

Coding Corner

Coding for Co-Surgeons vs. Assistant Surgeons in Spine Surgery **Submitted by Mary LeGrand, RN, MA, CCS-P, CPC**

Payors are denying co-surgeon and assistant surgeon's services more and more frequently for documentation of medical necessity and appropriate use of the co surgeon and assistant surgeon modifiers. Staff members face daily challenges in constructing a successful appeal when the surgeon(s) operative notes do not clearly identify the role of each physician or non physician involved in the surgical case.

Let's discuss the rules associated with co-surgeon and assistant surgeon reporting using spine cases, as these are the most common orthopaedic cases to involve a co or assistant surgeon.

Surgeon Roles

There are three key players typically billing for services in spine surgery:

- Primary Surgeon
- Co-Surgeon
- Assistant Surgeon (MD or DO) or an Assistant at Surgery (PA, NP, CNS)¹

Each of the roles must be clearly documented and the responsibility of the operative note changes depending on whether the second surgeon is the Co-Surgeon or if the second surgeon is the Assistant Surgeon or if a NPP (non physician provider) is the assistant at surgery.

Co-Surgeons

- Co-surgery means that two surgeons are performing distinct separate parts of the same procedure. This most commonly is one surgeon performing the approach and one surgeon performing the definitive procedure.
- Key is that two surgeons are performing distinct separate parts of the same procedure and not assisting each other.

Example: Vascular surgeon does the approach for an anterior lumbar interbody fusion

Spine Surgeon: 22558-62 Vascular Surgeon: 22558-62

- Both surgeons dictate their own operative note describing their distinct part of the procedure
- Dr. Vascular Surgeon dictates the approach and then turns the case and dictation responsibilities Dr. Spine.
- Dr. Spine begins his/her operative note stating the patient was positioned and the approach was performed and dictated by Dr. Vascular Surgery. Dr. Spine typically states, "after the spine was approached by Dr. Vascular Surgery, we entered the case...."
- Dr. Spine does not dictate the work performed by Dr. Vascular Surgery and Dr. Vascular Surgery does not dictate the part of the procedure performed by Dr. Spine.
- Both surgeons report the appropriate CPT code with a 62 modifier on the primary procedures. Subsequent procedures are reported with the assistant surgeon modifier if one of the surgeons remained involved and assisted on the case.

¹ PA=Physician Assistant; NP=Nurse Practitioner, CNS=Clinical Nurse Practitioner)

- Medicare reimburses both surgeons 62.5% of the allowable for the procedures they report as co-surgeons. Medicare adds 25% to the normal allowable if only one surgeon performs the case, then cuts it in half, resulting in 62.5 % for both co-surgeons.
- The co-surgeon modifier may only be appended to one primary procedure and its associated add-on codes. If the second surgeon continues to assist on the case, s/he becomes the assistant surgeon
- The surgeons may not append the co-surgery modifier to instrumentation or bone graft codes.

Assistant Surgeon or Assistant at Surgery

- The surgeon of record is listed as the primary surgeon. The surgeon of record is responsible for identifying the presence of the assistant surgeon or assistant at surgery and the work performed by this provider.
- Unlike the Co-Surgeon, the Assistant Surgeon or Assistant at Surgery does not dictate an operative note.
- The Assistant Surgeon who is an MD or DO will report the CPT codes for those procedures with the appropriate assistant surgeon modifier.
- The primary surgeon reports his/her procedures without a modifier and reports his/her surgical procedures at their full fee. The assistant appends the appropriate assistant modifiers and reduces his/her fee to some percent above the payors allowable.

Modifier 80: Assistant Surgeon meaning MD or DO who assisted on the majority of the case

Modifier 81: Assistant Surgeon, who is an MD or DO, who assisted less than the majority of case.

Modifier 82: Assistant Surgeon, MD or DO, in an academic institution where no qualified resident is available.

AS Modifier: Medicare modifier for PA, NP, or CNS who is an assistant at surgery.

