Modifiers 80, 81, 82, & AS - Assistant At Surgery Services

Last Updated: 10/13/2026 **Last Reviewed:** 11/19/2026 **Originally Effective:** 12/31/1999
Last update includes payment policy changes, subject to 28 TAC §3.3703(a)(20)(D)? No
If yes, Texas Last Update Effective Date: n/a
Policy #: RPM013

Scope

Companies: Moda Partners, Inc. and its subsidiaries & affiliates (All)
Claim Forms: CMS1500 & CMS1450 (paper and electronic versions)
Provider Contract Status: Any
Claim Dates: All

Reimbursement Guidelines

A. General

1. We determine whether assistant at surgery services are reimbursable on a code-by-code basis. When multiple procedure codes are billed for a surgical session, only codes eligible for assistant surgeon reimbursement will be reimbursed.
2. The assistant surgeon must report only codes the surgeon reported.
   Exception: When an OB/GYN surgeon bills a global maternity care code for a cesarean delivery, the assistant at surgery must bill only the cesarean delivery code (applies to dates of service on or before December 31, 2026). [E]
3. Bill non-physician assistant at surgery services with modifier -AS appended; do not use modifier -81.
4. The clinical edits that apply to the primary surgeon also apply to the assistant surgeon. Additional edits specific to assistant surgeon claims and modifiers may also apply.
5. Additional assistant surgeon claims are not allowed for procedure codes reported with co-surgeon modifier 62 or team surgery modifier 66.
6. The body of the operative report must specify the tasks the assistant performed during the procedure. Listing only the assistant's name in the operative report heading does not sufficiently document participation. [7, 8, 9, 10, 11, 12]

B. Provider Types Eligible for Reimbursement for Assistant at Surgery Services

The following provider types are eligible for reimbursement for assistant at surgery services:

1. MD (Medical Doctor)
2. DO (Doctor of Osteopathic Medicine)
3. PA (Physician's Assistant)
4. NP (Nurse Practitioner)
5. CNS (Clinical Nurse Specialist)
6. RNFA (Registered Nurse First Assistant)

C. Provider Types Not Eligible for Reimbursement for Assistant at Surgery Services

1. The following provider types are not eligible for reimbursement of assistant at surgery services because we do not credential them and they are not eligible providers under member plan language.
   a. Certified First Assistant (CFA)
   b. Certified Surgical First Assistant (CSFA)
   c. Certified Surgical Assistant (CSA)

   Medicare also does not recognize these provider types as eligible to bill or receive reimbursement for assistant at surgery services.[5]

2. Claims for services performed by CFAs, CSAs, or CSFAs will be printed and returned to the billing office.
3. Contracted participating providers and groups must not submit claims for assistant at surgery services performed by CFAs, CSAs, or CSFAs. Do not balance-bill the member for these services.

D. Assistant Surgeon Fee Adjustments

The following reimbursement adjustments apply to procedure codes eligible for assistant-at-surgery reimbursement:

1. Reimbursement is calculated based on the assistant surgeon's established allowable amount for the procedure, independent of the reimbursement paid to the primary surgeon.
2. Services reported by physician providers with modifier 80 or 82 are reimbursed at:
   a. Commercial: 20% of the established fee for the procedure code.
   b. Medicare Advantage: 16% of the established fee for the procedure code.
   c. Medicaid: 16% of the established fee for the procedure code.
3. Services reported by physician providers with modifier 81 are reimbursed at:
   a. Commercial: 20% of the established fee for the procedure code.
   b. Medicare Advantage: 16% of the established fee for the procedure code.
   c. Medicaid: 16% of the established fee for the procedure code.
4. Services reported by a non-physician provider (NPP) with modifier -AS appended will be reimbursed at:
   - Commercial: 10% of the established fee for the procedure code.
   - Medicare Advantage: 13.6% of the established fee for the procedure code.
   - Medicaid: 16% of the established fee for the procedure code.
5. ***Important Note:*** Other pricing adjustments may also apply to assistant surgeon claims before the final allowable amount for each line item is determined. For example, multiple surgery fee reductions, bilateral adjustments, related within global adjustments, co-surgery adjustments, etc.

