



# Medicare Assistant at Surgery Billing for Part B Providers

8/28/2025

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### Today's Presenters

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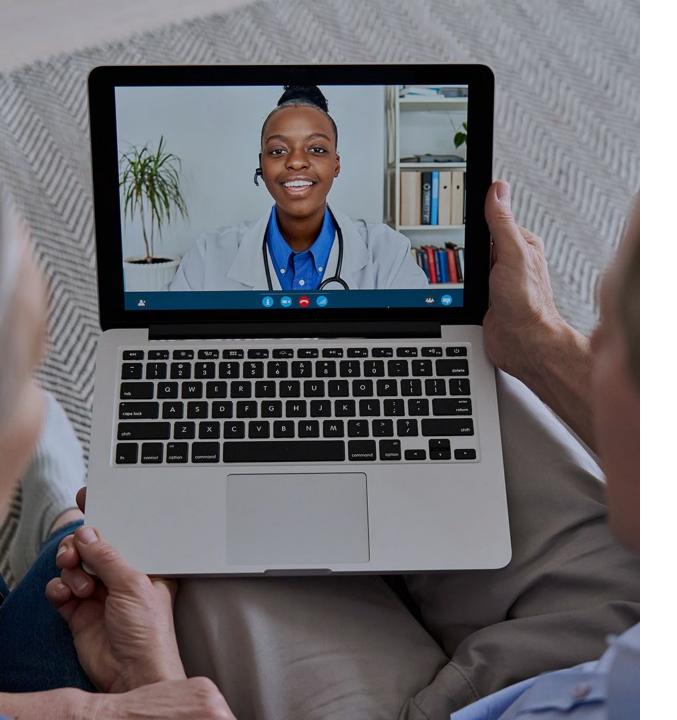


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### Objective

The primary objective of billing assistant at surgery services is to ensure accurate and timely reimbursement by applying appropriate modifiers to accurately represent the procedures performed. Also, to understand how to use the fee schedule database for policy indicators.





### Agenda

- Assistant at Surgery Overview
- Modifiers
- Fee Schedule for Physicians' **Services**
- Payment Policy Indicators
- <u>Medical Documentation</u>
- References and Resources









# Assistant at Surgery Overview

### **Assistant At Surgery**

- An assistant surgeon is defined as a physician who actively assists the operating surgeon
  - Assistant may be necessary because of the complex nature of procedure(s) or the patient's condition
  - Assistant is usually trained in same specialty
  - Assistant at surgery may be physician assistant, nurse practitioner or clinical nurse specialist acting under direct supervision of physician, where physician acts as surgeon and assistant at surgery as an assistant
    - NPP must be authorized to provide such services under State law





### General

- Primary objective of a surgical assistant is to support surgeon and surgical team during a procedure, ensuring patient safety and contributing to positive surgical outcomes that involves a range of tasks, including
  - Preparing the operating room
  - Assisting with patient positioning and draping
  - Providing visualization, managing bleeding, and closing incisions
- Surgical assistants also play a crucial role in maintaining sterile field and adhering to infection control protocols





### Medicare Assistant at Surgery

- There may be exceptional medical circumstances like emergency life-threatening situations or multiple traumatic injuries, which require other specialty physicians
- Medicare has specific rules outlined in the Internet-Only Manual (IOM) that govern billing and reimbursement of assistant-at-surgery services
- These guidelines address when an assistant is deemed medically necessary and appropriate modifiers to use on claims
- CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 12, Sections 20.4.3 and 100.1.7







### NPP and Residents

- Conditions for coverage of such services in teaching hospitals are more restrictive than those in other settings because of availability of residents who are qualified to perform this type of service
- There may be other situations in which medical staff may find that exceptional medical circumstances justify services of non-physician practitioners at surgery even though a qualified resident is available

# Multiple Physician Specialties Involved in Surgery

- Physicians of different specialties may be necessary during surgery when each specialist is required to play an active role in patient's treatment because of existence of more than one medical condition requiring diverse, specialized medical services (i.e., cardiologist)
- Concurrent care is functioning at different level than that of assistant at surgery
  - This is not assistant at surgery







