ENROUTE™
Transcarotid Neuroprotection System

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Assistant at Surgery Modifiers[1]

This document explains how to use modifiers for Assistant at Surgery and their associated reimbursement. Please consult your coding and billing staff for specific billing instructions, as coverage policies vary by payer.

Overview

- Assistant at surgery is a physician who **actively** assists the physician in charge of a case in performing a surgical procedure.
- Advanced Practice Provider (APP) (Physician Assistant (PA), Nurse Practitioner (NP), or Clinical Nurse Specialist (CNS)) who is authorized to provide such services under state law can serve as an assistant at surgery.
- Documentation supporting medical necessity for the assistant must be submitted and should clearly document the assistant's role during the operative session.
- An assistant may be of the same specialty.

Modifiers[2,3]

These modifiers are appended to CPT[4,5] code 37215:

- **Physician Modifiers (80, 81, 82)**
  - **Modifier 80** – Assistant at surgery provided by a physician (non-teaching hospital).
  - **Modifier 81** – Assistant at surgery providing minimal assistance to the primary surgeon.
  - **Modifier 82** – Assistant at surgery by another physician when a qualified resident surgeon is not available to assist the primary surgeon (teaching hospital).
- **APP Modifier (AS)**
  - **Modifier AS** – Assistant at surgery provided by an APP that furnishes more than ancillary services during the procedure.

Claim Instructions

- The primary surgeon and assistant submit a claim with the same procedure (CPT 37215).
- Only the assistant claim requires a modifier (80, 81, 82, or AS). The primary surgeon does not need one.

Documentation Criteria[6]

The primary surgeon documents/dictates the operative report, including:

- **Assistant's name and justification:** Briefly state the assistant's name and the medical necessity requiring their assistance.
  - For Modifier 82, document "no qualified resident was available" and explain why.
- **Assistant's role:** Clearly detail the work performed by the assistant in the body of the report, alongside the primary surgeon's work.

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[1] Medicare Claims Processing Manual Chapter 12 - Physicians/Nonphysician Practitioners, Section 20.4.3, 110.2, 120.1. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf
[2] Physician Fee Schedule. Cms.gov. https://www.cms.gov/medicare/physician-fee-schedule/search?Y=0&T=4&HT=0&CT=0&H1=37215&M=5
[3] PFS Look-up Tool Overview. https://www.cms.gov/medicare/physician-fee-schedule/search/overview
[4] CPT copyright 2025 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.
[5] CMS Medicare Learning Network MLN907166 Nov 2024 https://www.cms.gov/files/document/mln907166-global-surgery-booklet.pdf
[6] Codify by AAPC Modifiers: General Surgery Coding Alert Understand How to Apply Assistant at Surgery Modifiers : Modifiers
[7] About ARC/STSA. ARC/STSA. https://arcstsa.org/about-arc-stsa/

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Medicare Payment[1]

This applies to Medicare payments only. Private insurance coverage and rates may differ.

- **Primary Surgeon:** 100% of the fee schedule.
- **Assistant Surgeon:** 16% of the fee schedule.
- **APP:** 13.6% of the amount paid to physicians (paid at 85% of the assistant surgeon rate).

Refer to the following page for examples of Medicare payments depending on the assistant at surgery.

Medicare Payment Examples[1,2]

- **Primary Surgeon & Assistant Surgeon:** The primary surgeon gets 100%, while the assistant gets 16% of the fee schedule amount.
- **Primary Surgeon & Assistant APP:** The primary surgeon receives 100%, while the APP receives 13.6% of the fee schedule amount.

Limitations[5]

- Medicare may not pay assistant at surgery for surgical procedures in which a physician is used as an assistant at surgery in fewer than 5% of the cases for that procedure nationally. This is determined through manual reviews.[5]

FAQs

1. **Do I need to add a modifier to my claim if I use an assistant at surgery?**
   Only the assistant at surgery's claim requires a modifier. These modifiers (80, 81, 82, or AS) specify the level of the assistant's involvement. The primary surgeon's claim does not require a modifier.

2. **What happens if the surgeon doesn't document the assistant at surgery's work in the operative report?**
   Payers requiring operative reports for assistant at surgery claims will deny them if the surgeon lacks documentation of the assistant's work.

3. **How can a denied assistant at surgery claim due to missing documentation be corrected?**
   If an assistant at surgery's claim is denied due to missing documentation, the surgeon can dictate an addendum to the operative report and resubmit the claim.

4. **Can you bill Assistant at Surgery in a Teaching Hospital?[1]**
   No, A/B MACs do not reimburse for assistant at surgery services in teaching hospitals that have a relevant medical specialty training program or an available qualified resident to perform the procedure.

5. **Can you bill the "AS" modifier if employed by the hospital?[1]**
   No, PAs, NPs, or CNSs employed by the hospital are not eligible for separate reimbursement. If they are not hospital employed they may be eligible to be reimbursed.

6. **Can a "surgical first assistant" be billed as an assistant at surgery?[1]**
   No. Surgical first assistants (SFAs) are not eligible for billing as an "assistant at surgery" (AS modifier). While SFAs have specialized training and accreditation from the Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARC/STSA) or Commission on Accreditation of Allied Health Education Programs (CAAHEP)[7], their qualifications differ from PA, NP & CNS who are eligible for billing as an assistant at surgery.

Reimbursement Support

For reimbursement assistance, please contact Boston Scientific PI HEMA team:

- Email: SRM-Reimburse@bsci.com
- Website: Boston Scientific Peripheral Vascular Coding & Payment Guides

ENROUTE Transcarotid Stent System
INTENDED USE/INDICATIONS FOR USE The ENROUTE® Transcarotid Stent System used in conjunction with the ENROUTE Transcarotid Neuroprotection System (NPS) is indicated for the treatment of patients at high risk and standard risk for adverse events from carotid endarterectomy, who require carotid revascularization and meet the criteria outlined below: High Risk | Standard Risk With neurological symptoms: ≥ 50% stenosis of the common or internal carotid artery by ultrasound or angiogram | ≥ 70% stenosis of the common or internal carotid artery by ultrasound or ≥ 50% stenosis of

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the common or internal carotid artery by angiogram Without neurological symptoms: ≥ 80% stenosis of the common or internal carotid artery by ultrasound or angiogram | ≥ 70% stenosis of the common or internal carotid artery by ultrasound or ≥ 60% stenosis of the common or internal carotid artery by angiogram Reference vessel diameter: Must be within 4.0 mm – 9.0 mm at the target lesion Carotid bifurcation location: Minimum 5 cm above the clavicle to allow for placement of the ENROUTE Transcarotid NPS

ENROUTE Transcarotid Neuroprotection System
INTENDED USE/INDICATIONS FOR USE The ENROUTE Transcarotid Neuroprotection System (ENROUTE Transcarotid NPS) is intended to provide transcarotid vascular access, introduction of diagnostic agents and therapeutic devices, and embolic protection during carotid artery angioplasty and stenting procedures for patients diagnosed with carotid artery stenosis and who have appropriate anatomy described below: • Adequate femoral venous access • Common carotid artery reference diameter of at least 6 mm • Carotid bifurcation is a minimum of 5 cm above the clavicle as measured by duplex Doppler ultrasound (DUS) or computerized axial tomography (CT) angiography or magnetic resonance (MR) angiography.

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