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2013-2014 ASA ELECTION RESULTS



At the recent ASA Meeting in New Orleans, elections were held for the offices of president, vice president, treasurer and two positions on the Board of Directors.

All candidates participated in a town hall meeting after the business session concluded and addressed questions from active ASA members.

Candidates were also available during exhibit hours.

On Saturday, May 30, ASA active members woke up early and voted at 7:30 am.

Results were announced at the Business Session which immediately followed voting.

ASA 2013-2014 Board of Directors

Dennis Stover, CST, CSA	<i>President</i>
Doug Hughes, CST, CSFA, CSA	<i>Vice President</i>
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"Appropriate use of assistant at surgery modifiers and payment indicators"

PUBLISHED 2/2/2012

Editor's Note: In 2011, ASA recognized a significant amount of misinformation in Medicare billing and reimbursement that was being widely discussed. Accordingly, after seeking legal advice, we published the statement that is located on the front page of the ASA website.

First Coast, the Medicare Administrative Contractor for Jurisdiction 9 (Puerto Rico, US Virgin Islands and Florida) has clarified the language "incident to" regarding assistant at surgery services for assistant at surgery services billed under the Medicare physician fee schedule. We regard this research as part of the ASA member benefits and underscores the commitment ASA continues to fulfill to advance the practice of surgical assisting.

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.

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/nonphysician-practitioners.pdf> July 2011



ASA ENGAGES WITH BUREAU OF LABOR STATISTICS TO DEFINE SURGICAL ASSISTANT ROLE



For the first time, the United States Bureau of Labor Statistics (BLS) is working with ASA to develop a separate definition of the surgical assistant that is anticipated to be published next year. This definition will be a template for facility employers to complete and return. The discussions with the Bureau of Labor Statistics have been very positive, and it looks promising that the national results would be published the Occupational Outlook Handbook in 2015. Median pay, information regarding the median pay, work environment, job outlook, employment outlook and required education for the surgical assistant practice would be available. Currently, information regarding the surgical assistant has been melded into the surgical technologist definition. Below is the information that has been provided to the BLS to help distinguish the two roles.

Surgical Technologists Comparison to Surgical Assistants

Surgical technologists and surgical assistants should be classified as separate professions, as these professions

are classified separately by employers, have separate educational pathways, certifications, professional associations, malpractice insurance requirements, insurance billing practices, and varying hospital credentialing policies and compensation. In addition, surgical technologists and surgical assistants have distinct state statutes and regulations in fourteen states with additional legislation pending in others. Finally, surgical assistants' and surgical technologists' task and roles in the operating room vary.



	Surgical Technologists	Surgical Assistants
Education/ Pathway to Entry	Surgical technology education program, military education program	Surgical assisting education program; foreign-medical school; or surgical technology educational program with additional training (i.e., 135 cases); or surgical technology educational program followed by work experience and separate surgical assisting education program.
Educational Accreditation	Surgical technology programs are accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Accrediting Bureau of Health Education Schools (ABHES).	Surgical assisting programs are accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). CAAHEP has separate accreditation standards and committees for surgical technology and surgical assisting programs.
Certifications	<ul style="list-style-type: none"> • Certified Surgical Technologist (CST) credential conferred by the National Board of Surgical Technology and Surgical Assisting (NBSTSA); • Tech in Surgery-Certified (TS-C) credential conferred by the National Center for Competency Testing (not accredited by the NCCA). 	<ul style="list-style-type: none"> • Certified Surgical First Assistant (CSFA) credential conferred by the National Board of Surgical Technology and Surgical Assisting; • Certified Surgical Assistant (CSA) credential conferred by the National Surgical Assistant Association (NSAA); • Surgical Assistant-Certified (SA-C) credential conferred by the American Board of Surgical Assisting.
Professional Association	Association of Surgical Technologists (www.ast.org)	Association of Surgical Assistants (www.surgicalassistant.org)
Title/Hospital or Facility Classification/ Name Badge	Certified Surgical Technologist, Surgical Technologist or Operating Room Technician	Certified Surgical First Assistant, Certified Surgical Assistant, Surgical First Assistant or Surgical Assistant
Malpractice insurance requirements	Surgical technologists are generally not required to carry malpractice insurance.	Surgical assistants are generally required to carry malpractice insurance.
Insurance billing	Surgical technologists may not bill insurance companies for performing the surgical technology role.	Surgical assistants may bill insurance companies (except Medicare) for performing the surgical assistant role.
Hospital/Facility credentialing	Hospitals generally do not require surgical technologists to be credentialed.	Hospitals generally credential surgical assistants under the auspices of the medical staff department.
Compensation	According to the BLS, the median salary for surgical technologists in 2010 was \$39,920.	Though BLS data is not available on surgical assistants, surgical assistant compensation can range widely.
Similar professions	Nurses also serve in the scrub person role.	Surgeons, residents-in-training, registered nurse first assistants and physician assistants also perform in the surgical assistant role.

