

**SECTION J:**

**SURGICAL ASSISTANCE**

**Fee**

1. Calculation of the payment to a surgical assistant is based on the time between the induction of anaesthesia and when continuous attendance by the surgical assistant is no longer required. When no anaesthetic is administered, the time is calculated from the beginning to the end of the procedure.

2. Payment for the services of an assistant during surgery will be made for:

- (i) surgical procedures normally requiring an assistant;
- (ii) surgical procedures not normally requiring an assistant where unusual circumstances occur necessitating the services of an assistant, and where an explanation satisfactory to Saskatchewan Health is provided.

3. Payment may be made for the services of more than one surgical assistant where a satisfactory explanation is received for the services of a second or additional assistants required during surgery.

4. Procedures performed by the surgical assistant during the same anaesthetic time for surgery are subject to "Assessment Rules -- Procedures".

30J	<b>Surgical Assistant</b> -- billable by any physician -- up to 60 minutes	\$290.00 *
31J	-- for each additional 15 mins., or major portion thereof	\$78.00 *

**Surgical Assistant for Unscheduled Emergency Surgery**

-- billable by physicians who are not participating in a Saskatchewan Health or RHA funded on call/coverage rota for surgical assists

60J	-- first patient -- up to 60 minutes	\$410.00 *
61J	-- for each additional 15 minutes, or major portion thereof	\$78.00 *
70J	-- each additional patient -- up to 60 minutes	\$340.00 *

**Surgical Assistant for Scheduled Surgery**

-- billable by office-based physicians who provide scheduled surgical assisting services on weekdays during regular office hours (8:00 am - 5:00 pm) and who earn less than 50% of their income through surgical assistance.

80J	-- up to 60 minutes	\$350.00
81J	-- for each additional 15 minutes, or major portion thereof	\$94.00

**Surgical Assistant Standby**

-- for each 15 minutes or major portion thereof (maximum 30 minutes)

*e.g. claim if called to stand by during laparoscopy with the possibility of laparotomy.*

Note: Not to be billed for time spent awaiting start of operation and not paid along with 30J, 31J, 60J, 61J, 70J, 80J, 81J, 331K, 332J, 333J or 334J

40J		\$60.00 *
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Out-of-Hours Premiums

See Section A, Out-of-hours Premiums

**Specialist O/R Standby**

50J	-- for each 15 minutes or major portion thereof	\$51.80
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		<b>Fee</b>
	not to be billed for time spent awaiting start	
	of operation . Payable only if surgeon is required to participate in part of a surgical procedure and must remain immediately available to the O/R and is unable to perform any other billable work. Does not apply to delayed surgical start or cases where the current payment includes reimbursement for standby times.	
332J	<b>Surgical assist -- payment based upon first surgeon's assessed claim (Specialist only)</b> See applicable surgical codes at end of Section J.	1/3 of First Surgeons Claim
333J	<b>Surgical assist -- payment based upon first surgeon's assessed claim (General Practitioner designated by the SMA Tariff Committee as eligible only)</b> General Practitioners performing specialized assistance may apply to the SMA Tariff Committee for approval to bill 333J services for the appended list of services where their role as the first assistant is demonstrably essential to the performance of the procedure and in who's absence the procedure will be cancelled. See applicable surgical codes at end of Section J.	30% of First Surgeons Claim
334J	<b>Surgical assist - second assistant - payment based upon first surgeon's assessed claim (only General Practitioner designated by the SMA Tariff Committee is eligible).</b> General practitioner assistants may apply for approval to bill 334J services for cardiac surgery procedures where their specialized role is similar to that of a specialist assistant. See page J3 for applicable surgical codes	30% of First Surgeons Claim
	<b>Surgical Assistance</b> The following procedures because of their complexity may require the services of two specialist surgeons (includes FCS physicians). Where the second surgeon's involvement is more than routine assistance in the procedure, he/she may bill 1/3 of the surgeon's payment or the standard assist codes, whichever is greater. The services considered for this billing option includes the list below:	
	<b>Codes for Optional Billing of 332J and 333J</b>	
57K	Craniotomy	
58K	Cerebellar or cerebral arteriovenous malformation or aneurysm excision or obliteration	
65K	Extra-axial brain tumor excision	
92K, 93K	Lateral canthal advancements	
117K, 118K	Skull fractures	
150K	Removal of spinal tumor or bone fragments	
175K	DREZ procedures for intractable pain	
253K	Microsurgical decompression of cranial nerves	
100L, 101L	Thoracoscopic lung resection	
197T (30L, 31L, 33L)	Composite resection of mandible and floor or mouth, partial or total maxillectomy	
149L, 150L, 153L, etc.	Cardiac surgery (procedures requiring bypass 161L or 138L)	
169L	Femoro-popliteal	
188L	Aorto-carotid; aorto-axillary; aorto-coeliac; aorto-superior mesenteric; aorto-innominate; renal; thoracic or abdominal aorta	
246L	Complex incisional hernia with Inlay mesh	
247L	Paraesophageal hernia repair	
281L to 284L	Microvascular digital vessel revascularization	
298L, 299L, 320L	Oesophagogastrectomy	
305L	Total gastrectomy	
342L, 343L, 344L or 442L	Laparoscopic colectomy	
327L	Laparoscopic roux-en-y bypass	
352L	Abdominoperineal resection	
358L	Anterior resection	
370L	Low anterior resection with total mesorectal excision (TME)	
417L	Major liver resections	

