Congratulations surgical assistants! The National Uniform Claim Committee (NUCC) met last week and approved the title changes, definitions and sources for the Surgical Assistant and Surgical Technologist taxonomy codes. These updates will be included in the July 1, 2014 release of updates to the code set and will go into effect on October 1, 2014.

ASA applied to the NUCC to update the surgical assistant and surgical technologist taxonomy codes to create greater clarity among surgical assistants and surgical technologists for billing and reimbursement.

Prior to this change, surgical assistants have a code called “certified first assistant” but its source was AST. There was also a code entitled “surgical” for surgical technologists that was undefined and without sources. This situation is confusing to payers and hinders surgical assistants’ ability to be recognized by insurers.

ASA set out to update and refine both of these codes to provide greater distinction between the two professions. ASA sought seven changes:

1. Move surgical assistant code to another category such as the Physician Assistant/Advanced Practice Nurse Practitioner category or the category for Other Service Providers;
2. Change “certified surgical assistant” title to “surgical assistant” to encompass all surgical assistants with certification (CSFAs, CSAs and SA-Cs);
3. Update the surgical assistant definition;
4. Change surgical assistant definition source from AST to ASA;
5. Change the title of “surgical” code to “surgical technologist.” This change helps surgical assistants make the case that they are not surgical technologists;
6. Add definition to surgical technologist; and
7. Add source to surgical technologist definition.

Prior to the application being submitted, ASA asked the NUCC Subcommittee about changing categories. Gail Kocher, one of two co-chairs of NUCC Code Subcommittee, responded, “The National Uniform Claim Committee does not move codes from one section to another as the code set is already established and implemented with provider and payer systems.” When a provider switches categories, the letters and numbers of the code change because each category has its own letter/number set. Similarly, Nancy Spector, the other co-chair of the NUCC Code Subcommittee stated that moving a code is technically not possible because of the database structure. It would require deleting the existing code and establishing a new code. Deleting a code makes it invalid. The issue with this is that the codes have been in place for many years among thousands of software systems. Anyone who has used the code would be required to update their NPI records and records with any payers that use taxonomy codes. Without the update, providers would be at risk for denied claims and other transactions that include the
Because of the high risk of this occurrence, the NUCC has made the official decision to not move any codes in the code set.

While a few changes to the definitions were made by the Committee, the changes were in alignment with ASA’s goals. The new titles, definitions and sources are as follows:

**Surgical Assistant**
A surgical assistant is a skilled practitioner who has undergone formalized education and training as a surgical assistant. The surgical assistant performs surgical functions that include, but are not limited to: retracting, manipulating, suturing, clamping, cauterizing, ligating, and tying tissue; suctioning, irrigating and sponging; positioning the patient; closure of body planes and skin; and participating in hemostasis and volume replacement. Surgical assistants are certified and registered or licensed by the state, or, in states without licensure, certified as surgical assistants by completing appropriate education and training.

*Source: Association of Surgical Assistants, 2014.*


**Surgical Technologist**
Surgical technologists are allied health professionals, who are an integral part of the team of medical practitioners providing surgical care to patients. Surgical technologists work under the supervision of a surgeon to facilitate the safe and effective conduct of invasive surgical procedures, ensuring that the operating room environment is safe, that equipment functions properly, and that the operative procedure is conducted under conditions that maximize patient safety. Surgical technologists possess expertise in the theory and application of sterile and aseptic technique and combine the knowledge of human anatomy, surgical procedures, and implementation tools and technologies to facilitate a physician's performance of invasive therapeutic and diagnostic procedures.

*Source: Association of Surgical Technologists, “Job Description: Surgical Technologist,” 2014.*