

The Process of Credentialing Anesthesiologist Assistants (AAs) For Hospital/Facility Privileges and Insurance Reimbursement

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 (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 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)

DELINEATION OF CLINICAL PRIVILEGES
CERTIFIED ANESTHESIOLOGIST ASSISTANTS

<u>REQUESTED PRIVILEGE</u>	<u>RECOMMEND APPROVAL</u>	<u>CHAIRPERSON'S INITIALS</u>
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BASIC PRIVILEGES WOULD INCLUDE BUT NOT BE LIMITED TO THE FOLLOWING:

_____ 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

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_____	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

