



American Academy of  
PHYSICIAN ASSISTANTS

2318 Mill Road, Suite 1300  
Alexandria, VA 22314  
P 703 836 2272 F 703 684 1924  
E [aapa@aapa.org](mailto:aapa@aapa.org)  
[www.aapa.org](http://www.aapa.org)

### **First Assisting at Surgery**

PAs first assisting at surgery are reimbursed at 85 percent of the first-assisting fee paid to a physician (16 percent), or 13.6 percent. PAs cannot act as primary surgeons, but they are eligible for reimbursement for first assisting in any procedure where a physician would receive such a reimbursement. PAs are also covered when performing minor surgical procedures.

PAs should bill for their services at the full physician fee schedule. The use of the PA's NPI number and the "AS" surgical assistant billing modifier will indicate to the Medicare carrier to implement the appropriate discount. For more information, see the [Medicare Claims Processing Manual, Chapter 12, Section 110.3](#) .

Medicare maintains a list of approximately [1,900 Current Procedure Terminology \(CPT\) codes](#) for which a first assistant at surgery will not be reimbursed. For these codes, Medicare determined that a first assistant is not needed and will not pay for the services of any medical professional acting as a first assistant. If a physician deems that a first assistant is medically needed, and Medicare agrees, Medicare may grant an exception and reimburse for that service.

In teaching hospitals, Medicare restricts coverage of physicians, PAs, NPs, and Clinical Nurse Specialists for first assisting at surgery only. There are no restrictions for other services PAs provide in teaching hospitals. If a teaching hospital has an approved, accredited surgical training program related to the surgery being performed and has a qualified resident available to perform the service, no reimbursement is made for a licensed health care professional first assisting. If, however, a primary surgeon has an across-the-board policy of never allowing residents to act as first assistants, or in trauma cases, or if the surgeon believes that the resident is not the best individual to perform the service, Medicare will reimburse for a first assist provided by a PA. In these cases, claims should be accompanied by an explanation that the first assist was medically necessary and that no qualified resident was available to first assist at that time. Medicare requires the following attestation in the operative report:

*"I understand that section 1842(b)(7)(D) of the Social Security Act generally prohibits Medicare physician fee schedule payment for the services of assistants at surgery in teaching hospitals when qualified residents are available to furnish such services. I certify that the services for which payment is claimed were medically necessary and that no qualified resident was available to perform the services. I further understand that these services are subject to post- payment review by the Medicare carrier."*

For more information regarding PAs assisting in Teaching Settings, see the [Medicare Claims Processing Manual Chapter 12, Section 100.1.7](#) .

### Medical Necessity and Documentation

The key to reimbursement for any service, including first assisting, is medical necessity, in or out of teaching hospitals. The operative note must reflect the medical necessity and the contribution the assistant made to the case. . Ultimately, it is up to the discretion of the surgeon to determine, but also to document, whether an assistant is needed and why.

Consider the following phrases which, *anecdotally*, have been reported to have been accepted by some payers as appropriate documentation for establishing the need for the assistant. These examples are obtained from anecdotal reports, and are not to be considered guidance:

*“The skilled assistance of the PA-(insert name) was necessary for the successful completion of this case. She was essential for the proper positioning, manipulation of instruments, proper exposure, manipulation of tissue, and wound closure.”*

*“Due to the complexity of the case, a first assistant was deemed necessary”.*

*“Due to the patient’s morbid obesity, with a BMI greater than 40, and resultant complexity of the case, the assistance of the PA was essential.”*

*“The retractor was then placed medially and held by (insert name).”*

*“As the shoulder was held in abduction by the PA, the sutures were passed through the lateral portal and....”*

### Denials

The American College of Surgeons (ACS) has evaluated surgical procedures and their need for a surgical assistant. Their findings are periodically published in a report entitled [“Physicians as Assistants at Surgery”](#). The ACS has categorized the procedures by their need for a surgical assistant, from “almost never”, to “sometimes”, to “almost always”. Practices are advised to use this report to appeal denials for assistants. If the ACS determines “sometimes” or “almost always”, it is hard to argue that an assistant was not necessary. Copy the page with the appropriate code from the book and send it in with your appeal. This has worked in the past in some instances.

### Prior Authorization

Consider pursuing prior authorization for the first assistant at surgery when obtaining prior authorization for the procedure itself. Check with your payers.

See also:



R1780 Teaching  
Settings.pdf

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