# Modifiers

### Physician Only Assistant at Surgery

- Physician assistant at surgery modifiers include
  - Modifier 80
    - When a medical doctor (MD/DO) provides the assistant at surgery service
  - Modifier 81
    - To identify minimum surgical assistant services
  - Modifier 82
    - Used when a MD/DO provides an assistant at surgery service and there was no qualified resident available
- NPP must not use 80, 81 or 82 modifier
- Medicare reimburses assistant surgeon services performed by physicians at 16% of Medicare Physician Fee Schedule (MPFS)





### NPP Only Assistant at Surgery

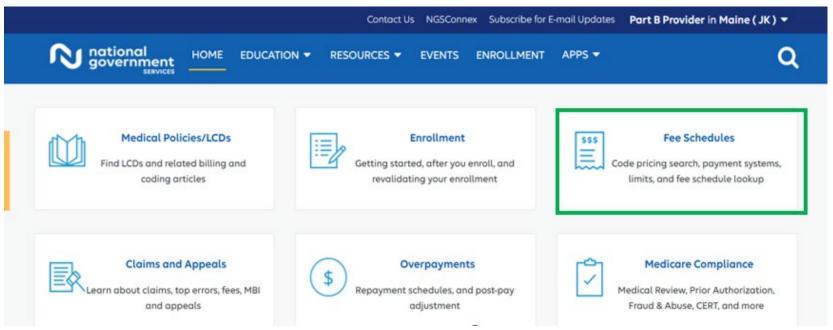
- NPP assistant at surgery
  - Modifier AS
    - Physician Assistant (PA)
    - Nurse Practitioner (NP)
    - Clinical Nurse Specialist (CNS)
- MD/DO must not use AS modifier
- Medicare reimburses assistant surgeon services performed PAs, NPs, and CNSs at 13.6% (85% of 16%) of fee schedule



# Fee Schedule for Physicians' Services

### Fee Schedule Lookup

 Medicare Physician <u>Fee Schedule Lookup</u> Database (MPFSDB) contains payment policy indicators that determine if assistantat-surgery services are reasonable and necessary for a specific CPT/HCPCS code





### **MPFSDB**

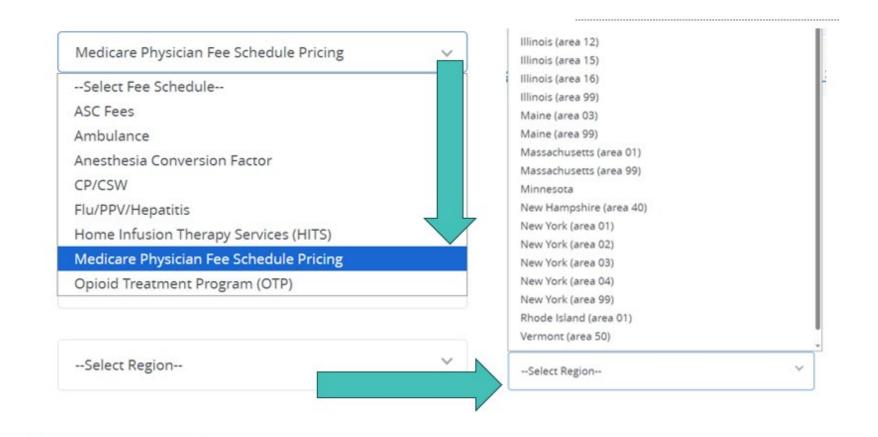
Select a Fee Schedule: \*

Result Type: \*

Date of Service: \*

Procedure Code: \*

Region: \*



Search



### IL and NY Locality/County Information

Illinois Locality	Counties
12	Bond, Calhoun, Clinton, Jersey, Macoupin, Madison, Monroe, Montgomery, Randolph, St. Clair, Washington
15	DuPage, Kane, Lake, Will
16	Cook
99	All Other Counties

