



Effective 3/20/2026

Lines Of  
Business      All Lines of  
Business

## Payment Impacting Modifier: Assistant at Surgery (AS, 80, 81, 82)

### DISCLAIMER

*This policy does not govern whether a specific procedure is covered under any specific member plan or policy, nor is it intended to address every claim situation. The determination that any service, procedure, item, etc., is covered under a member's benefit plan shall not be construed as a determination that a provider will be reimbursed for services provided. Individual claims may be affected by other factors, including but not necessarily limited to state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgment. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification, and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to both participating and non-participating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and it is subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any case. No part of this policy may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, whether electronic, mechanical, photocopying or otherwise, without express written permission from THP. When printed, this version becomes uncontrolled. For the most current information, refer to the following website: [healthplan.org](http://healthplan.org).*

# DEFINITIONS, ACRONYMS, and TERMS

Covered Service	Medically necessary services, as determined by the plan and described in the applicable benefit plan, for which a member is eligible for coverage
CPT	Current Procedural Terminology
Fee Schedule	The complete listing of rates for services that represents payment for each unit of service allowed based on applicable coded service identifier(s) for covered services
HCPCS	Healthcare Common Procedure Coding System

## BACKGROUND

A modifier is two characters (letters or numbers) appended to a Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code. The modifier provides additional information about the product or service without changing the meaning of the code billed.

A pricing modifier is a modifier that causes a pricing change for the code billed.

## POLICY

<b>Modifier AS</b>	Assistant at surgery services provided by a Physician Assistant (PA-C) or Nurse Practitioner (NP)
<b>Modifier 80</b>	Assistant at surgery services provided by a physician (MD, DO)
<b>Modifier 81</b>	Assistant at surgery services provided by a physician (MD, DO) only when minimum surgical assistance was provided.
<b>Modifier 82</b>	Assistant at surgery services provided by a physician (MD, DO) when no qualified resident is available

The claim is required to include the same code(s) reported by the primary surgeon, unless the primary surgeon bills a global code i.e., 59400, 59510, 59610, 59618, the assistant would bill the appropriate assistant at surgery modifier.

## Payment Impact

### **Modifier AS**

Line of Business	Percentage (%) of Fee Schedule
Commercial	14%
Medicare	14%
Mountain Health Trust	16%
PEIA	14%

Self-Funded/ASO	14%
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## Payment Impact

### *Modifier 80*

Line of Business	Percentage (%) of Fee Schedule
Commercial	16%
Medicare	16%
Mountain Health Trust	16%
PEIA	16%
Self-Funded/ASO	16%

## Payment Impact

### *Modifier 81*

Line of Business	Percentage (%) of Fee Schedule
Commercial	16%
Medicare	16%
Mountain Health Trust	16%
PEIA	16%
Self-Funded/ASO	16%

## Payment Impact

### *Modifier 82*

Line of Business	Percentage (%) of Fee Schedule
Commercial	16%
Medicare	16%
Mountain Health Trust	16%
PEIA	16%
Self-Funded/ASO	16%

As a reminder, The Health Plan (THP) applies claims edits to all services including those with modifiers.

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