I. Hospital/Facility Credentialing of AAs

Initiating the credentialing process for allowing Anesthesiologist Assistants (AAs) to work in hospital and other facilities, such as ambulatory surgical centers (ACSs), 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 AA statutes or medical board’s rules and regulations of AA 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.

1) AAs Must Be a Recognized Healthcare Provider within the Hospital’s/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 allied health providers, 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 AA education and training as well as state statutes and medical board rules and regulations for AAs at each meeting.

2) There Must Be a Process by Which the Hospital/Facility Issues Credentials to Allow an Individual AA 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 AAs.

Examples: If it says that the PA must be NCCPA certified, change this to say that the AA 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 AA must be a graduate of an accredited AA program.

Scope of Practice for AAs 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 AA training and not conflict with any existing AA 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 AAs is a separate process and can occur only after the bylaws have been changed.

3) 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 AA 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 AAs.

II. Insurance Credentialing of AA Services.

Completely separate from this process of allowing AAs 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.

1) 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 AA.

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

2) 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 AAs 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 AAs should be reimbursed for their anesthesia services. This insurance credentialing process should be started as soon as the AAs 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 AAs in a hospital or facility and for reimbursement of AA services. Variances may exist and following this guide does not assure successful credentialing of AAs for work or insurance reimbursement. Each hospital, facility, and insurance carrier must be dealt with individually and differences must be addressed. A sample of AA Credentialing and Delineation of Privileges are provided below.
CHECK LIST  
FOR  
ALLIED HEALTH PRIVILEGING

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

________________________________________  Date
Signature of Applicant

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).

_____________________________________________________________________________________

________________________________________  Date
Signature of Chief Anesthetist

________________________________________  Date
Signature of Vice President, Patient Care Services

________________________________________  Date
Signature of Chairperson, Department of Anesthesiology

Produced August 31, 2009, by the American Academy of Anesthesiologist Assistants.
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