



<b>Policy</b>	<b>REIMB_0034</b>
<b>Effective Date</b>	<b>01/01/2026</b>
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Originated Department	Clinical Operations

## Professional Surgery

<b>Audience</b>
Medical Management

<b>Purpose</b>
<p>Payment policies provide general support for applying Mountain Health CO-OP member policy document coverage decisions, and the member-specific benefit plan document must be referenced. The terms of the member-specific Policy document may differ from the standard benefit plan based on this payment policy. If there is a conflict between a member-specific policy document and the Mountain Health CO-OP payment policy, the document supersedes this policy. Any person(s) applying this payment policy must identify member eligibility, the member-specific policy document, and related policies or guidelines before applying this payment policy, including the existence of any state or federal guidance. Mountain Health CO-OP payment policies are designed for informational purposes only and are not an authorization, explanation of benefits, or contract. Receipt of benefits is subject to the satisfaction of all terms and conditions of the member-specific policy document coverage. Mountain Health CO-OP reserves the sole discretionary right to modify all policies and guidelines at any time.</p>

<b>Definition</b>
<p>Global surgical services include all necessary services normally furnished by the surgeon or other qualified health care professionals before, during and after a surgical procedure. This includes pre-operative and same day evaluation and management (E&amp;M) visits after the decision is made to operate, as well as all post-operative E&amp;M visits related to the primary procedure.</p> <p>An Assistant-at-Surgery actively assists the Physician performing a surgical procedure. Reimbursement for Assistant-at-Surgery services, when reported by the Same Individual Physician or Other Qualified Health Care Professional (QHCP), is based on whether the Assistant-at-Surgery is a Physician (designated by modifiers 80, 81 or 82) or another QHCP (designated by modifier AS) acting as the surgical assistant. The services of only one Assistant-at-Surgery are reimbursable for each procedure on the Assistant-at-Surgery Eligible List.</p>

The Assistant-at-Surgery Eligible List is developed based on the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule Relative Value File (NPFS) payment policy indicators. All codes in the NPFS with the payment code indicator "2" for "Assistant-at-Surgery" are considered by Mountain Health to be reimbursable, as indicated by an Assistant Surgeon modifier (80, 81, 82, or AS). Indicator 2 indicates that payment restriction for Assistants-at-Surgery does not apply to this procedure and Assistant-at-Surgery may be paid. Mountain Health applies the payment indicators for HCPCS codes G0412-G0415 when adjudicating CPT codes 27215-27218 for the purpose of this policy.

Simultaneous bilateral services are those procedures in which each surgeon performs the same procedure on opposite sides.

### Policy/Procedure

#### Global Surgical Services

Mountain Health follows the global period indicator as designated by CMS of 0, 10, 30, 90 or YYYY for each CPT code to reimburse Global Surgical Services.

#### Multiple Procedure Reductions

When applicable multiple procedures are performed at the same session, the procedure with the highest allowable rate will be reimbursed at 100% of the allowable rate. Subsequent reimbursable procedures will be paid at 50% of the allowable rate.

Bilateral surgeries are reimbursed at 150% of the allowable rate.

#### Second Opinion

Mountain Health will reimburse a second opinion when requested by a member and/or their PCP/attending provider on a clinical decision related to a covered service such as diagnosis, treatment, consultation and/or surgery.

#### Assistant-at-Surgery Services

Mountain Health reimburses assistant surgeon services when the assistant surgeon is a physician, physician assistant, clinical nurse specialist, or a nurse practitioner. The appropriate modifier must be appended. Assistant surgeon services are subject to multiple procedure reductions and bilateral adjustments. Mountain Health follows the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule's payment indicators for reimbursement of surgical assistant claims.

Standard reimbursement for Assistant-at-Surgery services on the Assistant-at-Surgery Eligible List which are provided by a Physician is 16% of the Allowable Amount for eligible surgical procedures.

This percentage is based on CMS. Assistants-at-Surgery who are Physicians should submit the identical procedure code(s) as the primary surgeon with one of the following modifiers to represent their service(s): 80, 81, or 82.

