

Medicare Reimbursement for Surgical Assistants **MEDPAC COMMISSIONERS DISCUSS SHIFT IN POLICY**

AST/ASA has been working toward Medicare reimbursement for qualified surgical assistants for the last several years. In 2001, Congress passed a Medicare Reform bill, one section of which mandated that the Medicare Payment Advisory Commission (MedPAC) perform a study and return to Congress with a recommendation on Medicare Reimbursement for qualified surgical technologist surgical assistants. The study is due June 2002.

Representatives from AST, including current President Sandra Edwards, CEO William Teutsch, Government Affairs Director Ben Price, and several members of the AST Government and Public affairs committee, traveled to Washington last summer to meet with MedPAC and present information on the profession and the qualifications of surgical technologist surgical assistants.

On Thursday, March 21, the MedPAC met to discuss various issues before the Commission. Of particular interest to ASA

was the discussion on the report they will be making to Congress with regard to Medicare Part B coverage for surgical technologists for assisting at surgery.

The Commission was directed by Congress to review proposals for Medicare Part B coverage of various health professionals. These were: surgical technologists

for assisting at surgery, marriage and family therapists, mental health counselors, and pastoral counselors, and pharmacists for pharmacy management services.

MedPAC staff outlined the parameters of the Congressional request to study the appropriateness of providing Medicare coverage for services of surgical technologists as surgical first assistants. They then outlined current Medicare payment policy for assisting-at-surgery services, focusing on those professionals currently recognized for this service (Figure 1). MedPAC staff indicated that all other providers who might provide this services (STs and RNs) are paid for as part of the hospital's prospective payment or through the surgical fee. They then framed the issue as, "Should surgical technologists who function as first assistants be paid under Medicare Part B for their services?" Issues to consider were:

- How should Medicare pay for services of first assistants?

FIGURE 1

Medicare currently recognizes the following professionals for payment policy for assisting-at-surgery services

PHYSICIANS

PHYSICIAN ASSISTANTS

NURSE PRACTITIONERS

CLINICAL NURSE SPECIALISTS

- Fee for service?
- prospective payment system?
- Who has adequate training to be first assistants?

After discussion and consideration, MedPAC staff presented the Commissioners with two options:

1. Cover the costs of all non-physician first assistants through hospital payments or physician surgical fees (rebundle).
2. Pay for first assistant services provided by all qualified practitioners on a fee-for-service basis (unbundle).

If MedPAC Commissioners wanted to pursue option 2, then there were some additional options they would have to consider:

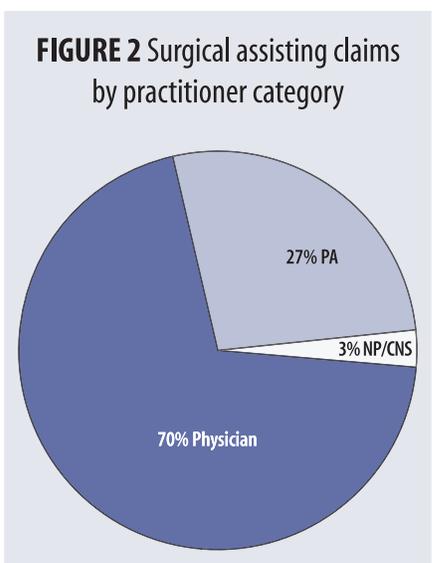
Option 2(a) Pay for first assistant services provided by all qualified practitioners on a fee-for-service basis. Within this option, Commissioners would have to decide:

1. Restrict payment to practitioners covered under current policy.
2. Allow payments for surgical technologists meeting training requirements and adjust base payment rate (DRG).
3. No recommendation.

On this issue, the discussion focused primarily on the “How” rather than the “Who.” Significantly, most of the MedPAC Commissioners appeared to favor paying for assisting-at-surgery services through the DRG payment rather than through the surgical fee. A majority of Commissioners also recognized that if the Commission were going to recommend that this service be “rebundled” into the DRG payment, the DRG payment would have to be adjusted upward to account for this shift. Also, the Commissioners were uncom-

fortable recommending that physicians continue to be paid for this service in an unbundled manner while recommending that only the nonphysicians be “bundled.” The majority appeared to favor a policy that would treat all practitioners equally while recommending that the assist service be rebundled into the DRG payment.

In previous years, MedPAC has recommended bundling for this service but have proposed that it be bundled into the surgical fee rather than the DRG payment. It is important to emphasize that the Commissioners agreed that any recommendation toward rebundling—whether in the surgi-



cal fee or DRG payment—would presume an upward adjustment to the surgical fee or DRG payment to reflect that rebundling.

MedPAC staff was asked for a breakdown of claims submitted for assisting at surgery by practitioner category (Figure 2). There was a limited discussion of what constituted a “qualified” provider. Should it be licensed or certified by the state? Staff indicated that this is not an area where there is extensive state law. MedPAC staff pointed out that, while currently only Texas licenses surgical assistants (including CST/CFAs), there is a nationally recognized certification process offered by AST

for STs that want to be credentialed. Also, several of the physicians indicated that this would also be covered by the hospitals credentialing process. One commissioner asked about Ambulatory Surgical Centers but it was pointed out that Medicare does not pay for assistants in these settings.

A the date of the hearing, a majority of Commissioners indicated support for moving the assisting at surgery payments to the DRG with a commensurate increase in the relevant DRG payment to reflect this rebundling. This would allow the hospital to determine which provider to use for this service.

