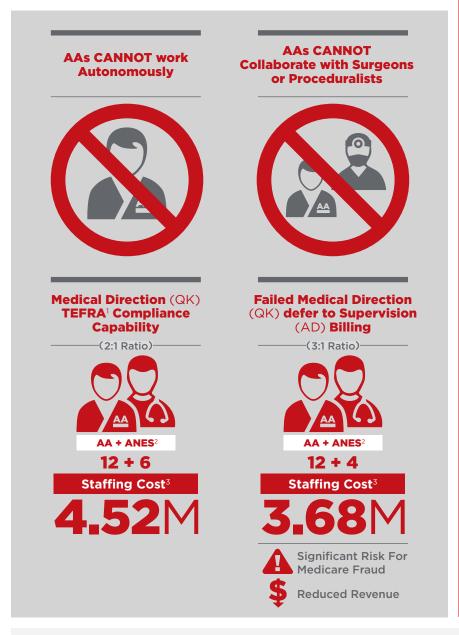


INFLEXIBLE STAFFING STRUCTURE POTENTIAL **REDUCED REVENUE**

AAs are **only** able to provide anesthesia care **under the direct supervision** of a physician anesthesiologist.

Physician anesthesiologists can only bill for AAs when medical direction criteria are met.



- AAs must work in an Anesthesia Care Team Model generally billed under Medical Direction billing model with no more than a 4:1 ratio (57 FR 33878, July 1992); However, the more costly, inefficient 2:1 ratio is more commonly used.
- AAs are trained to ASSIST physician anesthesiologists and lack the staffing flexibility needed in today's dynamic healthcare delivery systems. First starts in the morning and complications may result in delays or even fraudulent practice or billing with potential jeopardy for facilities.
 One study found physician anesthesiologists did not meet TEFRA rules 35% for 2:1 and 99% for 3:1 ratios.⁴
- CMS has denied AAs billing for services as performed autonomously. A physician anesthesiologist who fails to meet medical direction TEFRA¹ rules must bill using the AD modifier and lose revenue of up to 50%.

1 Tax Equity and Fiscal Responsibility Act of 1982

2 Physician anesthesiologist

- 3 Staffing costs are based on salary only and provider staffing cost ratios are comparable when using median CRNA salary (\$166,540) according to 2018 AANA Compensation & Benefits Survey. Salary costs for physician anesthesiologists are based on the 75th pctl salary (\$420,284) according to HR Reported data as of March 29, 2018 form Salary.com
- 4 Epstein R, Dexter F. (2012). Influence of supervision ratios by anesthesiologist on first case starts and critical portions of anesthetics. Anesthesiology, 116(3):683-691.

