Florida • Maryland • Texas • Washington | Commercial

Commercial Reimbursement Policy	
Subject: **Modifiers 80, 81, 82 and AS: Assistant at Surgery - Professional**	
Policy Number: **C-08006**	Policy Section: **Coding**
Last Approval Date: **01/01/2026**	Effective Date: **01/01/2025**

Policy

The health plan allows reimbursement for an assistant surgeon when eligible procedures are billed with Modifiers 80, 81, 82, or AS. The Health Plan follows the Centers for Medicare and Medicaid Services (CMS) Medicare Physician Fee Schedule (MPFS) Assistant Surgery payment indicators for reimbursement unless provider, state, or federal contracts and/or requirements indicate otherwise.

Reimbursable:

- Codes identified with MPFS Assistant Surgery payment indicator '2'.
- Only one assistant surgeon per covered surgical procedure.

Nonreimbursable:

- Codes identified with MPFS Assistant Surgery payment indicators '0', '1', and '9'.
- Procedures requiring assistance for positioning and retraction for maintaining visualization.
- Applicable assistant surgeon modifier billed inappropriately.

Procedures reported with an assistant surgeon modifier are subject to multiple surgery reimbursement rules.

The assistant at surgery should not report procedure codes different from the procedure codes reported by the primary surgeon, EXCEPT if the primary surgeon bills an OB global code; then the assistant at surgery would bill the specific surgery code with the appropriate modifier.

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Related Coding		
Code	**Description**	**Comments**
Modifier 80	Physician providing assistance in surgery	16% of the allowance
Modifier 81	Physician providing minimum assistance in surgery	16% of the allowance
Modifier 82	Physician providing assistance in surgery when qualified resident not available	16% of the allowance
Modifier AS	Non-physician providing assistance in surgery	16% of the allowance under the applicable physician extender fee schedule. If there is no applicable physician extender fee schedule, the Assistant Surgeon services will be eligible for reimbursement under the applicable physician fee schedule at 14% of the allowance for the primary procedure.

Exemptions
There are no exemptions to this policy.

Definitions	
Assistant Surgeon	An assistant at surgery is a physician or non-physician practitioner who actively assists the physician in charge of the case in performing a surgical procedure.
Payment Indicator	Medicare Physician Fee Schedule (MPFS) Assistant Surgeon payment indicator: 0- 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 surgeon may not be paid. 2- Payment restriction for assistants at surgery does not apply to this procedure. Assistant surgeon may be paid. Assistant surgeon concept does not apply.
General Reimbursement Policy Definitions	

Related Policies and Materials
Claims Requiring Additional Documentation - Professional and Facility
Modifier Usage
Modifiers 50 and 51: Multiple and Bilateral Surgery - Professional

References and Research Materials
• CMS • MPFS Indicator • Optum EncoderPro 2023

Policy History	
01/01/2026	Entered Washington
01/01/2025	Initial approval and effective for Florida, Maryland, and Texas

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member's benefit plan. The determination that a service, procedure, or item is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must also meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

Ensure that you use proper billing and submission guidelines, including industry-standard, compliant codes on all claim submissions. Services should be billed with Current Procedural Terminology (CPT®) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Use of Reimbursement Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.