REGULATORY DIFFERENCES



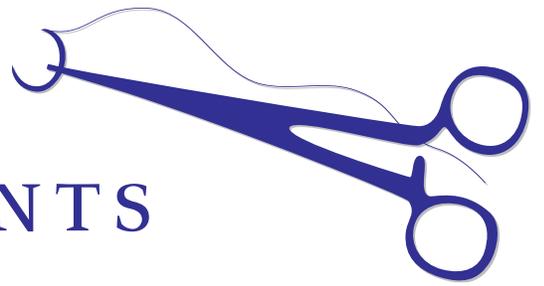
	Surgical Technologists	Surgical Assistants
California	Surgical technologists are unregulated.	Surgical assistants must be licensed.
Colorado	Surgical technologists must be registered as “surgical technologists.”	Surgical assistants must be registered as “surgical assistants.”
Florida	Legislation pending with separate requirements for surgical technologists.	Legislation pending with separate requirements for surgical assistants.
District of Columbia	Surgical technologists are unregulated.	Surgical assistants must be licensed.
Idaho	Education and certification requirements in place for surgical technologists.	Surgical assistants are unregulated.
Illinois	Surgical technologists may register as “surgical technologists.”	Surgical assistants may register as “surgical assistants.”
Indiana	Education and CST certification requirements in place for surgical technologists.	Certain surgical assisting functions may only be performed by licensed surgeons, physician assistants, registered nurses or individuals who hold the CSFA credential from the NBSTSA.
Kentucky	Surgical technologists are not regulated.	Surgical assistants must be licensed.
Massachusetts	Education and CST certification requirements in place for surgical technologists.	Surgical assistants are unregulated.
Minnesota	Legislation pending for surgical technologists.	The pending legislation does not apply to surgical assistants.
New Jersey	Education and certification requirements in place for surgical technologists.	Surgical assistants must be licensed as surgeons, physician assistants or nurses.
New York	Legislation is pending to create minimum education and certification standards for surgical technologists.	Surgical assistants must be licensed as surgeons, physician assistants or nurses.
Ohio	Legislation pending for surgical technologists.	The pending legislation does not apply to surgical assistants.
South Carolina	Education and certification requirements in place for surgical technologists.	Surgical assistants are not regulated.
Tennessee	Education and certification requirements in place for surgical technologists.	Surgical assistants are not regulated.
Texas	Education and certification requirements in place for surgical technologists.	Surgical assistants may apply for licensure if they meet certain surgical assistant education and surgical assistant certification requirements.
Virginia	Legislation pending with separate requirements for surgical technologists.	Legislation pending with separate requirements for surgical assistants.
Washington	Surgical technologists must be registered as surgical technologists.	Surgical assistants must be licensed as physicians, physician assistants or nurses.

EXAMPLES OF DIFFERENCES IN TASKS



	Surgical Technologists	Surgical Assistants
Positioning the patient	The surgical technologist may perform this task in collaboration with the registered nurse, circulator.	Primarily the role of the surgical assistant.
Placing retractors	Surgical technologists hold retractors after placed by the surgeon or surgical assistant.	Surgical assistants may place retractors.
Manipulation of tissue	Surgical technologists generally do not directly manipulate tissue.	Performed by surgical assistants. Surgical assistants cut, clamp, tie, nibble, cauterize, suture and otherwise manipulate tissue such as skin, internal organs, bowels, nerves, blood vessels, etc.
Suturing	Surgical technologists prepare sutures.	Surgical assistants suture tissue.
Assisting with hemostasis		Performed by the surgical assistant.
Clamping and cauterizing tissue	Surgical technologists may apply electrocautery to clamps, but generally not directly to tissue.	Surgical assistants clamp and cauterize tissue (nerves, bowel, blood vessels, etc.)
Tying and ligating tissue		Performed by the surgical assistant.
Applying hemostatic clips		Performed by the surgical assistant.
Applying direct digital pressure	Surgical technologists may hold internal organs, but generally do not apply pressure inside the surgical patient.	Performed by the surgical assistant.
Participating in volume replacement		Performed by the surgical assistant.
Providing assistance in drainage		Performed by the surgical assistant.
Setting up operating room equipment, instruments, solutions, medications and supplies	Performed by the surgical technologist.	
Gowning and gloving the surgical team	The surgical technologist gowns and gloves first, then gowns and gloves the surgical team.	The surgical assistant is gowned and gloved by the surgical technologist.
Perform counts with circulator	Performed by the surgical technologist.	
Passes instruments during procedure	Performed by the surgical technologist.	
Cleans and prepares instruments for terminal sterilization	Performed by the surgical technologist.	

