



# THE SURGICAL ASSISTANT

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**Inside:**

2012 Election Results Announced in Washington, DC	1
Job Description	2
Illinois SA Legislative Summary	4
Use of Assistant at Surgery Modifiers	5
Obtaining Reimbursement from Private Payers on Medicare cases	6

## 2012 ELECTION RESULTS ANNOUNCED IN WASHINGTON, DC

At the ASA Annual Meeting that was recently held in Washington, DC, elections were held for the offices of secretary and three director positions.

Kathy Duffy, CSFA, CSA, was elected as secretary. The three new directors include Christie Ashcraft, CST, CSFA; Paul Beale, CST, CSFA and Vera Polly Thomas, CST, CSFA, SA-C.

Three amendments to the ASA Bylaws were also adopted.

The first amendment related to Article VII, Section 2 and active members voted to change the number of active ASA members required to constitute a quorum from twenty percent to ten percent

The second amendment change related to Article VIII, Section 2 A. ASA active members voted to drop the one-year eligibili-

ty requirement for candidates to the Board of Directors. If a candidate is elected, he/she must maintain an active membership status.

The third amendment change related to Article X, Section 1. Active members voted to change the name of the official publication from *ASA News* to *The Surgical Assistant*.

In addition to the election of candidates and bylaws amendments, the ASA

Education Committee revised the job description of the surgical assistant and presented it on Sunday during a panel discussion. (See page 2 for the complete text).

Other activities related to the surgical assisting profession that occurred during the annual meeting involved the decision to begin work on the next edition of a surgical assisting core curriculum. A specific com-

