



# THE SURGICAL ASSISTANT

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## MEET THE 2014-2015 ASA BOARD OF DIRECTORS

At the ASA meeting in Denver, elections were held for the office of Secretary and three Director positions. The 2014–2015 ASA Board of Directors includes: **Dennis Stover**, CSA, President; **Doug Hughes**, CSFA, CSA, Vice President; **Rebecca Hall**, CSA, Secretary; **Greg Salmon**, CSFA, CSA, Treasurer; **Paul Beale**, CSFA, Director; **Fred Fisher**, CSFA, CSA, Director; **Shannon Smith**, CSFA, Director; **Crystal Weidman**, CSFA, SA-C, Director; and **Jodie Woods**, CSFA, Director.

### Six Amendments to ASA Bylaws Adopted

Several amendments to the ASA Bylaws were debated and voted upon by the ASA active members in Denver during the first business session.

- The ASA Annual Conference will now be termed the ASA Annual Meeting.

- All ASA nominees who meet the qualifications for office shall be placed on that list after their credentials have been verified by the Credentials Committee.
- Nominations from the floor have been terminated.

*Continued on page 2*



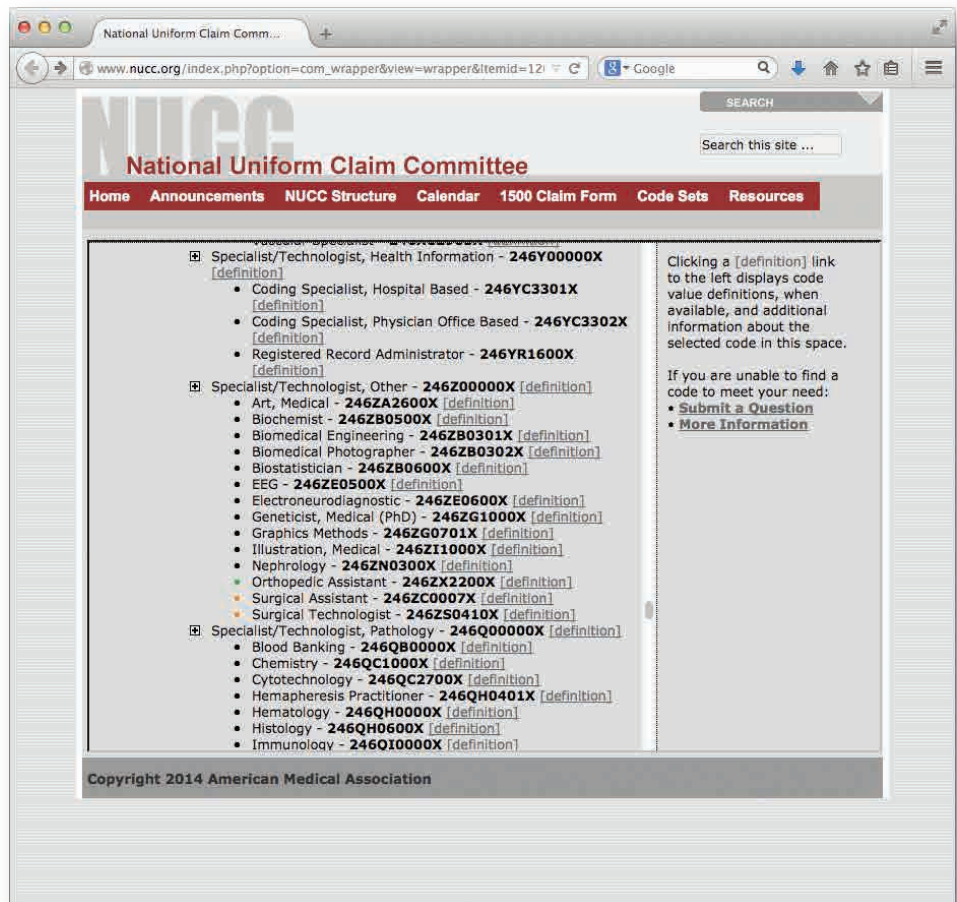
- Beginning in 2015, elections will occur by electronic ballot on the ASA website and live ballot at the 2015 ASA Annual Meeting in Nashville.
- Voting by members shall be in person or online and each active member will be entitled to one vote.
- The standing committees shall be Bylaws, Education, and Nomination and Leadership and shall be appointed by the President with the approval of the Board of Directors. Members of the Bylaws, Education, and Nomination and Leadership Committees shall have active membership status in ASA.