E. Procedure Codes Eligible for Assistant Surgeon Reimbursement

1. Procedure codes with a CMS assistant surgeon indicator of "2" are eligible for assistant surgeon reimbursement.
   a. One assistant surgeon is allowed per procedure code/surgery.
   b. A second assistant surgeon will be considered only on a written appeal with documentation supporting medical necessity.
2. Procedure codes with a CMS assistant surgeon indicator of "0" are not eligible for assistant surgeon reimbursement upon initial adjudication of the claim. Upon written appeal, Healthcare Services may review the claim for possible reimbursement. The appeal must include documentation supporting the medical necessity for the assistant surgeon for the specific patient situation. CMS guidelines state these procedures generally do not require an assistant surgeon, although one may be medically necessary in some cases.
3. Procedure codes with a CMS assistant surgeon indicator of "1" or "9" are not eligible for assistant surgeon reimbursement. CMS guidelines prohibit reimbursement for assistant surgeons on these procedures. No criteria permit approval upon appeal for procedure codes with an indicator of "1" or "9".
4. If CMS has not assigned an assistant at surgery indicator to a procedure code, we may establish one.

F. Reconsiderations of Assistant Surgeon denials

Assistant surgeon denials may be reconsidered upon written appeal. The appeal must include appropriate supporting documentation, such as:

1. CMS assistant surgeon indicator documentation showing an indicator of "0" or "1" for the applicable date of service.
2. Documentation supporting medical necessity for second assistant surgeon or for a procedure code with a CMS assistant surgeon indicator of "0".
3. Other relevant coding guidelines.
4. The operative report and any other relevant medical record documentation.

Definitions

Acronyms/Abbreviations

Acronym	Definition
AMA	American Medical Association
ASA	Association of Surgical Assistants
CFA	Certified First Assistant
CMS	Centers for Medicare and Medicaid Services
CNS	Clinical Nurse Specialist
CPT	Current Procedural Terminology
CSA	Certified Surgical Assistant
CSFA	Certified Surgical First Assistant
HCPCS	Healthcare Common Procedure Coding System (acronym often pronounced as "hick picks")
NP	Nurse Practitioner
NPP	Non-physician Provider
PA	Physician Assistant
RNFA	Registered Nurse First Assistant
RPM	Reimbursement Policy Manual (e.g., in context of "RPM052" policy number, etc.)
TAC	Texas Administrative Code
UB	Uniform Bill

Definition of Terms

Term	Definition
Assistant at Surgery	An assistant at surgery is a physician who actively assists the physician in charge of a case in performing a surgical procedure. (Note that a nurse practitioner, physician assistant or clinical nurse specialist who is authorized to provide such services under State law can also serve as an assistant at surgery). [6] The assistant at surgery provides more than ancillary services. [7]

Modifier Definitions

Modifier	Modifier Description & Definition
Modifier 80	**Assistant Surgeon:** Surgical assistant services may be identified by adding modifier 80 to the usual procedure number(s).
Modifier 81	**Minimum Assistant Surgeon:** Minimum surgical assistant services are identified by adding modifier 81 to the usual procedure number.

Modifier	Modifier Description & Definition
Modifier 82	**Assistant Surgeon (when qualified resident surgeon not available):** The unavailability of a qualified resident surgeon is a prerequisite for use of modifier 82 appended to the usual procedure code number(s).
Modifier AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery.

CMS Assistant Surgeon Indicators

These indicators are published on the Medicare Physician Fee Schedule Database (MPFSDB). Current values in use are:

Value	Assistant Surgeon Indicator Definition
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 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	Assistant at Surgery concept does not apply.

Related Policies

A. "Moda Health Reimbursement Policy Overview." Moda Health Reimbursement Policy Manual, RPM001.
B. "Robotic Assisted Surgery." Moda Health Reimbursement Policy Manual, RPM006.
C. "Valid Modifier to Procedure Code Combinations." Moda Health Reimbursement Policy Manual, RPM019.
D. "Maternity Care." Moda Health Reimbursement Policy Manual, RPM020-A.
E. "Maternity Care, 2026 Guidelines." Moda Health Reimbursement Policy Manual, RPM020_B.
F. "Maternity Care, 2027 Coding & Pregnancies Spanning 2026 - 2027." Moda Health Reimbursement Policy Manual, RPM020_C.
G. "Modifier 51 - Multiple Procedure Fee Reductions." Moda Health Reimbursement Policy Manual, RPM022.
H. "Add-on Codes." Moda Health Reimbursement Policy Manual, RPM025.
I. "Modifiers 62 & 66 - Co-surgery (Two Surgeons) and Team Surgery (More Than Two Surgeons)." Moda Health Reimbursement Policy Manual, RPM035.