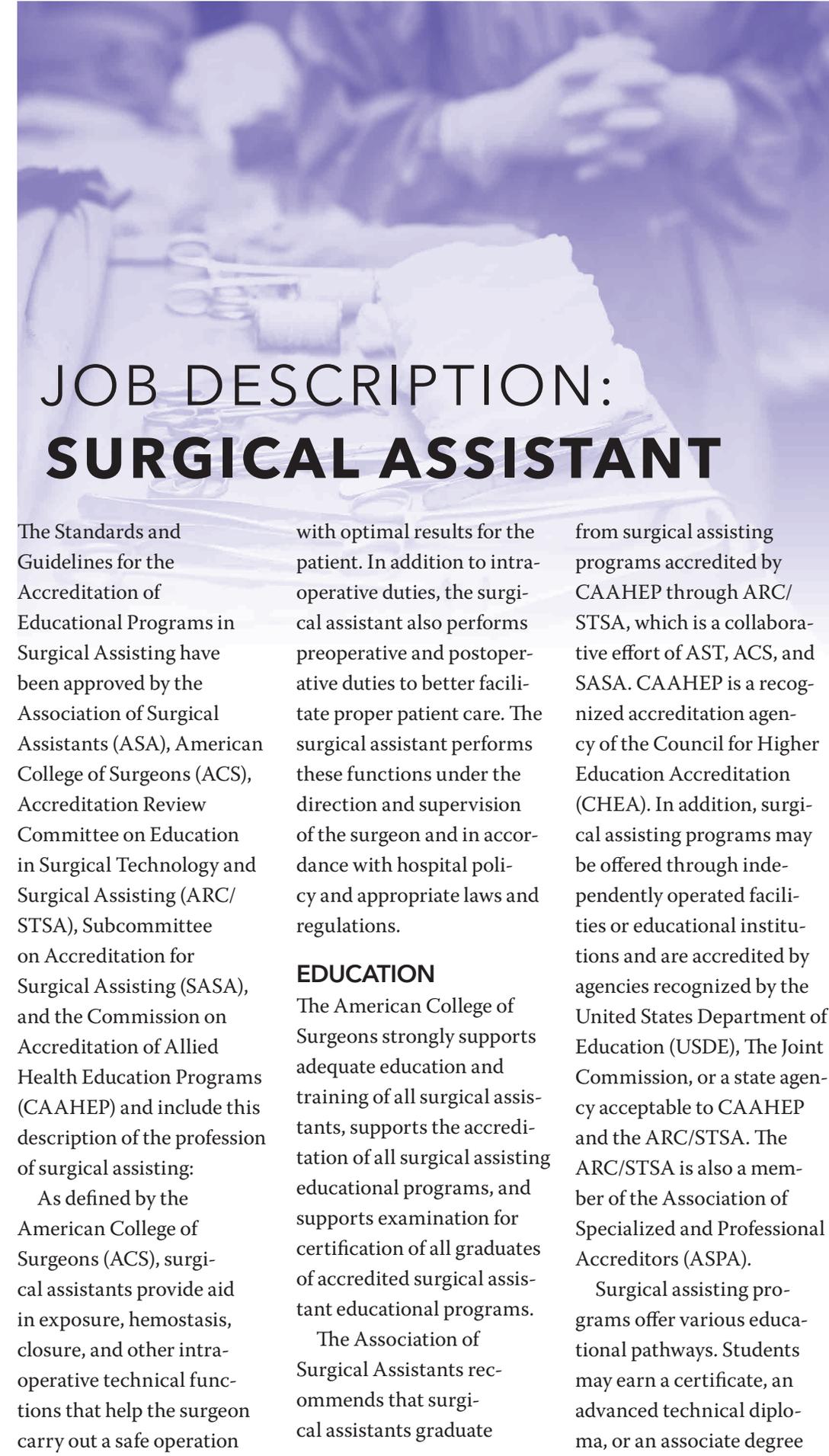


Front row: Vera Polly Thomas, CST, CSFA, SA-C; Kathy Duffy, CST, CSFA, CSA; Christie Ashcraft, CST, CSFA. Back row: Paul Beale, CST, CSFA; Doug Hughes, CST CSFA, CSA; Dennis Stover, CST, CSA; Greg Salmon, CST, CSFA, CSA; Bill Price, SA-C, RSA.

mittee was assigned this responsibility and also includes representatives from the ARC/STSA and NBSTSA. Committee members are Jeff Bidwell, CST, CSFA, CSA, FAST chair; Dennis Stover, CST, CSA; Teri Junge, CST, CSFA, FAST; and Lori Millin, CST, CSFA.

Other projects that are getting underway include the development of Standards of Practice for surgical assistants.





# JOB DESCRIPTION: SURGICAL ASSISTANT

The Standards and Guidelines for the Accreditation of Educational Programs in Surgical Assisting have been approved by the Association of Surgical Assistants (ASA), American College of Surgeons (ACS), Accreditation Review Committee on Education in Surgical Technology and Surgical Assisting (ARC/STSA), Subcommittee on Accreditation for Surgical Assisting (SASA), and the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and include this description of the profession of surgical assisting:

As defined by the American College of Surgeons (ACS), surgical assistants provide aid in exposure, hemostasis, closure, and other intraoperative technical functions that help the surgeon carry out a safe operation

with optimal results for the patient. In addition to intraoperative duties, the surgical assistant also performs preoperative and postoperative duties to better facilitate proper patient care. The surgical assistant performs these functions under the direction and supervision of the surgeon and in accordance with hospital policy and appropriate laws and regulations.

## EDUCATION

The American College of Surgeons strongly supports adequate education and training of all surgical assistants, supports the accreditation of all surgical assisting educational programs, and supports examination for certification of all graduates of accredited surgical assistant educational programs.

The Association of Surgical Assistants recommends that surgical assistants graduate

from surgical assisting programs accredited by CAAHEP through ARC/STSA, which is a collaborative effort of AST, ACS, and SASA. CAAHEP is a recognized accreditation agency of the Council for Higher Education Accreditation (CHEA). In addition, surgical assisting programs may be offered through independently operated facilities or educational institutions and are accredited by agencies recognized by the United States Department of Education (USDE), The Joint Commission, or a state agency acceptable to CAAHEP and the ARC/STSA. The ARC/STSA is also a member of the Association of Specialized and Professional Accreditors (ASPA).