### Nomination and Leadership Committee – What Do They Do

This committee is responsible for identifying and recruiting ASA active members to run for office and to seek appointments on ASA Committees. Each member is nominated by the ASA President and confirmed by the ASA Board of Directors. Meetings are held by conference call.

This is an important first step for ASA to identify future leaders and seek fresh faces with new perspectives. This committee will contact ASA members and encourage them to get involved. We need new voices to grow and help us respond successfully to future challenges.

Interested? Complete the ASA Consent to Serve and Curriculum Vitae forms posted on the ASA website under Leadership.



# New Definitions for NUCC Taxonomy Code for Surgical Assistants

The National Uniform Claim Committee approved the title changes, definitions and sources for the Surgical Assistant and Surgical Technologist taxonomy codes. These updates were 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.

Prior to this change, surgical assistants had 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 taxonomy code. 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. For the first time, both roles have been titled and defined separately — with different functions delineated under distinct taxonomy codes.

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. [7/1/2014: title modified, definition modified]*
- *<http://www.surgicalassistant.org/index.php/surgical-assisting>*
- *Additional Resources: National Surgical Assistant Association, [www.nsaa.net](http://www.nsaa.net).*

### **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. [7/1/2014: code modified, title modified, definition added]*

# P E T I T I O N

## TO THE BUREAU OF LABOR STATISTICS TO ADD THE **SURGICAL ASSISTANT ROLE** AS A NEW CLASSIFICATION



July 17, 2014

Dear SOC Policy Committee:

We, the undersigned physicians, nurses, surgical assistants and other health care professionals, are writing to request a new detailed occupation entitled “Surgical Assistants” be added to Major Group 29-0000, Healthcare Practitioners and Technical Occupations. An estimated 10,000 professionals work as surgical assistants. Surgical assistants work for surgeons, surgical groups, hospitals, ambulatory surgical centers and as independent practitioners.

### Definition

A surgical assistant is a skilled practitioner who has undergone formalized education and training as a surgical assistant. Surgical Assistants assist surgeons during procedures to manipulate patient tissue and perform other high-level surgical functions. Surgical Assistant functions may include: harvesting grafts; implanting devices; providing exposure to the surgical site; manipulating, suturing, clamping, dissecting, removing, cauterizing, ligating, and tying tissue; suctioning, irrigating and sponging; applying hemostatic clips; applying direct digital pressure; providing assistance in drainage; closure of body planes and skin; and participating in hemostasis. 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. Excludes “Surgical Technologists” (29-2055).

### Overview

Surgical assistants enter the profession through accredited surgical assisting educational programs, military programs and through completing case and exam requirements as required by national credentialing organizations. Surgical assistant educational programs vary from associates to masters and foreign physician degrees. Programs are generally

one to two years in length. Certification as a Surgical Assistant is available through three credentialing bodies:

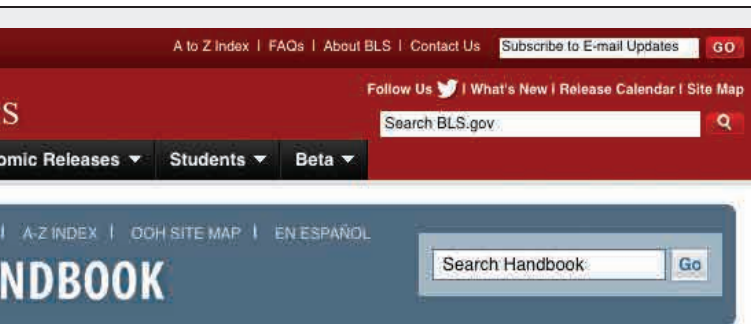
- The American Board of Surgical Assisting which confers the Surgical Assistant-Certified (SA-C) credential;
- The National Board of Surgical Technology and Surgical Assisting which confers the Certified Surgical First Assistant (CSFA) credential (and a separate credential for surgical technologists); and
- The National Commission for the Certification of Surgical Assistants which confers the Certified Surgical Assistant (CSA) credential.

In the 2010 Direct Match Title File, surgical assistants are grouped with surgical technologists 29-2055. Surgical assistants are not a type of surgical technologist. Compared to surgical technologists, surgical assistants perform higher level tasks before, during and after surgery; have different educational pathways to entry; distinct educational programs; separate educational program accreditation standards; different certifications; separate professional associations; discrete titles; different malpractice requirements; dissimilar reimbursement methods; different hospital credentialing standards; and distinct compensation levels.

