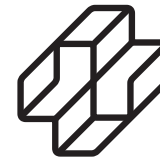


Revenue Cycle Strategist



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Coding Q&A

By Jennifer Swindle, RHIT, CCS-P

Q: We recently submitted a Medicare claim for a nurse practitioner assisting at surgery using modifier -80 and it was denied, even though similar claims are usually paid when a physician assists. What is the proper way to bill for an assistant at surgery?

A: The answer depends on several factors. In general, if the assistant at surgery is a qualified physician's assistant or nurse practitioner rather than a physician or other surgeon, the modifier -AS should be used. For physicians assisting at surgery in nonteaching hospitals, use modifier -80. This may be why your claim using modifier -80 was denied for the nurse practitioner's services.

Whenever an assistant at surgery is used, the primary surgeon must document the role the assistant played in the procedure and that the assistant's help was medically necessary. Just adding the assistant's name in the operative report header is not enough to support billing.

Special rules apply at teaching hospitals. Medicare carriers assume that residents will be used to assist for any surgical specialty that has a teaching program at the hospital, and that Medicare payments for resident support cover this service. When a qualified resident is not available, a physician may bill for assisting using modifier -82. The reason a resident was not

available must be documented and may be reviewed by carriers to determine whether the exemption was warranted. Emergencies or cases too complex for a resident may be considered legitimate, but excuses such as residents were away on rounds likely will not pass muster. Some carriers may require you to submit a statement with your bill noting that you understand these policies.

Also note that Medicare will not pay for assistants for procedures in which 95 percent or more nationally are billed without assistants.

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Send your coding questions to Carole Bolster at cbolster@hfma.org.

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