Surgical assisting programs offer various educational pathways. Students may earn a certificate, an advanced technical diploma, or an associate degree

*(Note: This is a recommended guideline to follow in creation of a facility-specific job description and not a job description in and of itself.)*

depending on the program attended. Definitive curriculum is dependent on program attended. Standard courses covered are:

General Overview of Courses Include:

- Principles of Surgical Assisting
- General Biology
- Microbiology
- Pharmacology
- Surgical Assisting Internships
- Anatomy & Physiology
- Surgical Pathophysiology
- Wound Closure and Wound Management

## CREDENTIALS

Certification is conferred by the National Board of Surgical Technology and Surgical Assisting (NBSTSA), National Surgical Assistant Association (NSAA), and American Board of Surgical Assistants (ABSA). Initial certification as a Certified Surgical First Assistant (CSFA), Certified Surgical Assistant (CSA), and Surgical Assistant-Certified (SA-C) is based upon satisfactory performance on the national certifying examination from each organization's credentialing body, following completion of an accredited program in surgical assisting or another pathway acceptable to the NBSTSA, NSAA and ABSA.

CSFAs maintain their certification by earning 75 hours of approved continuing education in a four-year period or by successfully retaking the certifying examination at the conclusion of the four-year period. CSAs maintain their certification by earning 50 continuing education units every two years or successfully retaking the certification examination at the conclusion of the two-year period. SA-Cs maintain their certification by earning 80 recertification points and 400 clinical surgical cases or 1500 clinical surgical hours every two years or by retaking the recertification examination at the conclusion of the two-year period.

The NBSTSA's certification program is accredited by the National Commission for Certifying Agencies (NCCA), the accreditation division of the National Organization for Competency Assurance (NOCA) and is in compliance with NCCA's Standards for the Accreditation of Certification Programs. The NSAA and the ABSA provide national certifying examinations and credentialing within the structure of each of the organizations.

## THE ASSOCIATION OF SURGICAL ASSISTANTS

The Association of Surgical Assistants represents surgical assistants who carry the title of Certified Surgical

First Assistant (CSFA), Certified Surgical Assistant (CSA), and Surgical Assistant-Certified (SA-C).

ASA was founded in 1996 and its current partner organization, AST was formed in 1969 with the support of the American College of Surgeons, American Medical Association (AMA), American Hospital Association (AHA), and Association of periOperative Registered Nurses (AORN). ASA and AST represent the interests of over 5,000 surgical assistants.

ASA also works with ARC/STSA and NBSTSA to set standards for education and certification and represents the profession at state and national levels to ensure that all surgical assistants attain the Certified Surgical First Assistant credential as a condition of employment. ASA is a membership organization.

ASA Mission Statement: "The Association of Surgical Assistants represents a broad coalition of surgical assistant practitioners, who shares several common goals including optimizing surgical patient care, promoting the recognition of all surgical assistants, advancing legislative strategies and providing relevant continuing education experiences."

## ROLE OF THE SURGICAL ASSISTANT

The Surgical Assistant is responsible for assisting the surgeon under direct and indirect supervision throughout preoperative, intraoperative, and postoperative duties and procedures at all times.

### 1. Preoperative

The Surgical Assistant facilitates the safe positioning of the patient according to the surgeon's preference, patient's anatomical and physiological limits, and surgical procedure to be performed. A preoperative introduction visit may be done to assess the surgical site to better aid in positioning. Assists circulator and anesthesia provider in preparation of the patient to include but not limited to: Foley catheter placement, tourniquet application, placement of intravenous catheters, cricoid pressure application, and other procedures as needed.

### 2. Intraoperative

The Surgical Assistant performs specific tasks according to individual surgeon preference utilizing appropriate techniques including, but not limited to: incision and layered closure of surgical sites, providing exposure, achieving hemostasis by means of injection, manual, and topical methods, and application of appropriate energy sources, manipulation and dissection/removal

of tissues, aides in implanting, securing, and/or removal of devices and drains, and applying appropriate dressing material specific to procedure.