In addition, surgical assistants are regulated separately from surgical technologists. All states that regulate surgical assistants and/or surgical technologists regulate these professions separately including California, Colorado, DC, Illinois, Indiana, Kentucky, Massachusetts, New Jersey, New York, South Carolina, Tennessee, Texas, Virginia and Washington. Surgical Assistants are licensed in Colorado, DC, Illinois, Kentucky, Texas and Virginia.

### Professional Associations

Nationally, two professional associations represent surgical assistants: the Association of Surgical Assistants (ASA) and the National Surgical Assistant Association (NSAA). ASA is sending a detailed brief to the SOC Policy Committee to provide additional detail.



### Direct Match Title File Information

Surgical assistant titles include Surgical Assistant, Surgical First Assistant, Certified Surgical First Assistant, Surgical Assistant-Certified, Senior Surgical Assistant and Certified Surgical Assistant. In addition, physicians, medical residents, nurses and physician assistants work in the surgical assistant role. Their titles include Registered Nurse First Assistants and Surgical Physician Assistants.

### Code Categorization

The most appropriate code based on the 2010 SOC structure would be 29-1191. Surgical assistants are not technicians, so it would be highly inappropriate to be categorized under Health Practitioner Support Technologists and Technicians. The most appropriate category is Healthcare Practitioners, where physicians, physician assistants, and nurses are listed. Physicians, physician assistants and nurses work in the identical surgical assistant role.

### Collectability

These data could readily be collected through hospitals and ambulatory surgical centers. A vast majority of a surgical assistant's work is performed in hospitals and ambulatory surgical centers. These facilities are required to credential surgical assistants; thus, they have a record of all surgical assistants working in the facility.

### Request: Surgical Assistants be added to Major Group 29-0000 Healthcare Practitioners

The surgical assistant profession continues to grow as the complexity of surgical procedures multiplies and operating room technology increases in sophistication. Thus, surgical assistants should have a detailed occupation named "Surgical Assistants" in Major Group 29-0000 Healthcare Practitioners and Technical Occupations. Thank you for your time and consideration.

### What is the difference?

Organization Name	National Uniform Claim Committee	Office of Management and Budget
Goal	Update surgical assistant taxonomy code	New Standard Occupational Classification for Surgical Assistants
Level	National	National
Organization Type	Non-profit. Chaired by the American Medical Association (AMA), with the Centers for Medicare and Medicaid Services (CMS) as a critical partner.	Federal government entities including the Office of Management and Budget and the U.S. Department of Labor/Bureau of Labor Statistics.
Status	Complete. The NUCC has announced new titles and definitions for surgical assistants.	Pending. Draft recommendations will be made public in spring 2015 for additional comment.
Effective Date	October 1, 2014	Spring 2018

### What is the value for surgical assistants?

While the benefits of creating more clear and unique categories for surgical assistants at the national level are indirect, they are nonetheless very important. Individuals who make policies impacting surgical assistants — such as legislators, legislators' staff, decision-makers within insurance companies and hospital administrators — use federal and national resources as authoritative references. For example, if a legislative analyst is asked to research the benefits of surgical assistant licensure legislation, the analyst will know the go-to source for professional information is the Bureau of Labor Statistics. Currently, surgical assistants do not exist on the Bureau of Labor Statistics website nor is the profession defined by federal occupation codes. If the Standard Occupational Classification Policy Committee creates a new, detailed occupation for surgical assistants, eventually surgical assistants will have their own section of the Bureau of Labor Statistics website that describes the profession. This distinction goes a long way in persuading high-level decision-makers that surgical assisting is a profession worthy of recognition.

*Editor's Note: This petition was signed by 150 surgical assistants; 69 physicians; 53 nurses; seven physician assistants and 10 medical professionals.*

# ORTHO INDY'S CSFA POOL A 35-Year H



**1980 OrthoIndy CST Pool, L-R:** Sandie Craig, CST; Rosie Schultz, CST; Fred Schaefer, CSFA-OS; and Reese Myers.



**2001 OrthoIndy CFA Pool, L-R:** Fred Schaefer, Cary Goar, CSFA; Kai Buech, CSFA; Richard Jor

**This is a look inside of a large orthopedic practice in the Midwest that utilizes Certified Surgical First Assistants (CSFAs) as a tool in assisting orthopedic physicians.** Founded over 50 years ago, OrthoIndy is one of the largest private orthopedic practices in the United States. With more than 70 physicians providing care to patients in central Indiana in 10 ten different locations, OrthoIndy provides cutting edge bone, joint, spine and muscle care. The group is the orthopedic provider for the Indiana Pacers, Indiana Fever, Indianapolis Indians, as well as local colleges and high schools.