New York Locality	Counties
01	Manhattan
02	Bronx, Brooklyn, Nassau, Rockland, Staten Island, Suffolk, Westchester
03	Columbia, Delaware, Dutchess, Greene, Orange, Putnam, Sullivan, Ulster
04	Queens
99	All Other Counties





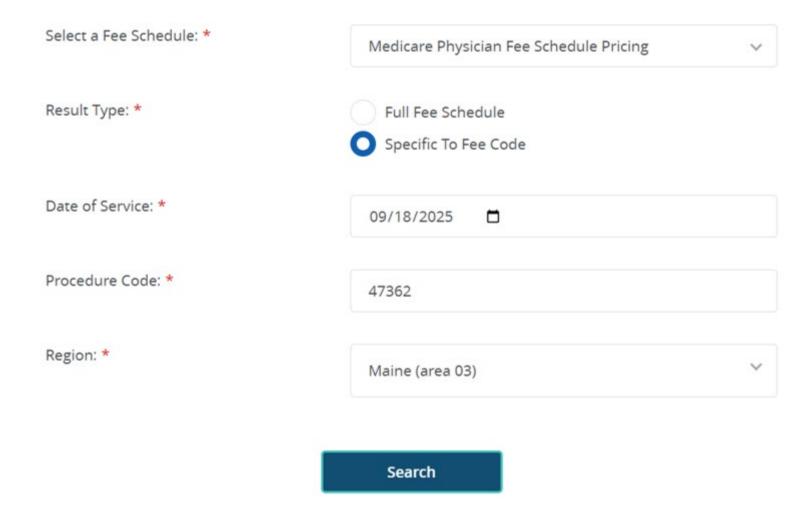
### MA and ME Locality/County Information

MA Localities	State	Counties
01	MA	Middlesex, Norfolk and Suffolk
99	MA	All Other Counties

ME Localities	State	Counties
03	ME	York and Cumberland
99	ME	All Other Counties



### Example: 47362 Repair of Liver







### Fee Allowance 47362 Repair of Liver

### Medicare Physician Fee Schedule Pricing Fee Schedule

Procedure Code	Effective Date	State/Territory	Locality	Short Description
47362	01/01/2025	14112	03	Repair liver wound

				Rates (NON-OPPS)			
Modifier		NON FAC NON PAR	NON FAC LC	FAC PAR	FAC NON PAR	FAC LC	
(Details)	1327.76	1261.37	1450.58	1327.76	1261.37	1450.58	

			Capped Payment Rat			
Modifier	NON FAC PAR	NON FAC NON PAR	NON FAC LC	FAC PAR	FAC NON PAR	FAC LC
(Details)	0.00	0.00	0.00	0.00	0.00	0.00

The full Fee Schedule for this code can be downloaded in the following formats below:

Excel File

**CSV File** 





## Example 47362 Repair of Liver

		Modifier Selected: (blank)						
Payment Calculations	Status	Conversion Factor	Update Factor	Work RVU	FAC PE RVU	NON FAC PE RVU		
	A	32.3465	1.0000	23.54	13.80	13.80		
	Malpractice RVU	Work GPCI	Practice GPCI	Malpractice GPCI	Reduced Therapy Amt	Endoscopic Base		
	5.40	1.000	1.012	0.656	0.00			
	Global Surgery	Facility Pricing	PC/TC	Preoperative Percentage	Interoperative Percentage	Postoperative Percentage		
Policy Indicators	090	1	0	09.00%	81.00%	10.00%		
Folicy indicators	Multiple Surgery	Bilateral Surgery	Assistant At Su	irgery Two Surg	geons Tea	am Surgery		
	2	0	2	1	0			





