

Affected Programs: BadgerCare Plus, Medicaid

To: Ambulatory Surgery Centers, Hospital Providers, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, HMOs and Other Managed Care Programs

Changes to Assistant Surgeon Policy

Effective for dates of service on and after September 1, 2010, ForwardHealth will revise the list of procedure codes for which it reimburses assistant surgeon services to be consistent with national standards. ForwardHealth currently accepts four assistant surgeon modifiers; this is a revision to previously published policy that identified only one acceptable modifier.

Allowable Assistant Surgeon Procedure Codes

Effective for dates of service on and after September 1, 2010, ForwardHealth will revise the list of procedure codes for which it reimburses assistant surgeon services to be consistent with recommendations from McKesson ClaimCheck® automated procedure coding review software. ForwardHealth monitors all professional claims for compliance with reimbursement policy using ClaimCheck. ClaimCheck recommends whether assistant surgeon services for surgery procedures should never or always be reimbursed. The American College of Surgeons is ClaimCheck's primary source for determining assistant surgeon reimbursement recommendations.

For an updated list of surgical procedure codes for which ForwardHealth reimburses assistant surgery services, refer to the "Medical-Assistant Surgery" interactive maximum allowable fee schedule. To access the fee schedules, click "Fee Schedules" in the Quick Links box on the Providers page of the ForwardHealth Portal.

For more information on the areas monitored by ClaimCheck, refer to the August 2010 *ForwardHealth Update* (2010-72), titled "ClaimCheck Clarification."

Use of Assistant Surgeon Modifiers

When two or more surgeons perform one or more procedures that are generally performed by a surgeon and an assistant (or assistants), the principal surgeon submits a claim with the surgery procedure code(s) and the additional surgeon(s) submits a claim for the surgery procedure code(s) with the appropriate modifier.

ForwardHealth has previously published policy to accept modifier "80" as an appropriate assistant surgeon modifier. Effective immediately, ForwardHealth also accepts modifiers "81," "82," and "AS" as appropriate assistant surgeon modifiers.

Following are *Current Procedural Terminology* and *Healthcare Common Procedure Coding System* definitions of the accepted assistant surgeon modifiers:

- "80" — Assistant Surgeon: Surgical assistant services may be identified by adding modifier 80 to the usual procedure number(s).
- "81" — Minimum Assistant Surgeon: Minimum surgical assistant services are identified by adding modifier 81 to the usual procedure number.
- "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).

- "AS" — Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery.

Reimbursement for Assistant Surgeon Services

ForwardHealth reimburses surgical assistance services at 20 percent of the reimbursement rate allowed for the provider type for the surgical procedure. To receive reimbursement for surgical assistance, indicate the surgery procedure code with the appropriate assistant surgeon modifier ("80," "81," "82," or "AS") on the claim.

ForwardHealth will automatically calculate the appropriate reimbursement for assistant surgeon services based on the provider type performing the procedure.

Claims Submitted with "AS" Modifier

Claims submitted with the "AS" modifier may have processed incorrectly and may have been reimbursed at 100 percent of the corresponding reimbursement rate for the surgical procedure. These claims, like all claims submitted with assistant surgeon modifiers, should have been reimbursed at 20 percent of the reimbursement rate allowed for the provider type for the surgical procedure. For these claims, ForwardHealth may initiate a system-generated adjustment.

ForwardHealth-Initiated Adjustments

ForwardHealth may initiate an adjustment when an improper or excess payment has been identified. If ForwardHealth initiates a system-generated adjustment to recover overpayments, ForwardHealth informs providers of the adjustment by a banner message on the Remittance Advice.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

P-1250