### 3. Postoperative

The Surgical Assistant applies any other specific dressing material such as splints or casts, assesses skin integrity, assists in transfer of the patient, and follows the patient to recovery if needed or directed by surgeon.

### 4. Specialty Procedures

The Surgical Assistant who has appropriate training also performs under surgeon supervision other procedures including but not limited to: vein and graft harvesting, and graft and implant preparation.

### 5. Additional Duties

The Surgical Assistant performs additional duties as delegated by the surgeon in cooperation with state and local policy.

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#### THE SURGICAL ASSISTANT

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# ILLINOIS WAS THE FIRST STATE TO SIMULTANEOUSLY RECOGNIZE SURGICAL ASSISTANTS AND SURGICAL TECHNOLOGISTS IN 2003

**MARGARET VAUGHN**

In the late 1990s, Blue Cross-Blue Shield of Illinois decided not to cover the services of any surgical assistant who was not state regulated and even demanded money back for any past claims already paid. That was the catalyst that energized the surgical assistant profession to become politically active in Illinois. The first order of business was to hire a lobbyist, and in 1997, I was hired to represent Midwest Surgical Assistants and pass a state law to license surgical assistants. The political climate in Illinois at the time put many roadblocks in our way.

The Illinois State Medical Society, one of the top powerhouses in the state, opposed anything related to the health care professions. It opposed surgical assistant licensure due to concerns by some of their board that reimbursement would cut into their global fees. The Illinois Nurses Association felt that any attempt to recognize surgical assistants represented a threat to their own profession. The Illinois Hospital Association traditionally resisted any new licensure that restricted

their members from hiring and employing only specified professionals. While nationally certified surgical assistants may have been plentiful in Chicago, they were few and far between in Southern Illinois. Finally,



Illinois Governor Pat Quinn

the Illinois Department of Professional Regulation called into question any new state regulation and would only consider it if surgical assistants were placed as a separate article in the Physician Assistant Practice Act. Consequently, the Illinois Society of Physician Assistants joined the crowded list of our opponents. Since surgical assistants were not regulated in any other state, there was no precedent to follow; many

people did not understand their role and saw them as nothing but a threat to the status quo.

Meanwhile, after resolving their differences, all three credentials united under the umbrella of the

Illinois Surgical Assistant Association, and membership was expanded to all CSAs, SA-Cs, and CSFAs

To garner the support of the Illinois State Medical Society and Illinois Hospital Association, the proposal was repackaged as title protection rather than licensure. (The difference between “title protection” and “licensure” is that no one can use the title Registered Surgical Assistant (RSA) or Registered Surgical

Technologist (RST) without the state credential, but it is not illegal for someone to practice in the state without the title if an employer will hire them.)

An effort was made to reach out to the Illinois State Assembly of Surgical Technologists to explore whether or not they wanted to be included in the legislation. They came on board and in the spring of 2003, a legislative reception and a press conference were held at the statehouse in order to educate officials on the critical need to recognize the surgical assistant and surgical technologist professions.

A petition drive was started by nurses who supported our efforts, and the Illinois Nurses Association finally dropped their opposition if we agreed to include some of their provisions in our bill. Eventually, the Illinois Registered Surgical Assistant and Surgical Technologist Title Protection Act was signed into law in 2003.

There were approximately 60 surgical assistants with a national credential when the law passed in Illinois, and today there are almost 300. Illinois was transformed

from a state where the insurance companies wanted their money back to a very lucrative state where surgical assistants are thriving.

Every 10 years in Illinois, practice acts expire or sunset. At the end of 2013, the Illinois Surgical Assistant Act will expire unless legislation is passed to extend it. The Illinois Surgical Assistant Association has been sponsoring a major membership drive and has held regional recruitments workshops this spring in different parts of the state in order to educate RSAs on the need for them to get involved politically and support their state association in order for their profession to flourish in the next decade.



Margaret Vaughn founded the Illinois Surgical Assistant Association and has served as Executive Director/Lobbyist for the past 15 years. She will be presenting at the October ASA/ISAA Meeting that will occur in Chicago, October 19-20. Register online at [www.surgicalassistant.org](http://www.surgicalassistant.org).