Founded in 1962 by Donald Blackwell, MD, and F Robert Brueckmann, MD, the original group was called Orthopaedic Indianapolis, Inc. As the years progressed, the group grew — more physicians and more employees were hired. Eventually, it became a unique medical group, known as OrthoIndy (OI).

In 1980, OrthoIndy was experiencing a major growth of physicians. Due to this increase, the group realized they needed more assistance in the operating room, as well as in the clinical settings. At the time, there were no physician assistants and/or CSFAs. There was also a lack of orthopedic

# L: istory

Fred Schaefer, CSFA-OS



CSFA-OS; Bob Conner, CSFA;  
nes and Patrick Hankee, CSFA.

**2014 CSFA Pool, Front Row, L-R:** Blaise Martini, CSFA; Suzann Moore, Rosetta Marksberry, CSFA-OS; Erin Davis and Jason Fowler, CSFA;  
**Back Row, L-R:** Doug Moore, CSFA; Kai Buech, CSFA; Bob Conner, CSFA; Cary Goar, CSFA; Jeff Prater, CSFA; Justyn Smith, CSFA; Jason Rebic, CSFA; and Fred Schaefer, CSFA-OS.

residents to assist in surgery. Joseph Randolph, MD, decided to hire a CST to be utilized as a surgical first assistant.

On May 12, 1980, Fred Schaefer, CSFA-OS, was hired as the first Certified Surgical Technologist (CST) and eventually became the OI-CSFA-Pool Manager. Fred's job description was to assist in the cast room, replace and repair surgical instrumentation belonging to the group and serve as a first assistant for more complex orthopedic procedures.

Trauma surgery became more prevalent throughout the group in the late 1980s, adding even more physicians

which caused the workload to increase significantly. More CSTs, were needed to work around the clock. For 35 years, the first assisting pool supported two level one trauma centers in the Indianapolis area.

In 1996, OrthoIndy chose to break away from the support given to a local hospital, however, the group continued to support trauma services. That year a committee was formed, called the Surgery Center Design Committee, comprised of six physicians and two first assistant pool employees. The ground breaking for the first ambulatory surgery center was in September 1997.

Approximately two years later, OrthoIndy offered CSTs an opportunity to advance and earn the Certified First Assistant credential. To raise the education level and utilize members of the pool in a different manner than a surgical technologist had become an important goal. The surgical technologists called to the pool at that time were asked to accrue cases, allowing them to prepare for the CFA examination. This separated the two roles in the operating room, enabling the surgical assistant to earn a credential that reflected their responsibilities.

At this point, their job description and scope of practice changed. Surgical

assistants no longer assisted in the cast room or performed any other roles of the surgical technologist. The title put them in a position to solely focus on assisting the orthopedic surgeons.

The OrthoIndy job description of the surgical assistant was to preoperatively obtain supplies and equipment and position the patient. During the surgery, surgical assistants served as the direct assistant to the physician, and often performed wound closure. Postoperatively, surgical assistants applied dressings and assisted the patient in transport to the recovery room. The surgical assistant pool also helped with the decontamination of the surgery room if needed after the procedure was over.

The demand for the surgical assistant-pool was now spread across many hospitals and outpatient ambulatory centers. Including 12 surgical assistants, the pool had to become credentialed at more than 20 different facilities. As workloads increased and volume rose, they traveled to these various locations. Doug Moore, CSFA, was asked to become the pool team leader and became responsible for ensuring the staff is scheduled to work at their proper place, at their appropriate times.

In 2005, the rapid progression throughout the surgical center required a larger entity. This initiated the development of the Indianapolis Orthopaedic Hospital (IOH), which first opened its doors in March 2005. It became central Indiana's first and only specialty hospital with a direct focus on orthopedic care. The growth of the hospital opened up more positions for surgical assistants, and the pool expanded to its current number of 16 CSFAs.

The OrthoIndy-pool submits and charges for third party patient billing.

Those charges and returns offset the CSFA-pool overall total budget. For the past eight years, the CSFA-pool has collected numbers via each employee's monthly spreadsheets. The pool provides surgical assistance in more than 10,500 procedures per year.

