

ASSISTANT SURGEONS

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Authority: [32 CFR 199.4\(c\)\(2\)](#)

I. ISSUE

How are assistant surgeons to be reimbursed?

II. BACKGROUND

An assistant surgeon is a physician (or dentist or podiatrist), acting within the scope of their license, who actively assists the operating surgeon in the performance of a covered surgical service. Certified physician assistants and certified nurse midwives are also recognized as assistant surgeons. Refer to [Chapter 13, Section 2.5](#) for information regarding reimbursement of certified physician assistants performing as assistant surgeons.

III. POLICY

A. Benefits are allowed only when the assistant surgeon is considered medically necessary. See [Chapter 13, Section 1.4](#), for guidelines on the medical necessity of assistant surgeons.

1. The surgical procedure is of such complexity and seriousness as to warrant an assistant surgeon. The assistant surgeon's services must be of the type that cannot be accomplished by operating room nurses or other such operating room personnel.

2. Interns, residents or other hospital staff are not available to provide the surgical assistance.

a. The operating surgeon must certify in writing to the nonavailability of a qualified intern, resident, or other hospital physician. Use of modifier -82 for the assistant surgeon's services is acceptable for this purpose.

b. In lieu of the operating surgeon's certification, the contractor may maintain an annually updated list of hospitals that have certified that they do not have internal staff available at any time to perform the services of assistant surgeons. When a claim from an assistant surgeon is received for services performed at such a hospital, the contractor may note on the form such wording as, "certification of nonavailability of assistants is on file". The claim may then be adjudicated as usual.

c. Contractors must not rely on listings of postgraduate medical training programs to determine whether physicians in training are available to provide surgical assistance.

d. For assistant surgeon Partnership claims, the operating surgeon must certify in writing on each individual claim that a qualified intern, resident, or other hospital physician was not available to assist for the surgery being billed. Contractors shall not maintain a list of military hospitals certifying that they do not have internal staff available to perform the services of an assistant surgeon.

B. The allowable charge for an assistant surgeon (where such services are covered) is to be the lower of the billed charge or 16 percent of the prevailing charge for the surgery involved. When an assistant surgeon is involved in multiple surgery, the same procedures used for determining reimbursement for the primary surgeon shall be used in determining reimbursement for the assistant surgeon.

C. Benefits may be extended for second assistant surgeons when determined to be medically necessary. Reimbursement will be at the same rate as an assistant surgeon.

NOTE: Upon implementation of TRICARE Claimcheck, and only for claims subject to TRICARE Claimcheck, the appropriate reimbursement methodology will be applied in conjunction with TRICARE Claimcheck auditing guidelines. TRICARE Claimcheck identifies three categories of assistant surgeons: an assistant is ALWAYS acceptable, SOMETIMES acceptable, or NEVER acceptable. For those cases identified as SOMETIMES acceptable, the guidelines in [paragraph III.A.](#) of this section are to be followed.

IV. EFFECTIVE DATE

Implementation of the Assistant Surgeon Payment Restriction list and the 16 percent reimbursement methodology is effective for assistant surgeon services provided on or after November 1, 1993.

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