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420L	Pancreatectomy
426L	Laparoscopic Adrenalectomy
428L	Laparoscopic Extra-adrenal phaeochromocytoma or other retroperitoneal tumor
435L	Complete block dissection of the neck
439L	Retroperitoneal lymphadenectomy
462L	Femoro-tibial or peroneal
463L	Femoro-pedal
464L	Axillo-axillary, axillo-femoral; carotid-subclavian; cross femoral; illo-femoral; subclavian-subclavian; other arteries of next or extremities
469L, 470L, 471L, 472L, 473L, 474L	Thromboendarterectomy (Independent Procedure) Femoral
568L, 668L, 768L, 460L	Bifurcation Grafts
652L	Bental procedure
790L	Aorto femoral -- unilateral with thromboendarterectomy of profunda femoris
791L	Aorto femoral - bilateral with thromboendarterectomy of profunda femoris
50M	femur -- trochanteric or subtrochanteric
103M	radical resection of bone for tumor with bone graft -- major bone
192M	pelvis fracture -- open reduction
315M	tibia plateau open reduction
375M	knee lateral collateral ligament and/or posterolateral corner - reconstruction with
442M	total elbow replacement
444M	total knee arthroplasty includes unicompartmental knee and patellar replacement
445M/845M	total hip replacement or reconstructive arthroplasty
446M/846M	total shoulder replacement
448M	total wrist replacement
449M/849M	total ankle replacement
450M	arthrodesis -- shoulder
454M	arthrodesis -- hip
455M	arthrodesis -- knee
456M	arthrodesis -- ankle
520M	clubfoot surgery
573M	hip (femur) -- congenital -- open reduction
575M	pelvic osteotomy -- Salter, etc
844M	total knee arthroplasty includes unicompartmental knee and patellar replacement -- revision
440N	Transverse rectus abdominis myocutaneous flap for breast reconstruction
500N to 506N	Microvascular Surgery
71P, 72P	Radical vulvectomy
104P	Abdominosacrocolpopexy
124P	Total vaginal hysterectomy
125P	Radical hysterectomy
126P	Laparoscopic hysterectomy
102R	Ileocystoplasty
106R	Ileal conduit
107R, 108R	Ureterosigmoid anastamosis
124R	Radical prostatectomy
136R	Laparoscopic nephrectomy
138R	Radical nephrectomy
142R	Ileal substitution of ureter
95R, 96R, 97R	Cystectomy
304R	Renal homotransplant - vascular surgeon
193T	Total Laryngectomy
197T, 30L, 31L	Composite resection of mandible and floor of mouth, Partial or total maxillectomy