Standard reimbursement for Assistant-at-Surgery services on the Assistant-at-Surgery Eligible List which are provided by a Health Care Professional is 14% of the Allowable Amount for the surgical procedures. This percentage is based on CMS. Assistants-at-Surgery who are Health Care Professionals should submit the identical procedure code(s) as the primary surgeon with modifier AS. Surgical technicians are not listed as a health care practitioner that can report modifier AS; services are included in the reimbursement to the facility and are not separately reimbursable.

### **Co-Surgeon Services**

Modifier 62 identifies a Co-Surgeon involved in the care of a patient at surgery. Each Co-Surgeon should submit the same Current Procedural Terminology (CPT®) code with modifier 62, for the same date of service.

For services included on the Co-Surgeon Eligible List, Mountain Health will reimburse Co-Surgeon services at 63% of the Allowable Amount to each surgeon, subject to additional multiple procedure reductions if applicable. The Allowable Amount is determined independently for each surgeon and is calculated from the Allowable Amount that would be given to that surgeon performing the surgery without a Co-Surgeon. The reimbursable percentage amount (63%) of allowable is based on the rate adopted by the Centers for Medicare and Medicaid Services (CMS), which allows 62.5% of allowable to each Co-Surgeon.

### **Team Surgeon**

Modifier 66 identifies Team Surgeons involved in the care of a patient during surgery. Each Team Surgeon should submit the same CPT code with modifier 66, for the same date of service.

Each Team Surgeon is required to submit written medical documentation describing the specific surgeon's involvement in the total procedure. For services included on the Team Surgeon Eligible List, Mountain Health will review each submission with its appropriate medical documentation and will make reimbursement decisions on a case by-case basis.

### **Co-Surgeon and Team Surgeon Eligible Lists**

The Co-Surgeon and Team Surgeon Eligible Lists are developed based on the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFS) Relative Value File status indicators.

All codes in the NPFS with status code indicators "1" or "2" for "Co-Surgeons" are considered by Mountain Health to be eligible for Co-Surgeon services as indicated by the co-surgeon modifier 62. Mountain Health applies the payment indicators for HCPCS codes G0412-G0415 when adjudicating CPT codes 27215-27218 for the purposes of this policy.

All codes in the NPFS with the status code indicators "1" or "2" for "Team Surgeons" are considered by Mountain Health to be eligible for Team Surgeon services as indicated by the team surgeon modifier 66.

### **Assistant Surgeon and Co-Surgeon Services During the Same Encounter**

Mountain Health follows CMS guidelines and does not reimburse for Assistant Surgeon services, as indicated by modifiers 80, 81, 82, or AS, for procedures where reimbursement has been provided for eligible Co-Surgeon services, using the same surgical procedure code, during the same encounter.

If a Co-Surgeon acts as an Assistant Surgeon in the performance of additional procedure(s) during the same surgical session, the procedures are reimbursable services (if eligible per the Assistant Surgeon Eligible List) when indicated by separate procedure code(s) with modifier 80 or modifier 82 added, as appropriate.

### **Simultaneous Bilateral Services**

Each surgeon should report simultaneous bilateral procedures with modifiers 50 and 62. Assistant Surgeon services will not be reimbursed services in addition to the simultaneous bilateral submission as described in the "Assistant Surgeon and Co-Surgeon Services" section in this policy.

### **Non-Reimbursable Services**

- Additional medical or surgical services rendered by the surgeon within the global period due to complications that do not require a return to the operating room
- Anesthesia- Regional or general anesthesia services rendered by the surgeon
- Assistant surgical services rendered by residents or fellows
- Handling or conveyance charges
- Hospital-mandated on-call services
- Insertion of pain catheters pumps by surgeon during surgery
- Laparoscopic band injections/fills billed with an E&M service or within the surgical global period
- More than one Assistant Surgeon per covered surgical service
- Physician standby services
- Routine venipuncture/collection of blood when billed with blood or related laboratory services or with E&M services
- Separately for the use of robotic surgical systems and/or associated supplies
- Surgical CPT codes and procedures classified as investigational
- Surgical trays

### **References**

1. American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
2. Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

3. Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files

Vendors
• HPS

Review/Revision/Approval History	
Date	Description
10/13/2025	Adopted

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The codes for treatments and procedures applicable to this policy are included for informational purposes. Including or excluding a procedure, diagnosis, or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as they apply to an individual member.

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