

Utah Physician Assistant Licensing Board
Stephanie Boulter, PA-C

- Persons acting as a First Assist in surgery
 - Certified First Assist (CFA), Surgical First Assist (SFA), Certified Surgical First Assist (CSFA)
 - Registered Nurse First Assist (RNFA)
 - Physician Assistant, Nurse Practitioner

- Medicare only recognizes assistant-at-surgery services provided by PAs, NP and CNS (Medicare Claims Processing Manual Chapter 12, 100.1.1B)

- Nationally there are a large number of Certified Surgical Assistant (CSA) LLC's that are providing similar operating room first assist services and billing smaller private insurance companies although Medicare does not recognize their services and these types of companies are not enrolled with Medicare.

- In Utah CFA's have formed LLC's and are billing for their services with some of the smaller private insurance companies.

- Medicare Benefit Policy Manual Chapter 15 (190)D
Payment for services of a PA may be made only to the actual qualified employer of the PA that is eligible to enroll in the Medicare program under existing Medicare provider/supplier categories.

- In order to receive direct payment from Medicare and many private plans it is necessary that there be physician ownership. Medicare requires 5% physician ownership. Many private plans follow Medicare's lead and will not pay an entity that is wholly owned by one or more PAs.

- AAPA recognizes that there are PAs across the country who have formed LLC's to provide similar services. Physician Assistant LLC's are found in Pennsylvania, Texas, Florida, North Carolina, New York and Arizona.

- On June 6th, 2016 Surgical Synergy, LLC's Medicare enrollment was finalized.

- Private Utah insurance companies have responded favorably with regards to a PA/Physician owned LLC providing surgical first assist services and billing for such services with payment going to the LLC.

- **Supervision**
 1. Surgical Synergy, LLC is not a clinic, its sole service is to provide surgical first assist services.
 2. Physician Assistant first assist services will be physician supervised in hospital/surgical center settings.
 3. Hospital privileges will not allow a PA to operate independently. PA privileges are clearly delineated for each facility, violations will result in suspension of privileges.
 4. Delegation of services agreement for each supervising surgeon will be kept at the Surgical Synergy administration office.

- **Is there a need for surgical first assisting services provided by a PA/Physician LLC?**

I have been approached by several surgeons who agree that this PA LLC model is ideal for surgical practices that need dependable skilled assistance in the operating room but don't necessarily need a full time Physician Assistant in their practice. In their policies and guidelines for surgeons, both the American College of Surgeons and the Society of Thoracic Surgeons recognize PAs as qualified first assistants. Certified First Assists and Certified Surgical Assistants who are less qualified and not recognized by the above groups are forming LLC's and billing for their first assist services. Many surgical practices are ineffectively using a surgeon as a first assist on complicated cases when a skilled surgical Physician Assistant would be more effective use of the assistant surgeons time and resources. Rather than competing with surgeons, this LLC model will free up time for surgeons that might otherwise have been unnecessarily used in the operating room as a first assist.

UTAH
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Darrin F Hansen MD
11762 S. State St.
Draper UT 84020

June 2, 2016

To whom it may concern,

This serves as a letter in support of Stephanie Boulter's requests to provide Physician Assistant services billed through Surgical Synergy, LLC.

I have worked personally with Stephanie for about five years. She is an exceptional surgical Physician Assistant. She has outstanding skills in providing assistance in the operating room for surgical procedures as well as patient care workups, diagnosis, determining treatment plans, interactions with staff and patients in both office and hospital settings.

I strongly feel her services would be beneficial to multiple surgeons in multiple specialties. There is a tremendous need for skilled assistance in the operating room. She has provided that help for me for several years. Her proficiency has significantly improved my operative efficiency by over 30% in many cases. When she is not present and I am performing significant operative procedures on my own or with a lesser first assistant help, the operation is often more difficult, longer, frustrating, and potentially with higher risk.

There is absolutely no competition with other surgeon involvement. Surgeons are not efficiently using their time by assisting in the operating room. It's something that is done as a favor to other surgeons. A physician assistant in the operating room is not seen in direct competition to other surgeons. It's a relief not to "be asked" to function as a first assistant. I know many surgeons including myself who will proceed with operations where they can benefit from assistance but will not ask for one because of the inconvenience that places on the second surgeon. We will often struggle through an operation rather than ask for another surgeon to assist.

The primary issue with Stephanie being able to function as a first assistant for multiple surgeons is efficient billing. Surgeons would prefer to use her services without an extra burden for billing from their office. She can provide that service effectively and efficiently. She will continue to function with direct supervision in the operating room which will not be any different than the scope of practice that she functions within currently.

The service Stephanie provides will improve patient care, provide greater efficiency, improve certain satisfaction in the operating room, as well as greater safety. With repeated assistance to surgeons in the operating room she often provides a greater service than second surgeon.

Sincerely,



Darrin F Hansen MD FACS
General Surgery- Draper Utah