

# The Process of Credentialing Certified Anesthesiologist Assistants (CAAs)

## For Hospital/Facility Privileges and Insurance Reimbursement

### **Hospital/Facility Credentialing of CAAs**

Initiating the credentialing process for allowing Certified Anesthesiologist Assistants (CAAs) to work in hospital and other facilities, such as ambulatory surgical centers (ASCs), is multi-procedural and requires time. Assure that the facility's bylaws and credentialing for AAs as well as the anesthesia department's policies and procedures do not conflict with the CAA statutes or medical board's rules and regulations of CAA practice within the state. Assistance from the hospital's or facility's lawyer may be useful.

The following is an outline of steps recommended by the American Academy of Anesthesiologist Assistants (AAAA) that must be completed in advance of allowing AAs to work. However, since the process of credentialing varies at each institution, care must be taken that all necessary steps at the institution are properly followed.

#### **CAAs Must Be a Recognized Healthcare Provider within the Hospital or Facility's Bylaws.**

- The process to amend the hospital's or facility's bylaws should be initiated by an anesthesiologist on staff. Review of the hospital's existing bylaws, especially those governing advanced practice providers (APP), is recommended to be sure that the proposed bylaws changes do not conflict with any current facility bylaws.
- The process usually must be completed by the medical staff and/or hospital board over more than one meeting. Intermediate steps, such as presenting the change to a Bylaws Committee, may be necessary. Usually, the process must be initiated by a member of the medical staff, so an anesthesiologist should be designated for this purpose and to follow each step. It is recommended that the anesthesiologist has all appropriate information on CAA education and training as well as state statutes and medical board rules and regulations for CAAs at each meeting.

#### **There Must Be a Process by Which the Hospital/Facility Issues Credentials to Allow an Individual CAA to Work.**

The easiest means of providing a credentialing process is to have the credentialing committee take the existing process for credentialing PAs and changing any wording that applies to PAs to CAAs.

Examples: If it says that the PA must be NCCPA certified, change this to say that the CAA must be certified by the NCCAA. Also, where it states that the PA must be a graduate of an accredited PA program, change this to say that the CAA must be a graduate of an accredited CAA program.

Scope of Practice for CAAs within the hospital/facility should mirror the scope of practice for the departments' nurse anesthetists. If there are no nurse anesthetists within the facility, the scope of practice should at least follow the scope of CAA training and not conflict with any existing CAA statutes or rules and regulations. The hospital/facility's scope of practice may be more limiting than the state's, but the state supersedes that of the hospital/facility. Credentialing CAAs is a separate process and can occur only after the bylaws have been changed.

#### **The Department of Anesthesiology Policies and Procedures Must Be Changed/Amended as well as appropriate paperwork.**

Any reference to CRNA or nurse anesthetist is changed to either include anesthesiologist assistant or have the manual define anesthetist as either a CRNA or an CAA and then change all references to CRNAs to anesthetists.

All appropriate paperwork such as the department's anesthesia record, anesthesia orders, and documents which may have legal significance should be changed to include CAAs.

## **Insurance Credentialing of CAA Services.**

Completely separate from this process of allowing CAAs to work in a hospital or facility is the processes assuring that AAs are reimbursed for their services at the facility. This is not to be confused with the credentialing process for the hospital or facility. "Credential" is a term used by medical insurance companies for those individual providers who are approved by the insurance company (not licensed by the state, recognized by the federal government, credentialed by the hospital, etc.) for reimbursement.

**All medical insurance companies which the anesthesia department or hospital has contracts for reimbursement must be contacted and asked for forms by which to "credential" the CAA.**

As with all other anesthesia providers within the department, each CAA must be individually credentialed by each insurance company on the appropriate form. Typically, a form specific to CAAs must be requested. Most insurance companies will not accept a form where "CRNA" has been marked through and "CAA" has been inserted. Check with each insurance company.

**In the event of a rejection of reimbursement by an insurance company, an appeals process must be initiated.**

The insurance company must be contacted by the anesthesia department or the hospital and assured that CAAs are recognized anesthesia providers and are entitled to reimbursement by the insurance company for their services. It takes perseverance and information that the AAAA can provide to convince these insurance companies that CAAs should be reimbursed for their anesthesia services. This insurance credentialing process should be started as soon as the CAAs are hired as it can be rather lengthy to resolve these issues.

These recommendations are provided as a guide for the initiation of the use of CAAs in a hospital or facility and for reimbursement of CAA services. Variances may exist and following this guide does not assure successful credentialing of CAAs for work or insurance reimbursement. Each hospital, facility, and insurance carrier must be dealt with individually and differences must be addressed.