## First Coast Clarification of Article “Appropriate use of assistant at surgery modifiers and payment indicators”

published 2/2/2012

**Editor’s note:** First Coast is the Medicare Administrative Contractor for Florida, Puerto Rico and the US Virgin Islands. This clarification is available at [http://medicare.fcso.com/Fee\\_resources/238063.asp](http://medicare.fcso.com/Fee_resources/238063.asp). For an additional update, please refer to <http://medicare.fcso.com/>

First Coast published a detailed article on 2/2/2012 which clearly articulated Medicare’s coverage requirements related to assistant at surgery services billed under the Medicare physician fee schedule. Please refer to this article at [http://medicare.fcso.com/Fee\\_resources/229780.asp](http://medicare.fcso.com/Fee_resources/229780.asp).

It has come to the attention of First Coast that assistant at surgery services are being billed to Medicare Part B in MAC J9 which do not meet Medicare’s coverage requirements. It appears some providers are billing the services of surgical assistants (e.g., certified first assistants, registered nurse surgical assistants, surgical technologists, etc.) under the performing provider number of the surgeon performing the surgical procedure as if “incident to” provisions applied to the service. These services are being billed with an 80 modifier which indicates the assistant at surgery services were rendered by an assistant surgeon. As noted in Current Procedural Terminology (CPT) and outlined in First Coast’s February 2, 2012 article, modifiers 80, 81 and 82 are only appropriately

appended to the claim if assistant at surgery services were performed by a physician (surgeon). Modifier AS must be used if assistant at surgery services were rendered by a Medicare covered non-physician provider type, which includes physician assistants (PA), nurse practitioners (NP), nurse midwife or clinical nurse specialists (CNS). Assistant at surgery services rendered by “covered” non-physician practitioners billed with the AS modifier receive the appropriate non-physician payment reduction.

In summary, Medicare Part B reimbursement for an assistant at surgery is only appropriate when the procedure is covered for an assistant at surgery and one of the following situations exists:

- The person performing the assistant at surgery service is a physician, or
- The person performing the assistant at surgery service is enrolled in Medicare as a physician assistant (PA), nurse practitioner (NP), nurse midwife, or clinical nurse specialist (CNS).

Assistant at surgery services rendered by a surgical

technician, a first surgical assistant, scrub nurse, or any person bearing a title other than physician, PA, NP, CNS or nurse midwife are not payable by Medicare Part B and is not billable to the patient. Billing the services of a non-covered assistant at surgery under the surgeon’s performing provider number is an inappropriate application of the “incident to” guidelines and any services billed in this manner represents an overpayment to the provider and must be refunded to the Program.

### References

- Social Security Act
- Code of Federal Regulations
- IOM Manuals:
- Pub. 100-02, Medicare Benefit Policy Manual, Chapter 6, Sections 10-20; Chapter 15, Section 60
- Pub. 100-04, Medicare Claims Processing Manual, Chapter 12, Sections 20.4.3, 110.1, 110.3 and 120.1
- NHIC’s statement on assistant at surgery services: <http://www.medicarenhic.com/providers/pubs/Modifier%20Billing%20Guide.pdf>
- Trailblazer’s statement on assistant at surgery services: <http://www.trailblazerhealth.com/Publications/Training%20Manual/nonphysicianpractitioners.pdf> July 2011

# OBTAINING REIMBURSEMENT FROM PRIVATE PAYERS IN MEDICARE CASES

CATHY SPARKMAN, ASA DIRECTOR OF GOVERNMENT AFFAIRS

Surgical assistants are non-physician providers (NPPs) who are not eligible to enroll as Medicare providers or to submit claims for reimbursement under Medicare Part B. Medicare billing regulations do not permit surgical assistants to submit claims to Medicare, even for the purpose of obtaining a denial. However, surgical assistants can obtain a denial from Medicare, through the relevant Medicare Administrative Carrier (MAC), which may then be submitted to private insurance plans (“secondary insurance”) to obtain payment based on the private payers’ obligation or agreement to pay for surgical assisting services. Two types of private insurance exist.

