

cmi_051730

Title	Modifier 80, 81, 82 – Assistant Surgeons (Physician)		
Number	CP.PP.097.v3.6		
Last Approval Date	10/07/25	Original Effective Date	11/14/03
Cross Reference	<ul style="list-style-type: none"> • <i>Multiple Surgical Reductions</i> • <i>Modifier AS – Physician assistant, nurse practitioner or clinical nurse specialist services for assistant at surgery (non-physician)</i> • <i>Modifier 62 – Two Surgeons</i> • <i>Modifier 66 – Surgical Team</i> 		

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 modifiers 80, 81, or 82 that are submitted on a professional 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	<p>The Plan recognizes modifiers 80, 81, and 82 appended to a service to indicate when a physician provides assistant-at-surgery services. Non-physician providers assisting with surgery should append modifier AS- <i>Physician assistant, nurse practitioner or clinical nurse specialist services for assistant at surgery (non-physician)</i>.</p> <p>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:</p> <ul style="list-style-type: none"> • 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 <p>The physician assistant surgeon must report the same procedure code as the primary surgeon but appended with one of the physician assistant-at-surgery modifiers. If the primary surgeon bills a global code (e.g., maternity care), the physician assistant-at-surgery can only report the specific surgery only code (e.g., delivery only).</p> <p>Modifiers 80, 81 or 82 must not be billed with modifier AS - <i>Physician assistant, nurse practitioner or clinical nurse specialist services for assistant at surgery (non-physician)</i> on the same claim, by the same provider, or on the same date of service if the surgical assistant is a physician. Only one assistant surgeon modifier is allowed per applicable surgical procedure.</p> <p>If the services of more than one or several physicians or other highly skilled, specially trained physicians/personnel are required for a complex procedure, such services must</p>

be billed as a “surgical team” utilizing modifier 66 - *Surgical Team*. Each provider’s documentation must 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.

A physician assistant-at-surgery must **actively assist the surgeon and participate in the performance of the procedure**. Rather than just indicate that a surgical assistant was present/participating in the surgical procedure, the operative report must document:

- the reason the physician assistant surgeon’s services were needed, and
- the **specific service(s)** the physician assistant surgeon rendered.

The assistant surgeon must report only the procedures for which they assisted the primary surgeon, appended with an appropriate 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 physician assistant surgeon rendered.

All physician assistant-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.