ASSOCIATION OF SURGICAL ASSISTANTS IS WORKING FOR YOU AND THE PROFESSION



Dennis Stover, CST, CSA, ASA President

For the last three years, ASA has been growing and membership now exceeds 1,000. There are some solid reasons that have contributed to this growth and undoubtedly some benefits that ASA has developed that members may not realize.

In our initial surveys, we listened to members and prospective members about the benefits they were looking for in their professional surgical assisting organization. Here are some of the points that were repeatedly mentioned in the wish lists.

1. Educational hands-on workshops targeted to the surgical assistant

ASA has sponsored several higher level workshops in various locales including Chicago, Illinois; Houston, Texas; Miami, Florida; Naples, Florida; New Orleans, Louisiana; and San Francisco, California. These learning opportunities have encompassed High-Speed Drill Workshop; Beginning and Advanced Robotics Workshops; Advanced Wound Closure; Orthopedic Cadaver Labs; Endovascular Harvesting and Sim Surg; and Advanced Suture. In 2011, ASA sponsored the first Learning at Sea Cruise and will again sponsor a cruise in Fall 2013 that will offer up to 18 continuing education credits

In 2014 in Denver, ASA, will sponsor an all-day casting workshop. Details to come in the near future.

2. Legislative Efforts Focusing on the Surgical Assistant

The last two years have witnessed unprecedented legislative actions in Virginia and Florida (see Winter 2012 and Spring 2013 issues of *The Surgical Assistant* for summaries). ASA, was the single professional surgical assistant organization that provided financial support and partnered with AST and the two representative state assemblies of surgical technologists to generate support for bills that would advance both roles. ASA member dues provided \$32,000 in legislative support last year.

3. Development of ASA Strategic Plan

Beginning in 2010, ASA developed and published a strategic plan for the organization. The latest update was published in Fall 2012 in *The Surgical Assistant*. This strategic plan provides members with the current and future goals, as well as the strategic goals, of the Association of Surgical Assistants. ASA is the only professional organization openly providing its members with this information.

4. Revision of the Surgical Assisting Core Curriculum

The Board of Directors for the Association of Surgical Assistants appointed surgical assistants and surgical assistant representatives from the Accreditation Review Council on Surgical Technology and Surgical Assisting (ARC/STSA) and the National Board of Surgical Technology and Surgical Assisting (NBSTSA) to update and revise the *Core Curriculum for Surgical Assisting*. This important educational publication ensures that all surgical assisting students study and master the same benchmark information. The *Core Curriculum* has also been employed in legislative

discussions and provides legislative bodies with the details of the surgical assistant role. The publication date is Fall 2013. ASA member dues funded this effort.

5. Surgical Assisting Standards of Practice

In 2012 in Washington, DC, during a panel discussion with attendees, a commitment was made to develop Recommended Standards of Practice for Surgical Assistants. Over the next 12 months, the ASA Education Committee researched two standards – Trocar Insertion and Injection of Local Anesthetics. In addition, the committee is also researching a Guideline Statement that would address support of the ASA Job Description. The goal of the Education

Committee is to have all three completed by Fall 2013. ASA member dues made this effort possible.

6. Jobs Board

Recently, ASA introduced its online Jobs Board. After debating the advantages and disadvantages of restricting access, the ASA Board determined that the Jobs Board should remain open for all to see in support of advancing the profession. Companies and organizations seeking to recruit surgical assistants will pay a competitive fee; ASA dues-paying members who wish to post their requirements for a position will be able to do this at no charge. ASA member dues support the Jobs Board.

7. Facebook

Always open, the ASA Facebook page brings practitioners together. The ASA Board of Directors has determined that Facebook continue to remain an open resource in order to support the profession and the practitioners. ASA member dues support Facebook.

There is certainly much more to do and we invite you to contact us and share your wishes for future directions. In return, I ask that you encourage your surgical assistant colleagues in the OR, on Facebook or the Discussion Board—to join ASA—we are working solidly on behalf of this profession and with more members, we can accomplish even more.

Your commitment to membership is greatly appreciated.



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Why Program Accreditation Is Important

Yes, you are assisting in the OR and life is moving on. What's the big deal about surgical assisting program accreditation? I'm not in school. How does it affect me?