Both MedPAC and ASA staff were very surprised with this outcome. **While the ultimate goal of ASA is Medicare reimbursement for all qualified surgical assistants, rebundling into the DRG (and not the surgical fee) may present a drastic change and some difficulty for surgical assistants.** Many surgical assistants own their own businesses and have traditionally contracted directly with the physician for reimbursement, or have done their own billing. Clearly, surgical assistants would prefer a fee-for-service system of Medicare reimbursement. However, if the fees for surgical assistants are to be “bundled,” it would seem, at least initially, that bundling into the surgical fee would provide the best system for ease-of-use, particularly for physician assistants who have already established direct relationships with physicians.

AST/ASA continues to work on the issue, and will testify again at the next MedPAC meeting in April. Should MedPAC make a legislative recommendation, we may expect to see legislation in the fall of 2002 or spring of 2003.

TEXAS SURGICAL ASSISTANT LICENSURE UPDATE



The Texas State Board of Medical Examiners (TSBME), tasked with overseeing the new “Licensed Surgical Assistant” category in the State of Texas, recently voted on the first part of the official rules for the newly recognized profession. Notably, the TSBME has voted to accept any of three credentials for the initial special eligibility provisions period that ends September 1, 2002:

- Certified Surgical Technologist/Certified First Assistants—certified by the Liaison Council on Certification for the Surgical Technologist (LCC-ST®),
- Certified Surgical Assistants—certified by the National Surgical Assistants Association,
- Surgical Assistant-Certified—certified by the American Board of Surgical Assistants.

Initially, any individual who holds one of the three credentials above will be granted a temporary license to practice. The specifics of this temporary license vary depending upon when the individual was certified. Individuals who have held the national certification since September 1, 1995 will be granted a permanent license, while those who earned their certification after September 1, 1995 will

need to show further documentation of the completion of certain course work within three years of the date the temporary license is granted. At the date of this writing, this coursework includes:

- A. anatomy
- B. physiology
- C. basic pharmacology
- D. aseptic techniques
- E. operative procedures
- F. chemistry
- G. microbiology

It is the position of the Association of Surgical Assistants that any individual who has completed a CAAHEP-accredited program in surgical technology or surgical assisting should be able to show proof of the completion of this coursework, since all the topics included in the list above are included within the curricula for those programs. ASA will continue to work to see that this becomes the policy of the TSBME when processing applications for permanent licensure.

The rules-making process will likely continue for several more months. Many surgical assistants in Texas have felt a sense of confusion, as they know the law was passed nearly a year ago and very little

news has come out of TSBME since that time on the specifics of the new licensure. TSBME, however, has promised that initial applications will be ready within the month. ASA intends to send a copy of the application to all members as soon they become available, but members are advised that the TSBME has set up a special section on their web site where individuals may be added to an email list, and receive the applications as soon as they are available (www.tsbme.state.tx.us/professionals/surgasst/surglic.htm). The applications will also be made available at the ASA website (www.surgicalassistant.org). It's very important that all who wish to be licensed in Texas submit the initial application prior to the September 1, 2002 deadline if they wish to be “grandfathered” under the special eligibility language of the new law. After this date, all applicants will have to meet the full licensure requirements of the new statute, and will have to sit for a yet-to-be-determined examination.

It is ASA's understanding that TSBME will process licensure applications from those who do not reside in Texas, but that the process could be significantly delayed for these individuals, as they intend to process in-state applications first.

NOTED WASHINGTON LOBBYIST TO SPEAK AT CONFERENCE

Michael Dunn, noted Washington public and government affairs expert, will speak at an ASA-sponsored Friday morning event at this year's AST National Conference, May 29-31, in Las Vegas, Nevada. Dunn will be presenting "The Grassroots Training Workshop: Politics, Power and You," a motivating, informative training experience for AST and ASA members interested in being politically involved.

Workshop topics include:

- What Our Forefathers Didn't Tell Us: What Every Advocate Needs To Know About Being Influential
- Running the Gauntlet: How a Bill Survives and Becomes a Law, and Why Most Don't
- Making It Perfectly Clear: Techniques of Grassroots Communications
- Getting Into the Inner Circle: Techniques of Developing Constituent Relationships with Elected Officials

The workshop is intended as a primer for any surgical technologist or surgical assistant interested in becoming legislatively active and will strengthen the abilities of political veterans to lobby effectively within their state.

ASA is currently working on more surgical assistant legislation in more states than ever before. Our success depends on ASA's members becoming informed and getting involved at the grassroots level. As states have begun to regulate health care professions, ASA hopes to help surgical assistants choose their own destinies by being involved in the regulatory process.

Dunn's presentation will be an exciting way to get the tools you need to become politically active, and a great networking opportunity. Please see the AST National Conference Registration Guide or www.ast.org for more information.

ASA SPOTLIGHT

First Annual ASA Forum **When: September 13-15, 2002** **Where: Washington, DC**

The first annual ASA Forum will be held in Washington, DC, this September, and will feature a lobby day on Capitol Hill. The lobby day will be an opportunity for ASA members to meet with their senators, representatives, or legislative directors from their congressional districts, and promote surgical assisting as a profession. The lobby day is an optional event, but there is power in numbers, so be there!

The educational portion of the ASA Forum will take place on Satur-

day and Sunday, and will focus on "The Business of First Assisting." Experienced surgical assistants will share their tips and tricks, and panel discussions will offer great opportunities for brainstorming and networking.

Details coming soon. Please watch www.surgicalassistant.org

The Association of Surgical Assistants has a new URL:

Visit our web page at
www.surgicalassistant.org.