In 2011, the group was officially named, "OrthoIndy CSFA-Pool (Certified Surgical First Assistant Pool)." The OI CSFA-Pool consists of CSFAs and ASA members, and will celebrate its 35th anniversary in May 2015.

Members of the pool have been elected to the Indiana AST State Assembly Board of Directors; served as vice president and president and as legislative chairs. They have also assisted with the enactment of two bills in the State of Indiana mandating certification. Fred Schaefer, CSFA, was also a member the Association of Surgical Assistants (ASA) Advisory Committee and participated in the Job Task Analysis Committee (JTAC) for CSFA testing.

Combined, the OrthoIndy CSFA-Pool has more than 300 years of orthopedic experience and a total of 185 years working for OrthoIndy.

This experience focusing on the utilization of Certified Surgical First Assistants in a large private orthopedic practice has proven to be an outstanding success story. It certainly has worked for us at OrthoIndy.

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*Ed Note:* OrthoIndy specializes in bone oncology, cartilage restoration, foot and ankle, hand and elbow, hip, knee, general, pain management, orthopaedic pediatrics, physiatry, shoulder, spine, sports medicine, total joint replacement and trauma. Each member of the pool has the CSFA credential and is a member of ASA.



**Title of Regulations:**  
18 VAC 85-160-10  
et seq.

**Statutory Authority:**  
§ 54.1-2400 and  
Chapter 29 of  
Title 54.1 of the  
*Code of Virginia*

*Editor's Note:* These regulations still require approval by the Secretary of Health and the Governor prior to taking force. It could be a lengthy process. There will be public comment periods required along the way, so it will be important for all Virginia practitioners to remain engaged so that our long-sought goals are realized.



# GOVERNING REGISTRATION OF SURGICAL ASSISTANTS AND SURGICAL TECHNOLOGISTS VIRGINIA BOARD OF MEDICINE

18VAC85-160-10.

Definitions.

“Board” shall mean the Virginia Board of Medicine.

18VAC85-160-20.

Public participation.

A separate regulation, 18VAC85-10-10 et seq., Public Participation Guidelines, provides for involvement of the public in the development of all regulations of the Virginia Board of Medicine.

18VAC85-160-30.

Current name and address.

Each registrant shall furnish the board his current name and address of record. All notices required by law or by this chapter given by the board to any such registrant shall be validly given when mailed to the latest address of record provided or served to the registrant. Any change of name or address of record or public address, if different from the address of record, shall be furnished to the board within 30 days of such change.

18VAC85-160-40.

Fees.

A. The following fees have been established by the board:

1. The fee for registration as a surgical assistant or surgical technologist shall be \$75.
  2. The fee for renewal of registration shall be \$70. Renewals shall be due in the birth month of the registrant in each even-numbered year.
  3. The additional fee for processing a late renewal application within one renewal cycle shall be \$25.
  4. The fee for a returned check shall be \$35.
- B. Unless otherwise provided, fees established by the board shall not be refundable.

18VAC85-160-50.

Requirements for registration.

- A. An applicant for registration shall submit a completed application and a fee as prescribed in 18VAC85-160-40 on forms provided by the board.
- B. An applicant for registration as a surgical assistant shall provide evidence of either:
  1. A current credential as a surgical assistant or surgical first assistant issued by the National Board of Surgical Technology and Surgical Assisting, the National Surgical Assistant Association, or the National Commission

- for Certification of Surgical Assistants or their successors; or
  2. Successful completion of a surgical assistant training program during the applicant's service as a member of any branch of the armed forces of the United States; or
  3. Practice as a surgical assistant at any time in the six months prior to July 1, 2014, provided the applicant registers with the Board by July 1, 2015.
- C. An applicant for registration as a surgical assistant shall provide evidence of either:
1. A current credential as a certified surgical technologist from the National Board of Surgical Technology and Surgical Assisting or its successor; or
  2. Successful completion of a surgical technologist training program during the applicant's service as a member of any branch of the armed forces of the United States; or
  3. Practice as a surgical technologist at any time in the six months prior to July 1, 2014, provided the applicant registers with the Board by July 1, 2015.



# EARN UP TO 15 CONTINUING EDUCATION CREDITS AT THE 2014 ORLANDO MEETING

## OCTOBER 31–NOVEMBER 1, 2014 HOLIDAY INN ORLANDO—LAKE BUENA VISTA All CSTs, CSFAs, CSAs and SA-Cs are invited.

Attendance is limited to 150. Confirmation will be emailed at least 20 days prior to the meeting. Onsite registration will be available on a space-available basis. All cancellations must be received in writing by October 15, 2014.  
**Accommodations:** Holiday Inn Orlando Downtown Lake Buena Vista, Florida; 1805 Hotel Plaza Blvd, Lake Buena Vista, Florida 32830, 877-394-5765. **Rates:** \$119/night plus tax, single or double occupancy. **Reservation deadline** is September 15, 2014. Room block is limited.

