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Medicare Part B

SURGICAL ASSISTANT SERVICES - REVISED

This article from "*Medicare B News*," Issue 253 dated April 15, 2009 is being updated and reprinted to ensure that the Noridian Administrative Services provider and supplier community has access to recent publications that contain the most current, accurate and effective information available.

Registered Nurse First Assist (RNFA) is an example of an individual who assists on surgical procedures performed by a surgeon. Some of these individuals are surgical technicians or doctors from other countries who have not received a U.S. medical license but are referred to as "surgical assistants." "Surgical assistants" are not the same as "assistant surgeons." Surgical assistants may not have medical licenses and do not qualify to be a Medicare provider. There is no oversight agency for surgical assistants although these individuals can receive a certification from the National Surgical Assistant Association after passing a four-hour exam and proving they have had 750 hours of experience each year for three years.

Medicare Policy

There is no Medicare provider category for RNFAs, no separately billable RNFA services, and no separate reimbursement for RNFA services. Medicare cannot reimburse a surgical assistant's services if the assistant is an unlicensed practitioner and does not qualify to be a Medicare provider. Such services are reimbursed as part of the Diagnostic Related Group (DRG), if inpatient, and part of the Ambulatory Payment Class (APC), if outpatient. The services of RNFAs **must not** be filed to Medicare Part B as payable services and/or billed to beneficiaries or their secondary insurance. To do so, such providers will be at risk of sanctions for inappropriate billing, which could constitute Medicare fraud.

Any inpatient, non-physician services are subject to Sections 1862(a)(14), 1866(a)(1)(H) and 1866(g) of the Social Security Act. Under Section 1866(a)(1)(H), any covered items and services, except physician and limited-coverage practitioner services, furnished to a beneficiary who is a patient of a Medicare participating hospital must be furnished by the hospital, or by others under arrangement. Section 1866 (a)(1)(H) states clearly that the arrangement must be one which meets the definition of that term in section 1861 (w)(1) of arranged for services and discharges all liability of the patient or any other person or party to pay for the services. These sections include most non-physician services, except limited-coverage practitioners, provided to hospital patients, consequently such services are considered "bundled," e.g., billed by the hospital to the Medicare Part A Fiscal Intermediary. As a bundled service, neither Medicare Part B, nor the patient or their insurance carrier may be billed for the surgical assistant service, surgical assistant or their employers.

Source: Social Security Act, Sections 1862(a)(14), 1866(a)(1)(H) and 1866(g)

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