LifeWise Health Plan of Washington

Payment Policy

cmi_127246

Title	**Modifier AS – Physician Assistant, Nurse Practitioner or Clinical Nurse Specialist Services for Assistant at Surgery (Non-Physician)**		
Number	**CP.PP.374.v2.4**		
Last Approval Date	08/12/24	**Original Effective Date**	08/04/11
Cross Reference	• *Multiple Surgical Reductions* • *Modifier 80, 81, 82 – Assistant Surgeons (Physician)* • *Modifier 62 – Two Surgeons* • *Modifier 66-Surgical Team*		

Coverage of any service is determined by a member's eligibility, benefit limits for the service or services rendered and the application of the Plan's Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the **Plan's professional or facility services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

Purpose	To define when the Plan recognizes services appended with modifier AS that are submitted on a CMS 1500 paper claim or 837P electronic claim form.
Scope	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company, and Premera Blue Cross HMO lines of business and products.
Policy	The Plan recognizes modifier AS appended to a service to indicate when assistant-at-surgery services are provided by a non-physician provider such as a physician assistant, nurse practitioner, or clinical nurse specialist. This modifier must not be used by a physician provider assisting at surgery. Such services must be billed with modifier 80, 81, or 82 - *Assistant Surgeons (Physician)*. The Plan primarily determines whether codes are eligible/billable for assistant surgeons based on the "Assistant Surgeon" indicator in the current CMS National Physician Fee Schedule (LINK) as follows: • **0** – Payment restriction for assistants at surgery applies to this procedure unless supporting documentation is submitted to established medical necessity • **1** – Statutory payment restriction for assistants at surgery applies to this procedure. Assistant at surgery may not be paid • **2** – Payment restriction for assistants at surgery does not apply to this procedure. Assistant at surgery may be paid • **9** – Concept does not apply The non-physician assistant surgeon must report the **same procedure code** as the primary surgeon but appended with modifier AS. If the primary surgeon bills a global code (e.g., maternity care), the non-physician assistant at surgery can only report the specific surgery only code (e.g., delivery only). A non-physician assistant-at-surgery must **actively assist the surgeon and participate in the actual performance of the procedure.** Rather than just indicate in the operative report that a non-physician surgical assistant was present/participating in the surgical procedure, the operative report must document: • the reason the non-physician assistant surgeon's services were needed, and • the specific service(s) the non-physician assistant surgeon rendered.

	The non-physician assistant surgeon must only report the procedures for which they assisted the primary surgeon, appended with an appropriate non-physician assistant surgeon modifier. Only those codes that are eligible/billable for assistant surgeons, based on the "Assistant Surgeon" indicator flag will be reimbursed. When the surgical procedure is listed with "Indicator 0" on the National Physician Fee Schedule, documentation indicating the need for a surgical assistant must accompany the claim in order to support potential reimbursement and identify the specific service(s) the non-physician assistant surgeon rendered. Modifier AS must not be used if the physician assistant, nurse practitioner or clinical nurse specialist is acting as an "extra" pair of hands in the operating room and not a surgical assistant in place of another surgeon. Modifier AS must not be billed with modifiers 80, 81, or 82 on the same claim, by the same provider or on the same date of service. Only one assistant surgeon is allowed per applicable surgical procedure. If the services of more than one or several non-physician providers or other highly skilled, specially trained personnel are required for a highly complex procedure, such services should be billed as a "surgical team" utilizing modifier 66 - *Surgical Team*. Each provider's documentation should clearly define what role the provider played as part of the surgical team. When the individual skills of **two** surgeons work together as **primary surgeons** performing distinct or simultaneous parts of a single or same surgical procedure on the same patient during the same operative session due to the complex nature of the procedure(s) and/or the patient's condition, **the additional surgeon is not acting as an assistant-at-surgery**. The two surgeons are acting as "co-surgeons", in which case, modifier *62-Two Surgeons* should be used. Each primary surgeon documents and creates their own operative report and identifies the other as a co-surgeon. All non-physician assistants at surgery claims require the assisting provider's own National Provider Identifier (NPI) number upon claim submission. Codes that are eligible for multiple surgical reductions will be adjusted when multiple surgical procedures are performed at the same surgical session.

