

Surgical Supplies Reimbursement Policy Updates

The Center for Medicare and Medicaid Services (CMS) guidelines state that Surgical Trays (A4550) and Permanent, long-term, non-dissolvable lacrimal duct implants (A4263) are considered to be bundled into the practice expense RVU for E&M and Procedure codes.

Effective September 1, 2018, MVP will adopt CMS guidelines and will no longer reimburse for these surgical supplies outlined above (A4550 and A4263) when billed at the professional level. This policy change will not affect splinting and casting supplies which are considered to be separately reimbursable by CMS.

Assistant Surgeon Reimbursement Policy Updates

Currently MVP reimburses surgeons who assist on a surgery at twenty percent (20%) of the assisted surgeon's contracted fee schedule when they bill using the following modifiers:

- **Modifier AS** - Physician assistant, nurse practitioner for assistant at surgery
- **Modifier 80** - Assistant Surgeon Surgical assistant services may be identified by adding Modifier 80 to the usual procedure number(s).
- **Modifier 81** - Minimum Assistant Surgeon Minimum surgical assistant services are identified by adding Modifier 81 to the usual procedure number(s).
- **Modifier 82** - Assistant Surgeon (when qualified resident surgeon not available) The unavailability of a qualified resident surgeon is a prerequisite for use of Modifier 82 appended to the usual procedure code number(s).

Effective September 1, 2018, MVP will adopt CMS payment methodology and will reimburse assistant surgeons at sixteen percent (16%) of the assisted surgeon's contracted fee schedule when they bill using these modifiers.

If you have any questions with respect to this notice, please contact your Professional Relations Representative.