### Example 59510 Cesarean

	Non-OPPS Capped Payment Rates (NON-OPPS)						
Fee Allowance	Modifier	NON FAC PAR	NON FAC NON PAR	NON FAC LC	FAC PAR	FAC NON PAR	FAC LC
	(Details)	2490.33	2365.81	2720.68	2490.33	2365.81	2720.68
				Modifier Selected: (	blank)		
Payment Calculations	Status	Conversion Factor	Update Factor	Work RV	<u>u</u>	FAC PE RVU	NON FAC PE RVU
	A	32.3465	1.0000	41.05		27.54	27.54
	Malpractice RVU	Work GPCI	Practice GPCI	Malprac	tice GPCI	Reduced Therapy Amt	Endoscopic Base
	12.30	1.000	1.012	0.656		0.00	
	Global Surgery	Facility Pricing	PC/TC	Preoper	ative Percentage	Interoperative Percentage	Postoperative Percentage
	МММ	1	0	00.00%		00.00%	00.00%
Policy Indicators	Multiple Surgery	Bilateral Surge	ry As	sistant At Surgery	Two Surg	geons Tex	am Surgery
	2	0	1		0	0	





### Example 42820 Tonsillectomy

42820		Non-OPPS Capped Payment Rates (NON-OPPS)					
	Modifier	NON FAC PAR	NON FAC NON PAR	NON FAC LC	FAC PAR	FAC NON PAR	FAC LC
Fee Allowance	(Details)	282.35	268.23	308.46	282.35	268.23	308.46
	]			Modifier Selected: (b	olank)		
	Status	Conversion Factor	Update Factor	Work RVI	į.	FAC PE RVU	NON FAC PE RVU
	A	32.3465	1.0000	4.22		4.06	4.06
Payment Calculations	Malpractice RVU	Work GPCI	Practice GPCI	Malpract	ice GPCI	Reduced Therapy Amt	Endoscopic Base
	0.61	1.000	1.012	0.656		0.00	
	Global Surgery	Facility Pricing	PC/TC	Preopera	tive Percentage	Interoperative Percentage	Postoperative Percentage
	090	1	0	09.00%		81.00%	10.00%
Policy Indicators	Multiple Surgery	Bilateral Surge	ery Ass	sistant At Surgery	Two Surg	geons T	eam Surgery
	2	0	0	)	0	(	)





# Payment Policy Indicators

# Assistant at Surgery Policy Indicators

Policy Indicator	Description
Ο	Payment restriction for assistants at surgery applies to this procedure unless supporting documentation is submitted to establish 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

<u>Fee schedule assistance</u> scroll down to Description of Medicare Physician Fee Schedule Database Policy Indicators







### Medical Documentation

### **Medical Necessity**

- Medicare only pays for assistant-atsurgery services when medically necessary
- Primary surgeon's documentation should clearly describe medical necessity and role of assistant-at-surgery during procedure









### Policy Indicators 0 or 1

- Operative note should clearly document the assistant surgeon's role during the operative session
- Documentation/operative report should include the name and credentials of the assistant, and the specific activities that the assistant at surgery performed



### Documentation

- Documentation must provide a clinical picture of patient
  - Any equipment used
  - Clearly document assistant's role during operative session
  - Complication or unexpected findings during the surgery
  - Date and time
  - Diagnoses (reason for surgery)
  - Evidence the assistant surgeon actively participated in procedure
  - Patient demographics
  - Primary surgeon's signature
  - Procedures/services details
  - Name of primary surgeon, assistant, anesthesiologist/CRNA
  - Who perform what supported by use of modifiers
    - Physicians 80, 81, 82
    - NPP AS







