



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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PHYSICIAN BULLETIN ANESTHESIOLOGIST ASSISTANT

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ANESTHESIOLOGIST ASSISTANT (AA)

Effective February 1, 2007, Missouri Medicaid will allow an AA to enroll as a Missouri Medicaid provider. An AA is a person who works under the supervision of a licensed anesthesiologist and provides anesthesia services and related care.

Supervision

An AA shall practice only under the direct supervision of an anesthesiologist who is physically present or immediately available. A supervising anesthesiologist shall be allowed to supervise up to four AAs concurrently consistent with 42 CFR 415.110. An AA must submit the name and mailing address of the supervising anesthesiologist.

Qualifications

An AA must be licensed by the Missouri Board of Healing Arts as set forth in 4 CSR 150.9 and submit a copy to the Division of Medical Services.

Scope of Practice

An AA must practice within their scope of practice referenced in Section 334.402 of the Missouri Revised Statutes. Their scope of practice includes:

- Obtaining a comprehensive patient history, performing relevant elements of a physical exam and presenting the history to the supervising anesthesiologist;
- Pretesting and calibrating anesthesia delivery systems and obtaining and interpreting information from the systems and monitors, in consultation with an anesthesiologist;
- Assisting the supervising anesthesiologist with the implementation of medically accepted monitoring techniques;
- Establishing basic and advanced airway interventions, including intubation of the trachea and performing ventilatory support;
- Administering intermittent vasoactive drugs and starting and adjusting vasoactive infusions;
- Administering anesthetic drugs, adjuvant drugs, and accessory drugs;
- Assisting the supervising anesthesiologist with the performance of epidural anesthetic procedures, spinal anesthetic procedures, and other regional anesthetic techniques;
- Administering blood, blood products, and supportive fluids;
- Providing assistance to a cardiopulmonary resuscitation team in response to a life-threatening situation;
- Participating in administrative, research, and clinical teaching activities as authorized by the supervising anesthesiologist; or
- Performing other tasks not prohibited by law under the supervision of a licensed anesthesiologist that an anesthesiologist assistant has been trained and is proficient to perform.

An AA is prohibited from the following:

- Prescribing any medications or controlled substances;
- Administering any drugs, medicines, devices, or therapies the supervising anesthesiologist is not qualified or authorized to prescribe;
- An Anesthesiologist Assistant shall not practice or attempt to practice without the supervision of a licensed anesthesiologist or

in any location where the supervising anesthesiologist is not immediately available for consultation, assistance, and intervention.

Billing Guidelines

Services involving the administration of anesthesia are reported by the use of the anesthesia CPT procedure codes (00100-01999) plus the following modifier codes:

AA Anesthesia service performed personally by anesthesiologist
QX CRNAA/AA service with medical direction by a physician
QZ CRNA service without medical direction by a physician
QK Medical direction of two, three or four concurrent anesthesia procedures involving qualified individuals.

The provider of anesthesia services is required to ensure the procedure is a covered service.

An AA and a Certified Registered Nurse Anesthetist (CRNA) are not allowed to bill for the same anesthesia service.

When the anesthesiologist personally performs a service, the procedure should be billed using modifier AA. No separate payment is allowed for supervision by the anesthesiologist, nor for the AA's service, regardless of whether or not the AA is independently enrolled as a Medicaid provider. A separate payment for the AA is only payable if documentation is attached showing that it was medically necessary for both the anesthesiologist and the AA to be involved. If the AA service was not medically necessary, recoupment of the AA service may be made.

Reference the Missouri Medicaid fee schedule for coverage and reimbursement information at www.dss.mo.gov/dms/providers/pages/cptagree.htm. The fee schedule is updated quarterly with changes in coding and reimbursement. AA codes will be listed under Anesthesia-Certified Registered Nurse Anesthetist/AA.

Provider Enrollment Information

The Provider Enrollment Unit is responsible for enrolling new providers and maintaining provider records for all Missouri Medicaid provider types. Refer to their Web Site at

<http://peu.momed.com/momed/presentation/commongui/PeHome.jsp>

for provider enrollment information and to fill out an application to become a Missouri Medicaid provider.

To enroll as an AA provider, fill out the necessary documentation for provider type 91, Certified Registered Nurse Anesthetist/AA.

If you have any questions or need assistance completing the enrollment forms, contact the Provider Enrollment Unit by E-mail at providerenrollment@dss.mo.gov.

Provider Bulletins are available on the DMS Web site at <http://dss.mo.gov/dms/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin site.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Web site at <http://dss.missouri.gov/dms/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896