Codes/Coding Guidelines	<p>Physician Assistant surgeon modifiers include:</p> <table border="1" data-bbox="415 262 1453 1241"> <thead> <tr> <th data-bbox="415 262 570 296">Modifier</th> <th data-bbox="576 262 1453 296">Definition</th> </tr> </thead> <tbody> <tr> <td data-bbox="415 304 570 646"> 80 </td> <td data-bbox="576 304 1453 646"> Assistant Surgeon <ul style="list-style-type: none"> • Provides full assistance to the primary surgeon • Capable of taking over the surgery should the primary physician surgeon become incapacitated. • The provider reports their services using their own provider NPI number with the appropriate place of service. • Effective with dates of service on and after November 1, 2025, reimbursement will change from 20% to 16% of the provider’s applicable Fee Schedule allowed amount for the primary surgery. </td> </tr> <tr> <td data-bbox="415 655 570 890"> 81 </td> <td data-bbox="576 655 1453 890"> Minimum Assistant Surgeon: <ul style="list-style-type: none"> • An assistant who does not participate in the entire procedure but provides minimal assistance to the primary physician surgeon. • The provider reports their services using their own provider NPI number with the appropriate place of service. • Reimbursement will be 10% of the provider’s applicable Fee Schedule allowed amount for the primary surgery </td> </tr> <tr> <td data-bbox="415 898 570 1234"> 82 </td> <td data-bbox="576 898 1453 1234"> Assistant Surgeon (When Qualified Resident Surgeon is not Available): <ul style="list-style-type: none"> • Used primarily in teaching hospitals to indicate that a qualified resident surgeon is unavailable • The provider reports their services using their own provider NPI number with the appropriate place of service. • Effective dates of service on and after November 1, 2025, reimbursement will change from 20% to 16% of the provider’s applicable Fee Schedule allowed amount for the primary surgery. </td> </tr> </tbody> </table>	Modifier	Definition	80	Assistant Surgeon <ul style="list-style-type: none"> • Provides full assistance to the primary surgeon • Capable of taking over the surgery should the primary physician surgeon become incapacitated. • The provider reports their services using their own provider NPI number with the appropriate place of service. • Effective with dates of service on and after November 1, 2025, reimbursement will change from 20% to 16% of the provider’s applicable Fee Schedule allowed amount for the primary surgery. 	81	Minimum Assistant Surgeon: <ul style="list-style-type: none"> • An assistant who does not participate in the entire procedure but provides minimal assistance to the primary physician surgeon. • The provider reports their services using their own provider NPI number with the appropriate place of service. • Reimbursement will be 10% of the provider’s applicable Fee Schedule allowed amount for the primary surgery 	82	Assistant Surgeon (When Qualified Resident Surgeon is not Available): <ul style="list-style-type: none"> • Used primarily in teaching hospitals to indicate that a qualified resident surgeon is unavailable • The provider reports their services using their own provider NPI number with the appropriate place of service. • Effective dates of service on and after November 1, 2025, reimbursement will change from 20% to 16% of the provider’s applicable Fee Schedule allowed amount for the primary surgery.
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Violations of Policy	<p>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 by the plan.</p>								
Exceptions	<ul style="list-style-type: none"> • This policy does not apply to any provider reimbursed using an ASC APC payment methodology. • Alaska Providers: Reimbursement of modifiers 80 and 82 will continue to be 20% of the provider’s applicable Fee Schedule allowed amount for the primary surgery for services with dates of service through February 5, 2026. Effective dates of service on and after February 6, 2026, reimbursement will change from 20% to 16% of the Alaska provider’s applicable Fee Schedule allowed amount for the primary surgery. • Exceptions to the policy may also be made where a provider contract dictates otherwise. 								
Laws, Regulations & Standards	<p>None</p>								
References	<ul style="list-style-type: none"> • American Medical Association’s Current Procedural Terminology (AMA/CPT), Professional Edition codebook 								

	<ul style="list-style-type: none"> 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)
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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	10/07/25; 05/05/25; 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; 07/14/14; 07/16/13; 07/16/12; 08/04/11; 01/27/11; 03/04/10; 05/25/09; 10/10/08; 09/24/07; 08/28/06; 08/29/05; 10/21/04; 10/08/04; 11/06/03	
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
	02/10/20	Added the fifth 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	<ul style="list-style-type: none"> 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 Modifiers 80/81/82 and Modifier AS 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 the Claims Editor tool on the provider portal
	12/07/22	<ul style="list-style-type: none"> In the Policy section, clarified that the operative report must document the specific services that the 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 performed.
	11/09/23	<ul style="list-style-type: none"> In the Policy section, added the last sentence to the third paragraph which indicates that only one surgical assistant is allowed per applicable surgical procedure. Also added the sixth 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.
	08/12/24	<p>In the Cross Reference section, added Modifier 62-Two Surgeons.</p> <p>In the Policy section:</p> <ul style="list-style-type: none"> 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.

		<ul style="list-style-type: none"> • Added the sixth 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 number of the assistant surgeon must be on the assistant surgeon’s claim <p>In the Codes/Coding Guidelines sections:</p> <ul style="list-style-type: none"> • added a bullet to each modifier section indicating that the provider reports their services using their own NPI number.
	05/05/25	<ul style="list-style-type: none"> • In the coding section, adjusted the reimbursement rate under the modifier table for modifiers 80 and 82 from 20% of the providers applicable fee schedule to 16% effective November 1st, 2025. • In the exceptions section added: “Alaska Providers: Reimbursement of modifiers 80 and 82 will continue to be 20% of the provider’s applicable Fee Schedule allowed amount for the primary surgery.” • In the exceptions section removed: “Oregon providers: Reimbursement of modifier 81 will be 15% of the provider’s applicable Fee Schedule allowed amount for the primary surgery.”
	10/07/25	Added to the exceptions section “Effective with dates of service on and after February 6, 2026, reimbursement will change from 20% to 16% of the Alaska provider’s applicable Fee Schedule allowed amount for the primary surgery.”