



Payment Guideline: SURGEON MODIFIER REIMBURSEMENT

Read First

IMPORTANT INFORMATION CONCERNING WELLFLEET PAYMENT GUIDELINES

This Payment Guideline serves as notice to health care providers of Wellfleet's payment practices. Health providers are advised to consult their own network provider agreement for determining specific payment policies.

Wellfleet may use reasonable discretion in applying these Payment Guidelines to health care services provided to its enrollees. This Payment Guideline does not address all the issues related to reimbursement for health care services. Other factors impacting reimbursement may supplement, modify or, in some cases, supersede this Payment Guideline. These factors may include, but are not limited to, legislative mandates, the type of provider arrangement and the terms of that agreement, and/or the member's benefit coverage document.

Wellfleet may modify this Payment Guideline at any time to comply with changes in national standards, changes in best practices, or other factors that may impact this payment Guideline. Should this Payment Guideline be revised, Wellfleet shall publish a new version of this Payment Guideline. Wellfleet encourages providers to keep current with any CPT or HCPCS updates as well as industry standards related to the services described in this Payment Guideline.

Providers are responsible for submission of accurate claims. Wellfleet reserves the right to request supporting documentation for claims submitted, including provider records.

Applicable Plans

- Student Health Insurance (for policies issued or renewing after May 2019)
  - Fully Insured
    - Excluding policies issued in the following states: N/A
    - Excluding Wellfleet Global
  - Self-Funded
    - Excluding policies issued by the following schools: N/A
- Student Sports
  - Fully Insured; for policies issued by the following carriers:

- AIG
- Axis
- Wellfleet Insurance Company/Wellfleet New York Insurance
- Self-Funded
  - Excluding policies issued by the following schools:  
N/A
- Fully Insured Student Accident; for policies issued by the following carriers:
  - AIG
  - Axis
  - Wellfleet Insurance Company/Wellfleet New York Insurance

**Purpose**

Wellfleet follows the CMS Guidelines for reimbursement for surgeon modifiers AS, 62, 66, 80, 81, 82 for clean claims when:

- The appropriate modifier is correctly appended to a Current Procedural Terminology (CPT®) or Health Care Procedure Coding System (HCPCS) procedure code.
- The Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule assigns the CPT or HCPCS code a '0' or '2' designation for assistant surgeons or assistants-at-surgery, or a '1' or '2' for co-surgeon and team surgeon for payable coding.

| CMS Definition for Assistant Surgeon & Assistant-At-Surgery |   |
|---|---|
| CMS Value   | Description   |
| 0   | Assistant surgeon/Assistant-at-Surgery may be paid; supporting documentation may be required to establish medical necessity |
| 1   | Assistant Surgeon/ Assistant-at-Surgery not permitted for this procedure  |
| 2   | Assistant surgeon/Assistant- at- Surgery permitted  |
| 9   | Assistant Surgeon/Assistant-at-Surgery concept does not apply   |
| CMS Definition for Co-Surgeons or Team-Surgeons             |   |
| CMS Value   | Description   |
| 0   | Co -Surgeon not permitted for this procedure  |

|   |   |
|---|---|
| 1 | Co-Surgeon may be paid; supporting documentation may be required to establish medical necessity |
| 2 | Co-Surgeon permitted  |
| 9 | Co-Surgeon concept does not apply   |

The rendering health care professional must be acting within the scope of his/her license or certification under applicable State law. This definition applies to co-surgeon, assistant surgeon, team surgeon, and assistant at surgery demonstrated by the following modifiers:

**Definitions &  
Scope**

| <b>Modifier</b> | <b>Definition</b>  |
|-----------------|--|
| AS              | <b>Assistant-at-surgery</b> - non-physician procedures performed by a physician assistant (PA), nurse practitioner (NP), or clinical nurse specialist (CNS)  |
| 62              | <b>Co-surgeon</b> - is reported when the procedure necessitates two surgeons working together each doing distinct operative work (may be different specialties) both append modifier 62 to the procedure code  |
| 66              | <b>Surgical team</b> - is reported when a procedure requires multiple physicians and specialty personnel to perform a highly complex procedure under the "surgical team" concept, each qualified health care professional appends the 66 modifier to the procedure code  |
| 80              | <b>Assistant Surgeon</b> - one physician assists another physician when performing a procedure. When an assistant surgeon assists a primary surgeon and is present for the entire operation, or a substantial portion of the operation, then the assisting physician reports the same surgical procedure as the operating surgeon appending modifier 80        |
| 81              | <b>Minimum Assistant Surgeon</b> - when the primary operating physician requires the services of an assistant surgeon for a relatively brief time and the second surgeon provides minimal assistance, for which he/she reports the surgical procedure code appended with modifier 81   |
| 82              | <b>Assistant Surgeon</b> (qualified resident surgeon is not available) – in programs such as teaching hospitals qualified resident surgeons assist during surgical procedures. When the qualified resident surgeon is unavailable and another surgeon assists in the surgical procedure the assistant reports the surgical procedure appended with modifier 82 |

**Guidelines**

Wellfleet will pay out-of-network claims submitted with surgical modifiers at the below values:

| <b>Modifier</b> | <b>Reimbursement</b>              |
|-----------------|-----------------------------------|
| 62              | 62.5% of Usual & Customary amount |
| 66              | 100% of Usual & Customary amount  |
| 80              | 25% of Usual & Customary amount   |
| 81              | 20% of Usual & Customary amount   |
| 82              | 20% of Usual & Customary amount   |
| AS              | 13.6% of Usual & Customary amount |

Supporting documentation such as an operative/procedural report must be submitted with the initial claim in order to be considered for payment. The documentation must substantiate the need for the additional health care professional. The documentation must identify the role of the health care professional and a detailed description of the actual services the health care professional contributed to the overall procedure.

- The name and credentials of the rendering health care professional to be clearly identified on both the claim (paper or electronic) and the operative/procedural record.
- In the case of a co-surgeon or a team surgeon, each physician is required to submit their own formal operative report with the initial claim.

NOTE: Assistant surgeon/assistant-at-surgery/co-surgeon and team surgeon charges are subject to standard claim processing guidelines such as Multiple Procedure Reduction and clinical code editing.

Wellfleet will not reimburse more than one assistant surgeon or assistant-at-surgery per procedure code. Wellfleet will not reimburse an assistant surgeon with two co-surgeons per procedure code. Wellfleet will only reimburse one primary surgeon per procedure code.

**Attachments/  
Links**

1. CMS National Physician Fee Schedule:  
<https://www.cms.gov/medicare/payment/fee-schedules/physician/pfs-relative-value-files>
2. Attachment A: Surgeon Modifier Reimbursement Codes



**SURGEON MODIFIER  
REIMBURSEMENT**

**PAYMENT GUIDELINE**

**Guideline No: GL-007**

**Change  
History**

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**(INTERNAL USE ONLY)**

**Authorization  
Log**

|                | NAME               | TITLE                            | SIGNATURE              | DATE      |
|----------------|--------------------|----------------------------------|------------------------|-----------|
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