

# 2025 Policy Memo 10

Assistant Surgery



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Assistant surgery is considered to be only those services provided at the operating table by the surgical assistant. Being available to assist does not constitute assistant surgery (see important note below regarding non-physician assistant surgeons).

### **I. Medical Necessity Guidelines**

- A. Assistant surgery is covered by Blue Cross and Blue Shield of Kansas, Inc., (BCBSKS) if it is customarily required in conjunction with the surgical procedure because of medical necessity, and if it would customarily be billed to the patient regardless of their method of payment.
- B. The use of more than one assistant surgeon is subject to individual consideration and covered only upon substantiation of medical necessity. Contracting providers agree to accept the review process determination in such cases.

### **II. Reimbursement**

Assistant surgery reimbursement is based on a percentage of the surgical maximum.

### **III. Preoperative and Postoperative Care**

With respect to assistant surgeons who provide pre- and postoperative care when the operating surgeon is in the "traveling" (itinerant) category, preoperative and postoperative care may be allowed in addition to assistant surgery if this is explained in the submission of claims. In these instances, preoperative and postoperative services should be itemized separately from the assistant surgery fee. In some cases, the itinerant surgeon will make their own arrangements for pre and postoperative care. In those cases, the physician should look to the surgeon for payment.

### **IV. Non-Physician Assistants**

BCBSKS will make payments for assistants only for those persons (Physician Assistants and Advanced Practice Registered Nurses/Advanced Registered Nurse Practitioners) licensed and authorized by Kansas law. BCBSKS will not make payments for services of a registered nurse or other non-physicians (including Certified Surgical First Assistants) assisting at surgery.

**IMPORTANT NOTE REGARDING DENIAL OF BENEFITS:** Denial of benefits for the services of an assistant surgeon is the result of the BCBSKS review process determination. In the event benefits are denied, contracting providers agree to forgive charges to BCBSKS members. Exception: If the patient has been informed such services may not be covered but requests the services be furnished, the patient may be charged for the service even though it was not considered medically necessary. A waiver must be signed by the member to support such requests (see Policy Memo No. 1, Section X. WAIVER FORM).

A list of those procedures for which an assistant surgeon is not reimbursed is found online at [https://www.bcbsks.com/CustomService/Providers/Publications/professional/manuals/pdf/assistant\\_surgery.pdf](https://www.bcbsks.com/CustomService/Providers/Publications/professional/manuals/pdf/assistant_surgery.pdf).

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