Program accreditation does affect practitioners. For example, in the great state of Texas, the requirements for surgical assistant licensure include:

- An Associate's Degree from a two- or four-year institution or greater
- Graduation from a CAAHEP accredited Surgical Assisting educational program, registered Nurse First Assisting program, Surgical Physician Assistant program or a full medical school (and receipt of a physician's degree)
- Worked 2,000 hours within the last three years as a Surgical Assistant.
- Taken and passed one of the three national certifying exams
- Have a current national Board Certification

The second bullet point is crucial. To be licensed in Texas, surgical assistants must be graduates of one of the following CAAHEP-accredited programs:¹

- **College of Southern Idaho**
Twin Falls, Idaho
- **Eastern Virginia Medical School**
Norfolk, Virginia
- **Gulf Coast State College**
Panama City, Florida
- **Madisonville Community College**
Madisonville, Kentucky
- **Meridian Institute of Surgical Assisting**
Nashville, Tennessee
- **University of Cincinnati, Clermont College**
Batavia, Ohio
- **Wayne County Community College**
Belleville, Michigan

Why is CAAHEP accreditation so significant?

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accreditation represents an approximate two-year commitment to achieve accreditation

by an educational institution which must complete lengthy submission reports, participate in extensive onsite evaluations and confirm that the program's curriculum is based on the national *Core Curriculum for Surgical Assisting* (published by ASA). This consistency of educational goals and content ensures that all surgical assisting students are mastering the essential knowledge and core skills required by the practice. No matter which CAAHEP-accredited program students attend, the basic instructional and clinical requirements will prepare graduates who can fulfill their responsibilities and provide healthcare facilities assurance that their practitioners are competent.

Specifically CAAHEP accredits:

- Twenty-three allied health professions (<http://www.caahep.org/Content.aspx?ID=19>)
- Over 2,000 higher education programs in the health science professions

Only CAAHEP, in collaboration with the Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARC/STSA), has established the national Standards in surgical assisting education which are sponsored by and approved by the American College of Surgeons, AST and the National Surgical Assistant Association.

Only CAAHEP accreditation provides a reliable measure for state legislatures, health agencies and the healthcare consuming public of the quality of surgical assistant graduates entering practice in their communities.

Other organizations may publish language that claims their educational programs are "approved" versus "accredited." It is valuable to determine if the approval agency is separate, independent and authorized to ensure genuine validity and no conflict of interests. Major differences exist between approval and accreditation.

¹ <http://www.tmb.state.tx.us/professionals/other/surgasst/surgassteligibility.php>



Join ASA – the only professional surgical assisting organization that:

- ✓ Provides legislative representation that advocates for the practicing surgical assistant
- ✓ Provides major financial support for legislative efforts in Virginia and Florida
- ✓ Offers an authoritative job description
- ✓ Sponsors billing and reimbursement education opportunities
- ✓ Researches and provides Recommended Standards of Practice
- ✓ Publishes the *Core Curriculum for Surgical Assisting*
- ✓ Sponsors advanced-level hands-on workshops, including robotics, cadaver labs, endovascular harvesting, and learning-at-sea cruises
- ✓ Offers discounts to take the CSFA examination
- ✓ Publishes information that's relevant in the quarterly *The Surgical Assistant*
- ✓ Sponsors an annual meeting that features nationally recognized surgeon speakers
- ✓ Hosts open Facebook site for surgical assistants
- ✓ Hosts an open Discussion Board
- ✓ Host an open online Jobs Board
- ✓ Offers ASA dues-paying members free opportunities to post Positions Wanted

**Join ASA to advance your career
in surgical assisting and advance
our profession.**

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Looking for surgical assistants – place your announcement here.
Contact kludwig@surgicalassistant.org

The screenshot shows the ASA website's job board. At the top, there is a navigation bar with 'Jobs' highlighted. Below the navigation bar, there is a search bar and buttons for 'Join or Renew', 'Jobs', and 'Login'. The main content area is divided into several sections: 'RECENT JOBS' with a list of job titles and locations; a central graphic of a magnifying glass over a group of people; 'Current Jobs' with a search bar and a list of job listings including 'Surgical Assistant - Decatur, IL', 'Surgical Assistant (PRN) - Denver, CO', 'Licensed Surgical Assistant', 'Surgical Assistant - Virginia Beach, VA', and 'Surgical Assistant - Norfolk, VA'. On the left side, there are sections for 'BLOG', 'DISCUSSION BOARD', and 'LEADERSHIP' with various organizational logos.



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