Secondary insurance refers to another (private) insurance policy the patient has obtained to offset the balance of health care costs left uncovered by Medicare. These policies may be employers’ policies continued after retirement or stand-alone policies that will pay for medical services regardless of Medicare’s determination of eligibility. Many secondary insurers will reimburse surgical assistants for their surgical

assisting services if the appropriate steps are taken:

Correspond with Medicare (through the Medicare Administrative Contractor) as the primary insurance. Check no on item 27 under assignment of benefits. This will also indicate to Medicare that a denial is requested. Fill out the 1500 Claim Form in the same manner as a claim for payment, except that item 33 should be left blank or contain the statement, “denial only.” State “for denial only” in field 19. Attach a letter stating that the completed 1500 claim form is attached and include the provider’s credentials (see inset).

Obtain the Medicare EOB (which the MAC should send in response to the letter of denial request). The Medicare EOB is necessary to file with a secondary insurance carrier.

File with the secondary insurance carrier and include a copy of the Medicare EOB with the claim. The letter to the secondary insurer should explain that you are not a Medicare provider or should include the MAC’s policy on reimbursement of surgical assistants who are not

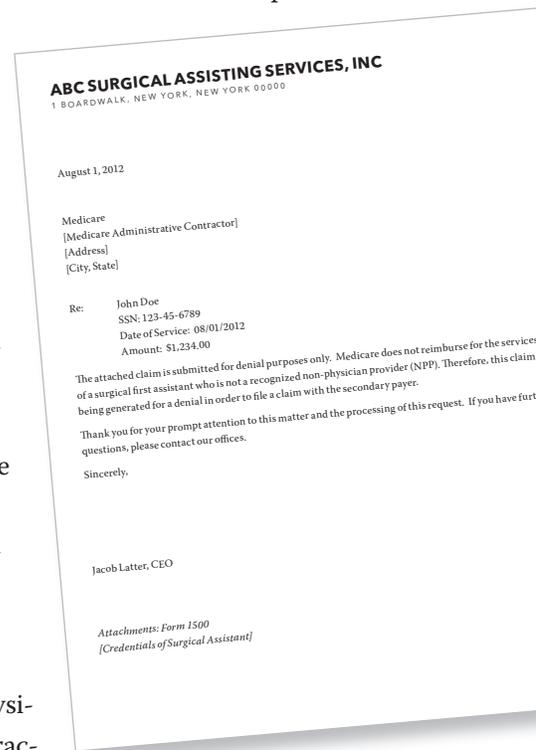
recognized NPPs reimbursable under Medicare.

Several Medicare Administrative Contractors have instructions on how to file a request for denial on their websites. A complete list of Medicare Administrative Contractors is available at [https://www.cms.gov/medicareprovidersupenroll/downloads/contact\\_list.pdf](https://www.cms.gov/medicareprovidersupenroll/downloads/contact_list.pdf).

Supplemental insurance is a policy purchased by the Medicare beneficiary from a commercial carrier, and it is not intended to be used as a stand-alone policy. The supplemental insurance payments are based on Medicare approval of eligible expenses and will pay any Medicare-approved charges that remain after Medicare has paid, but only those remaining expenses approved by Medicare. Since Medicare does not reimburse for surgical assisting services not performed by a physician assistant, nurse practitioner or clinical nurse specialist, the supplemental policy may also not reimburse for those services. It may be difficult to determine whether a private policy of

insurance is “supplemental” or “secondary.” Submitting the claim will yield a determination of the type of the patient’s private insurance.

A Medicare beneficiary may not be billed directly for non-covered surgical assisting services, unless the patient signs a preoperative financial obligation note or Advance Beneficiary Notice (ABN). This approach should be considered with extreme caution because of possible adverse consequences.



