

Part B Insider (Multispecialty) Coding Alert

Reader Question: Assistant Surgeons Are Typically Present for Majority of Surgery

Question: When we have an assistant surgeon from our practice scheduled to assist the primary surgeon from the same group, is the assistant required to be present for the entire procedure? If not, is there a strict guideline stating how long the assistant must be present in order to bill for the service?

Answer: No, the assistant does not need to be present for the entire procedure, nor is there a strict time guideline for reporting assistant surgeon services.

That said, there is an expectation that the assistant would be present for the majority of the case, or for multiple procedures, at least the majority of the procedure that involves the assistant.

Check status: The Medicare Physician Fee Schedule provides an indicator to let you know if you're allowed to bill for an assistant surgeon for a given procedure. A "2" indicator means that payment for an assistant surgeon is allowed, while "0" means that you might get paid, but you need to submit documentation of medical necessity for an assistant. Indicator "1" is a no-go, stating that "assistant at surgery may not be paid," according to CMS. You can check the status of a specific code by selecting "policy indicators" when searching for the code at www.cms.gov/apps/physician-fee-schedule/overview.aspx.

Use modifier: When you report your assistant surgeon's work, you need to list the same procedure code(s) as the primary surgeon. You'll add one of the following modifiers to indicate the level of involvement that the assistant surgeon had for a given procedure code:

- 80 -- Assistant surgeon Use when an MD or DO assisted on the majority of the procedure. For example, the assistant might not need to be present during the opening and closing, but would be present for the rest of the procedure.
- 81 -- Minimum assistant surgeon. Use when an MD or DO assisted on less than the majority of the procedure.