within policy background. Added "must be acting within the scope of his/her license or certification under the applicable State law".
02/15/2018	Effective date for the denial of more than one assistant surgeon per procedure, denial of an assistant surgeon with two co-surgeons per procedure and denial of more than one primary surgeon per procedure
11/09/2017	Notification for denial of more than one assistant surgeon per procedure, denial of an assistant surgeon with two co-surgeons per procedure and denial of more than one primary surgeon per procedure effective 02/19/2018. Updated policy template.
10/09/2015	Added Certified Registered Nurse First Assistant (CRNFA) to the list of eligible assistant-at-surgery credentials
12/02/2013	Policy revised to include the requirement that individual formal operative reports are required by each co-surgeon or team surgeon.
11/19/2013	Notification of Documentation Requirement for CMS Designation 0 – Assistant Surgeon/Assistant-at-Surgery and CMS Designation 1 for Co-Surgeon and Team Surgeon. Effective date of combining Modifier 62 Two Surgeons (Co-Surgeon), Modifier 66 Team Surgeon and Modifiers 80, 81, 82 and AS Assistant Surgeon Reimbursement Policies into one policy(MAS). Policy M62 and Policy M66 are now retired.
05/20/2013	Policy revised with correct terminology for Non Physician HealthCare Professional Code list and references updated with 2013 new CPT and HCPCS codes.
07/01/2011	Effective date for reimbursement for Modifier 80 and 82 adjusted to 16%.
03/25/2011	Notification date for reimbursement change for Modifier 80 and 82 adjusted to 16%.
08/06/2009	Effective date former Great-West Healthcare
05/22/2009	Changed DPM from Doctors of Physical Medicine to Doctors of Podiatric Medicine.
05/06/2009	Notification date former Great-West Healthcare
04/20/2009	Effective date of consolidated policy for Cigna HealthCare
01/15/2009	Updated format; retired individual policies; Notification date for Cigna HealthCare. Updated policy to follow CMS guidelines.
06/12/2007	Effective date of policies 81 and AS for Cigna HealthCare.

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