

INFLEXIBLE STAFFING STRUCTURE POTENTIAL REDUCED REVENUE

AAs cannot deliver anesthesia care autonomously. They can **only** practice under the direction and supervision of a **physically-present** physician anesthesiologist.

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

AAs Cannot Work Autonomously



AAs Cannot Collaborate with Surgeons Or Proceduralists



Medical Direction (QK) TEFRA¹ Compliance Capability

(2:1 Ratio)



AA + ANES²

12 + 6

Staffing Cost³

5.64M

Failed Medical Direction (QK)

(3:1 Ratio)



AA + ANES²

12 + 4

Staffing Cost³

4.76M



Significant Risk For Medicare Fraud



Reduced Revenue

- **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 will not receive payment for the physician anesthesiologist portion of the case.⁵

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 (\$251,000) from the 2024 AANA Compensation and Benefits Survey. The median physician anesthesiologist salary (\$437,250) is based on information reported by HR professionals to Salary.com and accessed on December 2, 2024. <https://www.salary.com/research/salary/benchmark/physician-anesthesiology-salary>

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.

⁵ Medicare Claims Processing Manual, Chapter 12, 40.9(C)

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