

PreferredOne

DEPARTMENT: Network Management
POLICY DESCRIPTION: Assistant Surgeon, Physician
Extenders working as assistant surgeons, Co-Surgeon,
Team Surgeon
EFFECTIVE DATE: 8/13/18
PAGE: 1 of 2
REFERENCE NUMBER: P-1

APPROVED: 5/1/2018

REVIEWED DATE: 10/11/06 09/01/2014, 5/1/2018

REPLACES POLICY DATED: 10/11/06

SCOPE: Claims, Coding, Customer Service, Medical Management, Pricing, Network Management.

PURPOSE: To provide guidelines for submission of claims for Assistant Surgeons ,co-surgeons, team surgeons, and Physician Extenders working as Assistant Surgeons, according to practice parameters, CPT-4 guidelines, PreferredOne's requirements, and Medicare guidelines.

COVERAGE: Coverage is subject to the terms of an enrollee's benefit plan. To the extent there is any inconsistency between this policy and the terms of an enrollee's benefit plan, the terms of the enrollee's benefit plan documents will always control. Enrollees in PreferredOne Community Health Plan (PCHP) and some non-ERISA group health plans that PreferredOne Administrative Service, Inc. (PAS administers, are eligible to receive all benefits mandated by the state of Minnesota. Please call customer service telephone number on the back of the enrollee's insurance card with coverage inquiries.

PROCEDURE:

1. It is the policy of PreferredOne that payment for an assistant surgeon, co- surgeon, or team surgeon will only be allowed on procedures as identified by Medicare or AMA guidelines or American College of Surgery as requiring these designations.
2. For those procedures designed as not requiring an assistant surgeon and where only an assistant (surgical tech or scrub nurse) may be necessary, no additional payment will be made.
3. Modifier 80, 81, 82, or AS must be appended for the assistant surgeon charges
4. Modifier 62 (two surgeons) must be appended by both surgeons when working together as primary surgeons performing distinct part (s) of a procedure. Each surgeon should report his work by appending modifier 62 to the procedure (s). The same CPT codes must be submitted by both surgeons with modifier 62. Separate operative reports must be dictated defining each surgeon's distinct part of the procedure.
5. Surgical teams should report modifier 66 on CPT codes for highly complex procedures, requiring the concomitant services of several physicians often of different specialties as designated by Medicare. Separate operative reports must be dictated defining each surgeon's distinct part of the procedure.

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6. PreferredOne defines physician extenders acting as assistant surgeons to include: physician assistants (PA), nurse practitioners (NP), certified registered nurse first assistants (CRNFA,) clinical nurse specialists (CNS), certified nurse midwives (CNM), and certified registered nurse anesthetists (CRNA.)
7. Physician extenders must be credentialed by PreferredOne and report their services with their own provider number on a separate 837P or CMS-1500 claim forms.
8. Services reported on the same claim with the surgeon will result in denial of all or a portion of the claim.
9. Multiple procedure reductions will be taken when appropriate.