# References and Resources

### NGS and CMS References and Resources

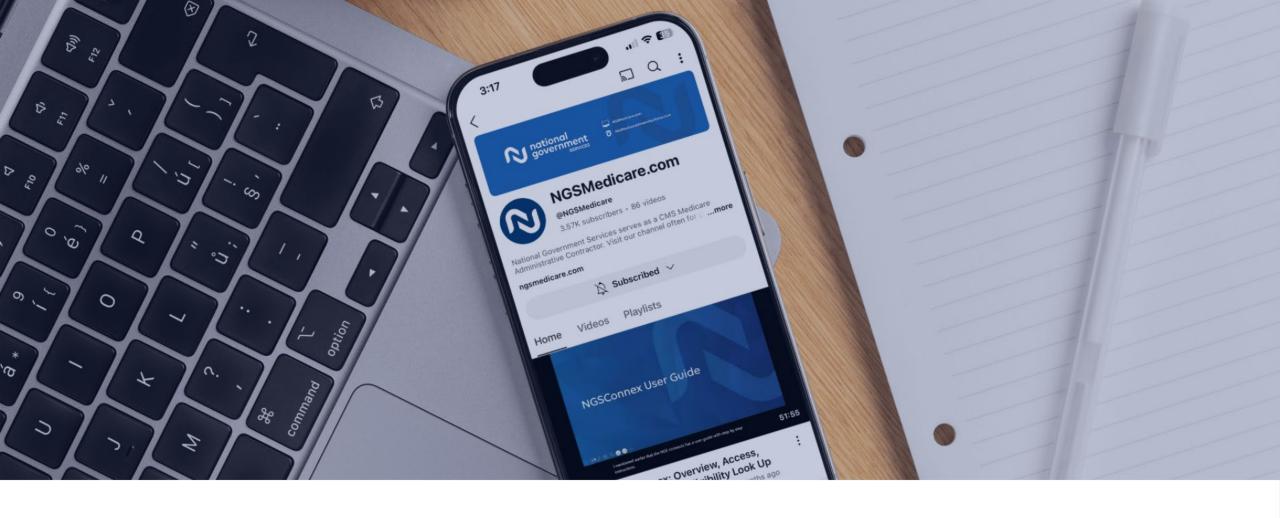
- NGS References
  - MPFS available on our Fee Schedule Lookup page
  - Fee Schedule Assistance
  - Co-Surgery/Team Surgery/Assistant Surgery Modifiers
  - Assistants at Surgery at Teaching Hospitals
- Benefits of Electronic Attachments
  - 275: <u>How To Get Started Five Easy Steps</u>
  - 277: <u>How To Get Started Five Easy Steps</u>
  - Paperwork Segment PWK
- CMS Resources
  - CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 12, Section 40.8
  - CMS MLN Booklet MLN907166 Global Surgery





# Questions?

Thank you!



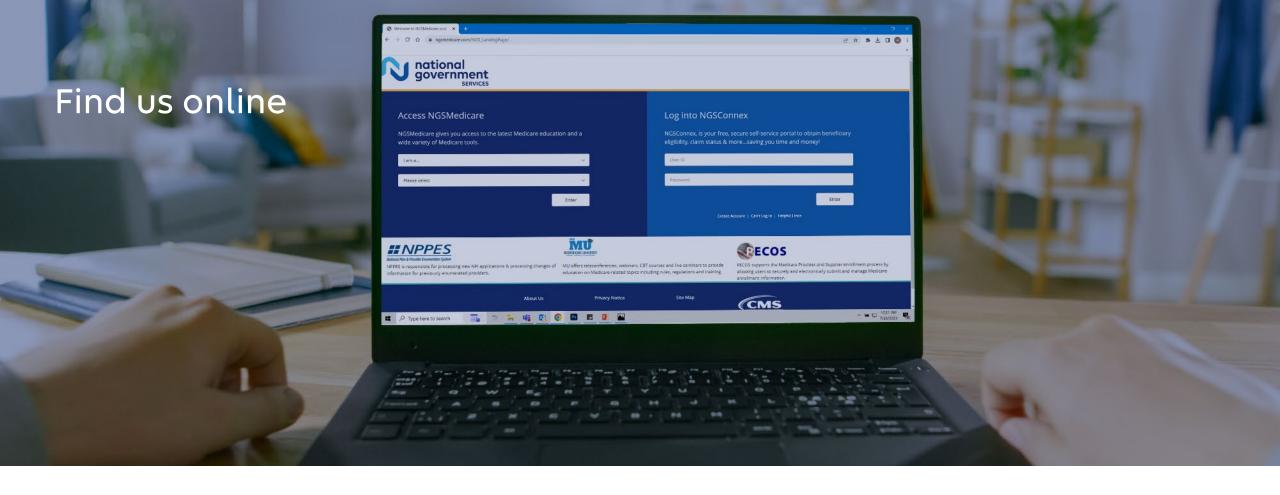
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