# Payment Policy

<table>
<thead>
<tr>
<th>Title</th>
<th>Modifier AS – Physician Assistant, Nurse Practitioner or Clinical Nurse Specialist Services for Assistant at Surgery (Non-Physician)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>CP.PP.374.v1.9</td>
</tr>
<tr>
<td>Last Approval Date</td>
<td>02/10/20</td>
</tr>
<tr>
<td>Original Effective Date</td>
<td>08/04/11</td>
</tr>
<tr>
<td>Replaces</td>
<td>N/A</td>
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</tbody>
</table>
| Cross Reference | • Multiple Surgical Reductions Policy  
• Modifier 80, 81, 82 – Assistant Surgeons (Physician)  
• 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 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.

## Scope

Applies to all Company lines of business and products with the exception of Medicare Advantage.

## 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 should not be used by a physician provider assisting at surgery. Such services should be billed with modifier 80, 81 or 82.

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 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

A non-physician assistant-at-surgery is required to actively assist the surgeon and participate in the actual performance of the procedure. The operative report documents the specific service(s) the non-physician assistant surgeon rendered.

Modifier AS should not be used if the Physician Assistant, Nurse Practitioner or Clinical Nurse Specialist is acting as an “extra” pair of hands and not a surgical assistant in place of another surgeon.

Modifier AS should not be billed with modifiers 80, 81 or 82.

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. Each provider’s documentation should clearly define what role the provider played as part of the surgical team.

Codes that are eligible for multiple surgical reductions will be adjusted when multiple surgical procedures are performed at the same surgical session.

Codes which can be billed with assistant surgeon modifiers can be determined by using the online “Claims Editor” tool, located on the Plan’s Provider portal (www.premera.com).

### Codes/Coding Guidelines

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Definition</th>
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| AS       | 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 identification number with the appropriate site 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 |

### Violations of Policy

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 in Plan’s sole discretion.

Violations of this policy may be grounds for corrective action, up to and including termination of employment.

### Exceptions

- **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

### Laws, Regulations & Standards

None

### References

- 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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<thead>
<tr>
<th><strong>Policy Owner Review</strong></th>
<th>Provider Integrity Oversight Committee</th>
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<tr>
<td><strong>Contact</strong></td>
<td>Any questions regarding the contents of this policy or its application should be directed to the Payment Policy Department.</td>
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<tr>
<td><strong>Annual Review Dates</strong></td>
<td>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</td>
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<tr>
<td><strong>Version History</strong></td>
<td>03/29/18</td>
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