Resources

1. American Medical Association. "Modifiers Used with Surgical Procedures", *CPT Assistant*, Fall 1992, page 15.
2. American Medical Association. "A Closer Look at the Use of Surgical Modifiers" *CPT Assistant,* March 1996: 8.
3. Grider, Deborah J. *Coding with Modifiers: A Guide to Correct CPT and HCPCS Level II Modifier Usage*. Chicago: AMA Press, 2004.
4. "Surgical Assistant Services – Revised." *Noridian Medicare B News*, August 5, 2009.
5. Association of Surgical Assistants (ASA). "Appropriate Use of Assistant At Surgery Modifiers And Payment Indicators – Clarification." *The Surgical Assistant.* Vol. 19 No. 3, Summer 2013. Page 3.
6. CMS. *Medicare Claims Processing Manual* (Pub. 100-4). Chapter 12 – Physician Practitioner Billing, § 100.1.7.B.
7. Noridian. "Modifier AS." *Noridian Administrative Services (NAS), LLC.* Last updated: October 25, 2022; Last accessed August 12, 2024. https://med.noridianmedicare.com/web/jfb/topics/modifiers/as .
8. Novitas. "Assistant at Surgery Modifier Fact Sheet." *Novitas Solutions.* Last updated: August 30, 2023; Last accessed August 12, 2024. https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00144529 .

9. WPS. “Surgical Assists, Co-Surgeons, and Surgical Teams; Policy 1003.” *WPS Health Solutions.* Last updated: October 16, 2023; Last accessed: August 12, 2024. https://www.wpshealth.com/resources/files/surgical-assist-co-surgeon-surgical-team.pdf .
10. NAMAS. “Avoiding Risk When Using Assistant Modifiers.” National Alliance of Medical Auditing Specialists. Last updated: August 25, 2022; Last accessed: August 20, 2025. https://namas.co/avoiding-risk-when-using-assistant-modifiers/ .
11. Vogelberger, Susan, CPC, CPC-H, CMBS, CCP. “Billing Successfully For An Assistant At Surgery Is All In The Way Physicians Document Op Reports And Coders Attach Modifiers.” American Academy of Professional Coders (AAPC). Last updated: January 1, 2008; Last accessed August 20, 2025. https://www.aapc.com/blog/23393-assistant-at-surgery/ .
12. Holley, Marilyn, CPC, CPC-I, RHIT, CHISP. “Prompt Proper Assistant-at-surgery Payment.” American Academy of Professional Coders (AAPC). Last updated: July 23, 2023; Last accessed: August 20, 2025. https://www.aapc.com/blog/25432-prompt-proper-assistant-at-surgery-payment/ .

Policy History

Reminder: The most current version of our reimbursement policies can be found on our provider website. If you are using a printed or saved electronic version of this policy, please verify the current information by going to: https://www.modahealth.com/medical/policies_reimburse.shtml

Date	Summary of Update
11/19/2026	Clarified assistant surgeon calculations. Acronyms & Related Policies updated. Minor rewording. Formatting updates. No policy changes.
9/10/2025	Clarified Scope includes claim form CMS1450/UB for CAHs. Clarified assistant surgeons will be denied in addition to co-surgeons or team surgeons. Clarified Clinical Nurse Specialist (CNS) is eligible as Assistant Surgeon. Acronyms & Related Policies updated. Definition of Terms added. Coding Guidelines & Sources section retired; see Resources for information. Footnotes & formatting updates. No policy changes.
9/11/2024	“Services” added to Title. Clarified documentation requirements. Updated Coding Guidelines and References & Resources. Formatting updates; no content changes.
7/10/2024	Clarified who will review appeals of Assistant surgeon indicator “0” claims.
8/9/2023	Formatting updates; no content changes.
12/14/2022	Idaho added to Scope. Formatting updates; no content changes.
6/8/2022	Policy History section added; entries prior to 2022 omitted (in archive storage). Acronyms and References & Resources updated. Formatting updates. No policy changes.
3/4/2014	Policy document initially approved by the Reimbursement Administrative Policy Review Committee & initial publication.
12/31/1999	Original Effective Date (with or without formal documentation). Policy based on CMS policy.