### ASA MEETING AGENDA

#### FRIDAY, OCTOBER 31, 2014

11 am–5 pm **Registration**

1–5 pm 4 CEs

#### Hands-on Stapling and Energy Workshop (must register for meeting)

**Station 1:** Advanced Stapling products with focus on Endo Stapling—Powered and manual handles and all associated reloads.

**Station 2:** Advanced Energy products focused on Vessel Sealing and Ultrasonic—LigaSure and Sonicision products.

**Station 3:** Pelvic Trainer skills training.

**Station 4:** Suturing station focused on knot tying and V-Loc products.

**Station 5:** Open stapling products and procedures.

*In Partnership with Covidien Limited enrollment*

5:30–7:20 pm 2 CEs

#### Keynote Address: Opportunities for Surgical Assistant Reimbursement Under the Affordable Care Act

Bill Finerfrock, president, Capitol Associates

7:30–8:30 pm **Reception**

#### SATURDAY, NOVEMBER 1, 2014

7:45–8 am **Welcome**

8–9:50 am

#### Hot Topics — Your Turn to Speak Out

10–10:50 am

#### Do Unto Others: Humanizing Healthcare

Lanalee Araba Sam, MD, Diplomate American Board Obstetrics & Gynecology

11–11:50 am

#### Legislative Update/Outlook

Noon–1 pm

#### Lunch (sponsored by NBSTSA)



1–1:50 pm

#### Billing and Reimbursement Taskforce Update

Kathy Duffy, CSFA, CSA, Chair

2–2:50 pm

#### Billing and Reimbursement for Early Career Practitioners

Luis Aragon, CSA, LSA, RSA

3–3:50 pm

#### Billing and Reimbursement for Experienced Practitioners

David Bartczak, CSA, OPA-C, LSA

4–4:50 pm

#### Medical Ethics and Reimbursement

Christina Tuchschen, CSFA, SA-C, LSA

5–5:50 pm

#### ASA Board Strategic Vision — We Hear You!

#### ASA ORLANDO MEETING FEES (Includes Friday reception and keynote, Saturday Ed sessions and lunch).

**Mail to: ASA, 6 W Dry Creek Cir, Ste 200, Littleton, CO 80120, 303-694-9130, www.surgicalassistant.org**

Date \_\_\_\_\_ Member/Cert No. \_\_\_\_\_

Name (please print) \_\_\_\_\_

Circle title: CST CSFA CSA SA-C Other

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Email \_\_\_\_\_

Credit card billing address (if same as above, leave blank)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ASA Member: \$275**

**ASA Student Member: \$175**  
(currently enrolled in CAAHEP-accredited surgical assisting program)

**Nonmember: \$300**

**Hands-on Workshop**

ASA Member: \$200  
Nonmember: \$250

Money Order/check enclosed for \$ \_\_\_\_\_  
(No purchase orders accepted)

VISA  MC  AmEx

Name on Card \_\_\_\_\_

No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Total amount charged \$ \_\_\_\_\_

Signature \_\_\_\_\_

# Join ASA— the only professional surgical assisting organization that:

- ✓ Successfully applied to the National Uniform Code Committee (NUCC) for a new definition of surgical assistants in the taxonomy code.
- ✓ Completed first application phase to the BLS to add the surgical assistant to the Healthcare Practitioners and Technical Occupations.
- ✓ Provided major financial support in Florida and for **enacting legislation** in Virginia
- ✓ 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.**

[www.surgicalassistant.org](http://www.surgicalassistant.org)





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

## **ASA AND NSAA SUPPORT NEW TAXONOMY CODE DEFINITIONS FOR SURGICAL ASSISTANTS**



Surgical assistants now have been defined accurately in the Taxonomy Code that is sponsored by the National Uniform Claim Committee. Both surgical assisting professional organizations applaud the individuals who contributed to this significant achievement. It represents a big step forward for surgical assistant practitioners.

ASA and NSAA are continuing to explore additional ways to collaborate with the combined goals of promoting safe patient care and advancing the recognition of surgical assistant practitioners nationwide.