



ASSISTANT SURGEON GUIDELINES

To determine the need for an assistant surgeon, CMS guidelines have been applied.

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

The information contained in the column entitled "Asst Surg," provides an indicator for each surgical service how an assistant at surgery is paid.

0 = Payment restriction for assistants at surgery applies to this procedure unless supporting documentation is submitted to establish medical necessity.

1 = Statutory payment restriction for assistants at surgery applies to this procedure. Assistants at surgery may not be paid.

2 = Payment restriction for assistants at surgery does not apply to this procedure. Assistants at surgery may be paid.

9 = Concept does not apply.

An assistant surgeon shall be paid for any surgical procedures listed as "2" unless the physician agrees that an assistant surgeon is not necessary.

An assistant surgeon shall not be paid for any surgical procedure listed as "1" unless the insurer agrees that an assistant surgeon is necessary.

An assistant surgeon may be paid "BY REPORT" for any surgical procedure listed as "0".

- 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.