- Medicare reimburses the assistant surgeon who is an MD or DO, 16% of the normal allowable for primary procedures and appends the appropriate multiple procedure payment formula for subsequent procedures.
- Medicare reimburses the PA, NP, or CNS, 13.6% of the allowable for primary procedures and applies the appropriate multiple procedure payment formula for subsequent procedures.
- Survey private payors to determine what modifier to append to the assistant at surgery who is a NP, NP, or CNS.

Let's take a look at a few cases and apply modifiers as may be appropriate

Example 1: Co-Surgery

Orthopaedic Surgeon prepares patient for an anterior lumbar interbody fusion at L3-L4 and L4-L5. He plans to place cages at both intervertebral spaces.

Dr. Vascular dictates the approach listing himself as surgeon and Dr. Orthopaedics as co-surgeon.

Dr. Orthopaedics lists himself as the surgeon and Dr. Vascular Surgery as the co-surgeon. He dictates the definitive procedure after the approach.

Co-Surgeon Claim Submission

Primary Surgeon Dr. Orthopaedics	Co-Surgeon Dr. VascularSurgery
22558-62	22558-62
22585-62	22585-62
22851	
22851-59	

Example 2: Assistant Surgeon

Dr. Spine plans surgery for a patient with spinal stenosis and disc disease. He plans to take the patient to the OR for a posterior lumbar interbody fusion L3-4 and L4-5 and also plans to perform a posterolateral fusion from L3-L5. He places pedicle screws at L3, L4, and L5 bilaterally and places structural allografts at L3-4 and L4-5. Autograft is harvested from the iliac crest for the posterolateral fusion.

Dr. Partner Spine is present for the entire case and assists with the approach, definitive surgery, and insertion of spinal instrumentation. He did not assist with placement of structural allografts L3-4 and L4-5 or placement of allograft L3-5.

Primary and Assistant Surgeon (MD or DO) Claim Submission

Dr. Spine (Primary Surgeon)	Assistant Surgeon (MD or DO)
22612	22612-80
22614	22614-80
22630-51	22630-80,51
22632	22632-80
22842	22842-80
20937	
20931	

Primary and Assistant at Surgery (PA, NP, or CNS) Claim Submission

Primary Surgeon	Assistant At Surgery per Medicare
22612	22612-AS
22614	22614-AS
22630-51	22630-AS, 51
22632	22632-AS
22842	22842-AS
20937	
20931	

Example 3: Co-Surgery and Assistant Surgeon

Orthopaedic Surgeon prepares patient for an anterior lumbar interbody fusion at L3-L4 and L4-L5. He plans to place cages at both intervertebral spaces.

Dr. Vascular dictates the approach listing himself as surgeon and Dr. Orthopaedics as co-surgeon. Dr. Vascular Surgery stays on and assists with the instrumentation.

Dr. Orthopaedics lists himself as the surgeon and Dr. Vascular Surgery as the co-surgeon.

Dr. Orthopaedic Surgeon dictates the definitive procedure after the approach and also dictates that Dr. Vascular Surgery remained active in the case assisting with instrumentation and documents the medical necessity of having an assistant for the remainder of the case.

Co-Surgeon Claim Submission

Primary Surgeon Dr. Orthopaedics	Co-Surgeon Dr. Vascular
22558-62	22558-62
22585-62	22585-62
22851	22851-80
22851-59	22851-80,59

It is key and critical that the role of each physician be appropriately documented as well as the medical necessity of the second surgeon/assistant.

Make sure that when two surgeons are reporting services as co-surgeons, two distinct operative notes are required. There should not be overlap in work dictated as this negates the concept of co-surgery and will drive the use of the appropriate assistant versus co-surgeon modifiers.

Do not append assistant surgeon or assistant at surgery modifiers when the physician does not document his/her role associated with the procedure. For example, it is not uncommon that an assistant will not be required for the bone grafting procedures as one surgery inlays the allograft or autograft

Help the staff by dictating clearly the roles of each key player and documenting the medical necessity of the need for the surgery to be performed as co-surgery or why an assistant surgeon is warranted. Watch reimbursement closely and be prepared to appeal denied services!