

	Modifier AS. Assistant Surgeon	
	Policy Number: POL-PP-242	Original Creation Date: 1/1/2024
	Version Number: 03	Version Effective Date 2/1/2024
	Policy Status: Active	Next Review Date: 2/1/2027

NOTICE

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input type="checkbox"/> LAB	<input checked="" type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

An assistant at surgery (Modifier AS) can be a nurse practitioner, physician assistant or clinical nurse specialist who is authorized to provide such services under state law.

Policy

A surgical assistant must be a trained individual who is able to participate in and actively assist the surgeon in completing the operation safely and expeditiously by helping to provide adequate exposure in the operating field, maintain hemostasis, cutting suture materials, clamping, and ligating bleeding vessels, visualization of anatomic structures during the course of a surgical operation and, in selected instances, actually performing designated parts of a procedure.

The "assistant surgeon" provides more than just ancillary services. The body of the operative note should clearly document what the assistant surgeon contributed during the operative session.

An assistant surgeon should not be used for a service or procedure that can safely be performed by a nurse or technician such as draping, positioning, or non-complex closure. If upon review documentation demonstrates such services were provided and submitted by an assistant surgeon, services will be denied.

Blue KC follows the CMS list of assistant at surgery approved codes. The CMS Fee Schedule for Physician Services Status indicators are as follows:

Modifier AS Status definitions

0 = Payment restrictions 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 restrictions for assistants at surgery do not apply to this procedure. Assistant at surgery may be paid.

9 = Concept does not apply.

Surgery codes with a status indicator of 0 will be denied. Supporting documentation must be reviewed before payment is made. The medical necessity for the assistant surgeon, and their role during the operative session should be clearly documented by the primary surgeon.

A primary surgeon should not submit an assistant surgeon’s claim under his name. The Blue KC Advanced Practice Provider Payment Policy states claims are to be submitted under the name and NPI number of the provider who rendered the service.

Coding

Codes	Description
N/A	N/A

References and Resources

Blue KC Provide Reference Guide
Centers for Medicare and Medicaid Services

Related Documents

POL-PP-219 Advance Practice Providers
POK-PP-108 Modifiers

Revision History		
Version	Date	Summary of Revisions
001	2/1/2024	Initial Version
002	2/1/2025	Annual review, Update - Added assistant surgery that could safely be performed by a nurse or technician will be denied.
003	2/1/2026	Annual review, Update – Added A surgeon cannot submit the primary surgery, and assistant surgeons claim under their name. Claims are to be submitted under the name and NPI number of the provider who rendered the service