A sample of CAA Credentialing and Delineation of Privileges are provided below.

## CHECK LIST FOR ADVANCED PRACTICE PROVIDER

THE FOLLOWING WILL BE SUBMITTED TO THE MEDICAL STAFF OFFICE, AT LEAST FIVE BUSINESS DAYS, PRIOR TO THE APPLICANT'S START DATE.

APPLICANT: \_\_\_\_\_

CATEGORY: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

DIVISION: \_\_\_\_\_

CHAIRPERSON: \_\_\_\_\_

APPLICANT START DATE: \_\_\_\_\_

\_\_\_ **Original** Standard Memo from Dept. Chairperson

\_\_\_ **Original** Application - completed and signed by applicant

\_\_\_ **Original** Authorization for Release of Information

\_\_\_ **Original** Delineation of Privileges Form

\_\_\_ Two **Original** Letters of Recommendation or Two **Original** Professional Reference Questionnaires (from persons other than Department Chairperson and must be from same category of peer)

\_\_\_ Birth Certificate or Passport

\_\_\_ Naturalization Papers or Green Card or Work Visa

\_\_\_ Social Security Card

\_\_\_ All current Licenses/Certifications (including AA-C and NCCAA recertification if applicable)

\_\_\_ BLS/ALS

\_\_\_ Diplomas from AA-C program, other allied health professions, or nursing programs

\_\_\_ Copy of Current Curriculum Vitae

\_\_\_ Copies (abstracts) of all articles noted in CV

\_\_\_ Current Malpractice Certificate of Insurance

\_\_\_ Statement of Health (from personal physician) - include results of PPD screening

\_\_\_ Copy of Application Verification Check List (Must have all verifications attached)

## DELINEATION OF CLINICAL PRIVILEGES CERTIFIED ANESTHESIOLOGIST ASSISTANTS

<u>REQUESTED PRIVILEGE</u>	<u>RECOMMEND APPROVAL</u>	<u>CHAIRPERSON'S INITIALS</u>	
<b>BASIC PRIVILEGES WOULD INCLUDE BUT NOT BE LIMITED TO THE FOLLOWING:</b>			
_____ Preanesthetic assessment	YES	NO	_____
_____ Requesting laboratory/diagnostic studies	YES	NO	_____
_____ Preanesthetic medication	YES	NO	_____
_____ General anesthesia and adjuvant drugs	YES	NO	_____
_____ Regional anesthesia techniques	YES	NO	_____
_____ Subarachnoid	YES	NO	_____
_____ Epidural	YES	NO	_____
_____ Caudal	YES	NO	_____
_____ Upper extremity	YES	NO	_____
_____ Lower extremity	YES	NO	_____
_____ Peripheral nerve blocks	YES	NO	_____
_____ Local infiltration	YES	NO	_____
_____ Topical	YES	NO	_____
_____ Periocular block	YES	NO	_____
_____ Transtracheal	YES	NO	_____
_____ Intracapsular	YES	NO	_____
_____ Intercostal	YES	NO	_____
_____ Other _____	YES	NO	_____
_____ Conscious and deep sedation techniques	YES	NO	_____
_____ Perianesthesia management of patient using accessory drugs or fluids to maintain physiologic homeostasis through preventing or treating complications/emergencies	YES	NO	_____

## Delineation of Clinical Privileges Certified Anesthesiologist Assistant

Page two

_____	Cardiopulmonary resuscitation management	YES	NO	_____
_____	Perianesthetic invasive and noninvasive monitoring	YES	NO	_____
_____	Tracheal intubation/extubation	YES	NO	_____
_____	Mechanical ventilation/oxygen therapy	YES	NO	_____
_____	Fluid, electrolyte, acid-base management	YES	NO	_____
_____	Blood, blood products, plasma expanders	YES	NO	_____
_____	Peripheral intravenous/arterial catheter placement	YES	NO	_____
_____	Central venous catheter placement	YES	NO	_____
_____	Pulmonary artery catheter placement	YES	NO	_____
_____	Acute and chronic pain therapy	YES	NO	_____
_____	Post anesthesia care/release	YES	NO	_____
_____	Other _____	YES	NO	_____
_____	Other _____	YES	NO	_____

These privileges are granted initially for two years following approval and must be renewed on a biennial basis. The applicant may request to have privileges changed as required during this period.

---

Signature of Applicant

Date

The above Anesthesiologist Assistant is recommended for the privileges which he/she has requested with the following exceptions and/or limitations (if none, so state).

---

Signature of Chief Anesthetist

Date

---

Signature of Vice President, Patient Care Services

Date

---

Signature of Chairperson, Department of Anesthesiology

Date