



Assistant Surgeon Payment Policy

Policy

Fallon Community Health Plan (FCHP) allows payment for assistant surgeons when medical necessity and appropriateness of assistant surgeons criteria are met. FCHP uses Medicare and other nationally recognized guidelines to determine medical necessity and appropriateness of assistant surgeon services. Cases may be reviewed on an individual consideration basis. FCHP does not reimburse for assistant surgeons at teaching hospitals unless there is no qualified resident available.

Definitions

An assistant surgeon is defined as a practitioner who actively assists the operating surgeon in the performance of a surgical procedure. An assistant surgeon may be necessary due to the complex nature of the procedures(s) or the patient's condition. The assistant surgeon performs medical functions under the direct supervision of the operating physician.

Benefits application

- FCHP Direct Care/FCHP Select Care
- Commonwealth Care
- Companion Care
- FCHP MassHealth
- Major Medical
- Fallon Preferred Care
- Fallon Senior Plan™
- Fallon Senior Plan Preferred
- Summit ElderCare®
- NaviCareSM

Reimbursement

The assistant surgeon reimbursement for a covered procedure is the lesser of 16% of the contracted rate of the principal surgeon or 16% of billed charges (specific contract terms may apply). The physician assistant (PA) reimbursement for a covered procedure is 85% of the maximum allowed for an assistant surgeon. The nurse practitioner (NP) reimbursement for a covered procedure is 85% of the maximum allowed for an assistant surgeon. Separate reimbursement will not be allowed for the hospital-employed physician assistant or nurse practitioner.

Beginning 11/1/2009, claims processed with multiple procedures billed by an assistant surgeon are reimbursed at 50% of the assistant surgeon rate for the 2nd procedure and beyond. This applies to all surgery assists (physician, PA, NP, etc.). This is in addition to the reduction to 16% for assistant surgery.

Assistant surgeon services will not be reimbursed if the procedure does not allow for assistant surgeon services. The member cannot be held liable.

Referral/notification/prior authorization requirements

PCP referrals are required for all specialty visits. For a description of services requiring a PCP referral, please refer to the PCP referral and prior authorization grid located in the Managing Patient Care section of the *Provider Manual* under PCP Referral and Plan Prior Authorization Process.

The ordering physician is required to obtain prior authorization for:

- Unlisted CPT codes.
- The applicable codes found on the List of Procedures Requiring Prior Authorization located in the Managing Patient Care section of the *Provider Manual* under PCP Referral and Plan Prior Authorization Process.

Billing/coding guidelines

Payment is allowed for assistant surgeons only when medical necessity and appropriateness of assistant surgeons are met. FCHP follows Medicare and other nationally recognized guidelines to determine medical necessity and appropriateness of assistant surgeon services. If medical necessity and appropriateness criteria are not met, the assistant surgeon claim will be denied even if the code(s) billed by the assistant surgeon and the surgeon match exactly.

When conditions of medical necessity and appropriateness are met, and the code(s) billed by the assistant surgeon and the surgeon match exactly, both claims will be paid.

When conditions of medical necessity and appropriateness are met, but the code(s) billed do not match exactly, these claims will be processed as follows:

- 1) If the code(s) billed by the assistant surgeon represent anatomically correct area(s), similar level of complexity, and reasonable billed amount(s) to the code(s) billed by the surgeon, they will be processed as acceptable codes.
- 2) If the code(s) billed by the assistant surgeon **do not** represent anatomically correct areas, similar level of complexity, or reasonable billed amount(s) to the code(s) billed by the surgeon, operative notes will be requested from the assistant surgeon for medical review.
 - a) If upon review, it is determined that the code(s) billed by the assistant surgeon are for an incorrect anatomic area(s) or level of complexity, the claim will be re-coded with the appropriate CPT code(s) based on the operative notes. A letter to the assistant surgeon will be generated indicating the discrepancy and the claim will be paid with the correct code(s).
 - b) If the billed amount is not reasonable and customary, FCHP will contact the assistant surgeon for additional information.

The appropriate modifier should be used:

- -51 Multiple Procedures
- -80 Assistant Surgeon
- -81 Minimum Assistant Surgeon
- -82 Assistant Surgeon (when qualified resident surgeon not available)
- -AS Physician Assistant/Nurse Practitioner or Clinical Nurse Specialist services for assistant at surgery.

Place of service

This policy applies to services rendered in all settings.

Policy history

Origination date:	04/18/02
Previous revision date(s):	05/09/07 07/01/09 – moved to new policy template and corrected typographical errors in the Reimbursement section. 11/01/2009 – added description of additional 50% reduction for multiple procedures.
Connection date & details:	November 2010 – clarify language to state consistently that FCHP uses Medicare and other nationally recognized guidelines to determine medical necessity and appropriateness of assistant surgeon services.

This payment policy has been developed to provide information regarding general billing, coding and documentation guidelines for FCHP. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. FCHP reserves the right to apply this payment policy to all FCHP companies and subsidiaries.