



KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Assistant Surgeon	Policy #	6.09-P
Policy Owner	Claims	Original Effective Date	07/1998
Revision Effective Date	06/21/2025	Approval Date	09/02/2025
Line of Business	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Corporate		

I. PURPOSE

To establish claims handling for Assistant Surgeon claim submissions.

II. POLICY

Assistant Surgeons shall be reimbursed for designated surgical procedures identified as requiring an assistant surgeon.

III. DEFINITIONS

TERMS	DEFINITIONS
Assistant Surgeon	The designated person assisting the primary surgeon who meets the qualifications, such as Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Physician Assistant (PA), Nurse Practitioner (NP).

IV. PROCEDURES

A. GUIDELINES FOR DETERMINING ELIGIBILITY OF ASSISTANT SURGEON

Kern Health Systems (KHS) will use the American College of Surgeons (ACS) as its primary source for determining assistant surgeon designations. If the ACS has not designated assistant surgeon eligibility, or if the designation is “sometimes,” the allowance of an assistant surgeon will be based on the medical necessity requiring an assistant surgeon for the procedure. The KHS Chief Medical Officer or their designee makes this determination based on the documentation provided by the surgeon.

B. AUTHORIZATION

Assistant Surgeon services are included in Surgery authorizations.

C. REIMBURSEMENT

The reimbursement rate for an assistant surgeon is based on the Medi-Cal fee schedule for assistant surgeons. If no rate is provided, reimbursement will be made at 20% of the KHS allowance for the primary surgeon’s procedure. Claims for assistant surgeons must include the appropriate Current Procedural Terminology (CPT) modifier, -80 (Assistant Surgeon) or -AS (Assistant Surgeon). For services provided by a Physician Assistant (PA) as the first or second assistant surgeon, an additional modifier of -U7 must be used alongside the -80 or -AS modifier to indicate the PA is performing the role under the supervision of an approved supervising physician.

V. ATTACHMENTS

N/A	
-----	--

VI. REFERENCES

Reference Type	Specific Reference
Choose an item.	

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Revised	2025-06-21	Update made by Director for annual review	Robin Dow-Morales
Revised	2016-06	Minor revision to update CPT modifier.	Trannie Ryan
Revised	2014-09	Review requested by Compliance. Department. Per Policy 14.05-I policies and procedures shall be reviewed every three years at a minimum.	Trannie Ryan
Revised	2008-01	Routine Revision	-
Revised	2004-08	Routine Revision	-

VIII. APPROVALS

Committees Board (if applicable)	Date Reviewed	Date Approved
Choose an item.		

Regulatory Agencies (if applicable)	Date Reviewed	Date Approved
Choose an item.		