blue of california

Payment Policy

Assistant Surgeon	
Original effect date:	Revision date:
01/01/2010	01/01/2020

IMPORTANT INFORMATION

Blue Shield of California payment policy may follow industry standard recommendations from various sources such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), Current Procedural Terminology (CPT) and/or other professional organizations and societies for individual provider scope of practice or other coding guidelines. The above referenced payment policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms or their electronic equivalent. This information is intended to serve only as a general reference regarding Blue Shield's payment policy and is not intended to address every facet of a reimbursement situation. Blue Shield of California may use sound discretion in interpreting and applying this policy to health care services provided in a particular case. Furthermore, the policy does not address all payment attributes related to reimbursement for health care services provided to a member. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy such as coding methodology, industry-standard reimbursement logic, regulatory/legislative requirements, benefit design, medical and drug policies. Coverage is subject to the terms, conditions and limitation of an individual member's programs benefits.

Application

Blue Shield's Assistant Surgeon Payment Policy will apply to services provided by physicians and certain non-physician practitioners, such as nurse practitioners, physician assistants, and clinical nurse specialists. Blue Shield follows CMS guidance on other categories of non-physician practitioners; not recognized as Medicare providers and thus are not able to bill the program independently for their services. In accordance with CMS, Blue Shield of California cannot reimburse a surgical assistant's services if the assistant is an unlicensed practitioner and does not qualify to be a Medicare provider.

There is no Medicare provider category for Registered Nurse First Assistant (RNFAs), no separately billable RNFA services, and no separate reimbursement for RNFA services. Payment for first assistant at surgery services performed by other providers, including certified surgical technologists and registered nurse first assistants, is covered as part of the prospective payment to the facility (usually the hospital). Such services are reimbursed as part of the Diagnostic Related Group (DRG), if inpatient, and part of the Ambulatory Payment Class (APC), if outpatient. The services of Registered Nurse First Assistant (RNFA) must not be filed to Medicare Part B as payable services and/or billed to beneficiaries or their secondary insurance. To do so, such providers will be at risk of sanctions for inappropriate billing, which could constitute Medicare fraud. As a bundled

service, neither Medicare Part B, nor the patient or their insurance carrier may be billed for the surgical assistant service, surgical assistant or their employers.

Policy

Blue Shield utilizes the ClaimsXten™ software to apply assistant surgeon claims editing and methodology for determining assistant surgeon designations. Assistant surgeon designations are administered based upon a review of relevant information developed by coding authorities such as the American Medical Association, the American College of Surgeons, the Centers for Medicare and Medicaid Services and others. However, the American College of Surgeons is the primary source for determining assistant surgeon designations for this rule.

In accordance with this policy, when Assistant at Surgery modifiers are appropriately appended, Blue Shield shall reimburse as follows:

Modifiers 80, 81 or 82 – Assistant Surgeon, Minimum Assistant Surgeon, and Assistant Surgeon (when qualified resident surgeon not available). CPT / HCPCS codes that have Modifiers 80, 81 or 82 appended, and are performed by a physician, will be reimbursed at 16% of the Blue Shield Provider Allowance.

Modifier AS – Blue Shield requires Non-physician providers (PA, NP, CNS, CNM) to use Modifier AS when they are performing services for assistant at surgery. CPT / HCPCS codes that have Modifiers AS appended will be reimbursed at 14% of the Blue Shield Provider Allowance.

Multiple procedure reductions shall apply if an assistant at surgery submits multiple procedure codes. For additional information on multiple procedure reductions, please refer to Blue Shield's Multiple Procedure & Endoscopy Reduction Payment Policy.

Rationale

Assistant surgeon modifiers may be appropriately attached to a variety of surgical procedures that require aid in prepping and draping the patient, maintaining visualization, keeping the wound clear of blood, holding and positioning the patient or the body parts, assisting with wound closure, and dressing and/or casting, as required. In some surgical settings, the additional assistance does not require the surgical expertise of a surgeon; a surgical assistant such as a qualified nurse, orthopedic technician, or resident physician may be the service provider. The recommendation for denial of reimbursement for an assistant surgeon is based upon a review of relevant information developed by coding authorities such as the American Medical Association, the American College of Surgeons, the Centers for Medicare and Medicaid Services and others. However, the American

College of Surgeons is the primary source for determining assistant surgeon designations for this rule.

Reimbursement Guideline

Blue Shield of California will reference national or regional industry standards, such as Centers for Medicare & Medicaid Services' (CMS) National Correct Coding Initiative (NCCI) and MUE (Medically Unlikely Edits) rules, and American Medical Association's (AMA) CPT guidelines, as coding standards and as guidance for payment policy. In claims payment scenarios where CMS and/or CPT reference is lacking or insufficient, the Payment Policy Committee (PPC) may develop customized payment policies that are based on other accepted or analogous industry payment standards and or expert input.

Resources
• **American College of Surgeons** http://www.facs.org • **American Medical Association** http://www.ama-assn.org/ama • **Centers for Medicare & Medicaid Services** http://www.cms.gov/

Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Payment Policy.

Effective Date	Action	Reason
01/01/2010	New Policy Adoption	Payment Policy Committee
07/08/2017	Revision	Payment Policy Committee
08/03/2018	Maintenance	Payment Policy Committee
04/10/2019	Reimbursement Percentage updated per modifier reimbursement policy update effective 03/07/2019:	Payment Policy Committee
01/01/2020	Annual policy review; minor language updates with no change to policy criteria	Annual Maintenance

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available.