



ASSISTANT SURGEON GUIDELINES

To determine the need for an assistant surgeon, the “2002 Study: Physicians as Assistants at Surgery” shall be consulted. The publication is available from:

The American College of Surgeons
1640 Wisconsin Avenue, NW
Washington, DC 20007
Phone: (202) 337-2701
<http://www.facs.org/index.html>

When a code is unavailable in the study due to its release post the study, CMS guidelines have been applied.

Assistant fees are not payable when the hospital provides intern or resident staff to assist at surgery.

In accordance with the above listed publication, each surgical procedure falls into one of three categories almost always, sometimes and almost never.

In the surgical fee schedule rates section, this information is contained in the column entitled “Asst Surg.” (A = almost always), (S = sometimes), and (N = almost never).

An assistant surgeon shall be paid for any surgical procedures listed as “almost always” unless the physician agrees that an assistant surgeon is not necessary.

An assistant surgeon shall not be paid for any surgical procedure listed as “almost never” unless the insurer agrees that an assistant surgeon is necessary.

An assistant surgeon may be paid “BY REPORT” for any surgical procedure listed as “sometimes”.

- A. In the case of elective surgery, a physician shall submit a request prior to surgery including specific statements of necessity of an assistant surgeon.
- B. If an insurer intends to deny payment, a review must be performed by a physician.
- C. The review should be completed as soon as possible, not to exceed fourteen (14) days after submission of request. Upon completion of review, if a denial is determined, the reviewer or insurer shall forward specific reasons for denial to the physician. Any continued disagreement will be determined by the Workers' Compensation Court.
- D. Should an insurer choose to pay without this review, said payment should not be considered agreement of the need for an assistant surgeon. Insurers may use payment information regarding assistant surgeons to present a complaint of over utilization practices to the Medical Advisory Board under R. I.G.L. 28-30-22 (e) (1).

A physician who assists at surgery shall be allowed 20% of the fee schedule allowance for the surgeon for any procedure(s) that would warrant an assistant surgeon. This fee shall only be paid to one primary assistant surgeon.