*(Editor's Note: Complete examples of Letters of Denial (long and short forms as well as the Advanced Beneficiary Notice are available on the members' only section of the ASA website.)*

# EARN UP TO 13.75 CONTINUING EDUCATION CREDITS AT THE 2012 CHICAGO MEETING OCTOBER 19-20

Sponsored by the Association of Surgical Assistants and the Illinois Surgical Assistants Association

## OAKBROOK MARRIOTT AND ELMHURST HOSPITAL

All CSTs, CSFAs, CSAs and SA-Cs are invited to attend.

### FRIDAY, OCTOBER 19, 2012

9 am-4 pm	<b>Stryker Hands-on Neuro/Spine Drill Systems</b> <span style="float: right;">4.75 CE CREDITS</span> (Elmhurst Hospital; limited to 20 registrants.) Separate agenda includes breakfast and lunch. Details are posted on the ASA, AST and ISAA websites. Must be registered for the ASA meeting. No cancellations after September 1, 2012.
6-7:20 pm	 <b>Keynote Address: Shoulder Injury and Repair in Elite Athletes</b> <span style="float: right;">1.5 CE CREDITS</span> Michael A Terry, MD, Team Physician, Chicago Blackhawks
7:30-8:30 PM	<b>Reception</b> Oakbrook Marriott

### SATURDAY, OCTOBER 20, 2012

8:30 AM	<b>Welcome</b> Dennis Stover, CST, CSA, ASA President and Ronnell Showell, RSA, ISAA President
9-9:50 AM	<b>Lab Values</b> Dennis Stover, CST, CSA
10-10:50 AM	<b>Minimally Invasive Thoracic Surgery</b> Shari Meyerson, MD
11-11:50 AM	<b>Surgical Complications of Obstetric and Gynecology</b> William Woods, MD
Noon-12:50 PM	<b>Lunch</b> (provided by NBSTSA)
1-2:30 PM	<b>Illinois Legislative History</b> Margaret Vaughn, ISAA Executive Director/Lobbyist
3-3:50 PM	<b>Surgical Treatment of Spinal Metastasis</b> Aruna Ganju, MD
4-4:50 PM	 <b>Carotid Revascularization</b> Mark Keldahl, MD
5-6 PM	<b>In-Network and Out-of-Network Billing</b> Luis Aragon, CSA, and Shelica Brown Watson, BCBS, Senior Reimbursement Analyst

Attendance is limited to 175. Confirmation will be emailed at least 20 days prior to the meeting, and on site registration will be available on a space-available basis. All cancellations must be received in writing by September 20, 2012. Accommodations: Oakbrook Marriott, 1401 W 22nd St, Oakbrook, Illinois 60523, 630-573-8555.

Elmhurst Memorial Healthcare, 155 E Brush Hill Rd, Elmhurst, Illinois 60126.

### ASA CHICAGO MEETING FEES

(includes Friday reception and keynote, Saturday ed sessions and lunch).

ASA/ISAA Member: \$250  
 Nonmember: \$350

Friday, October 19  
 Stryker Hands-on  
 High-Speed Drill  
 Workshop

ASA/ISAA member: \$175  
 Nonmember: \$225



REGISTER ONLINE AT [WWW.SURGICALASSISTANT.ORG](http://WWW.SURGICALASSISTANT.ORG)



6 West Dry Creek Circle, Suite 200  
Littleton, CO 80120



## STRYKER SPEED DRILL WORKSHOP AGENDA

Friday, October 19; Elmhurst Hospital

9–9:45 am	Breakfast/Registration
9:45–10 am	Introductions/Station Assignments
10:30–11:45 am	Perforator/Acorn burs/Footed Attachment
11:45 am–Noon	Eggshell Discussion
Noon–1 pm	Lunch (provided)
1–1:45 pm	SawBones Skulls; Entry Holes with Acorn, match head routers, perforator, cranial flaps
1:45–2:15 pm	Introduction to Cranial Plating Systems
2:15–3 pm	Cranial Fixation & Bone Cement Application
3–3:20 pm	Dural Substitutes and Skin Closure
3:20–3:45 pm	Ultrasonic Aspiration Presentation/Discussion
3:45–4 pm	Evaluations and Adjourn

ASA proudly recognizes  
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