<table>
<tr><td>Codes/Coding Guidelines</td><td>Physician Assistant, Nurse Practitioner or Clinical Nurse Specialist (non-physician) assistant-at-surgery modifiers:

<table><tr><td>Modifier</td><td>Definition</td></tr><tr><td>AS</td><td>Physician Assistant (PA), Nurse Practitioner, or Clinical Nurse Specialist services for assistant-at-surgery.
Used to report non-physician practitioners or advanced practice practitioners who assist in surgery.
The provider reports their services using their own provider NPI number with the appropriate place of service.
The provider is capable of taking over the surgery should the primary surgeon become incapacitated
Reimbursement will be 10% of the provider’s applicable Fee Schedule allowed amount for the primary surgery</td></tr></table></td></tr>
<tr><td>Violations of Policy</td><td>Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be appropriate to the seriousness of the violation and shall be determined at Plan’s sole discretion.

Violations of this policy may be grounds for corrective action, up to and including termination of employment.</td></tr>
<tr><td>Exceptions</td><td>Alaska providers: Reimbursement will be 13% of the provider’s applicable Fee Schedule allowed amount for the primary surgery
Oregon providers: Reimbursement will be 20% of the provider’s applicable Fee Schedule allowed amount for the primary surgery
This policy does not apply to any provider reimbursed using an ASC APC payment methodology.</td></tr>
<tr><td>Laws, Regulations & Standards</td><td>None</td></tr>
<tr><td>References</td><td>American Medical Association’s Current Procedural Terminology (AMA/CPT); Professional Edition codebook
Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFS) Relative Value File
American College of Surgeons (ACS) Physicians as Assistants at Surgery (current study)</td></tr>
</table>

Policy Owner Review	Payment Integrity Oversight Committee	
Contact	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department.	
Annual Review Dates	08/12/24; 11/09/23; 12/07/22; 01/07/22; 01/27/21; 02/10/20; 03/15/19; 03/29/18; 06/13/17; 07/13/15; 07/13/14; 07/16/13; 07/16/12; 08/04/11	
Version History	03/29/18	Created new section “Codes/Coding Guidelines” and moved the modifier information into this section
	03/15/19	Annual review; Added second paragraph to identify the main resource that is used to identify when an assistant surgeon is billable

This policy was published on August 15, 2024

	02/10/20	Added the sixth paragraph that referenced "team surgery" and billing these services using modifier 66; Added Payment Policy Modifier 66 to the Cross Reference section
	01/27/21	• Clarified the Purpose statement to indicate that the policy pertains to Professional services billed on a CMS-1500 or 837P electronic claim forms • Added LINK to the CMS National Physician Fee Schedule • Clarified that Modifier AS and Modifiers 80/81/82 cannot be billed on the same claim by the same provider on the same date of service • Added an Exception that this policy does not apply to providers that are paid on an ASC-APC payment methodology
	01/07/22	Deleted reference to claims editor tool on provider portal
	12/07/22	• In the Policy section, clarified that the operative report must document the specific services that the non-physician assistant rendered rather than just mention a physician assistant was present. • Added paragraph to indicate services with indicator flag "0" in the National Physician Fee Schedule must be accompanied by documentation for the need of a surgical assistant and the specific services rendered. • Added a paragraph to indicate that the non-physician assistant must add their own identification number upon claims submitted.
	11/09/23	• In the Policy section, added the fourth paragraph indicating that the assistant surgeon only reports the procedure codes for which they assisted the primary surgeon and only those procedure codes eligible for an assistant surgeon will be reimbursed. • Added the last sentence to the seventh paragraph which indicates that only one surgical assistant is allowed per applicable surgical procedure
	08/12/24	In the Cross Reference section, added Modifier 62-Two Surgeons. In the Policy section: • Added the third paragraph to indicate that the assistant surgeon must bill the same procedure code, appended with a surgical assist modifier, as the primary surgeon. • Added the tenth paragraph to indicate that when two surgeons are acting as primary surgeons performing distinct or simultaneous parts of a procedure, they are not acting as assistants-at-surgery but co-surgeons whose services must be appended with modifier 62. • In the second to the last paragraph, indicated that the NPI provider identification number of the assistant surgeon must be on the assistant surgeon's claim.