

**Michigan Department of Community Health**

**Bulletin Number:** MSA 06-49

**Distribution:** Practitioners  
Hospitals

**Issued:** July 15, 2006

**Subject:** Coverage of Services Provided by Anesthesiologist Assistants

**Effective:** As Indicated

**Programs Affected:** Medicaid, CSHCS, Adult Benefits Waiver

The Centers for Medicare and Medicaid Services (CMS) has approved a state plan amendment to allow Medicaid reimbursement for anesthesia services provided by anesthesiologist assistants (AAs).

Medicaid will cover anesthesia services provided by qualified AAs for dates of service on or after February 1, 2006. These services must be delegated by and performed under the direction of an anesthesiologist who is an enrolled Medicaid provider. AAs must obtain a Medicaid provider identification number in order to receive reimbursement for their services. Reimbursement may be made directly to the AA or to the AA's employer or an entity with which the AA has a contract to provide anesthesia services.

To qualify as a Medicaid provider, an AA must meet all of the following requirements:

- Works under the delegation and direction of a Medicaid enrolled anesthesiologist
- Is in compliance with all applicable requirements of State law
- Is a graduate of a medical (MD or DO) school-based anesthesiologist assistant education program that:
  - Is accredited by the Committee on Allied Health Education and Accreditation; and
  - Includes approximately two years of specialized basic science and clinical education in anesthesia at a level that builds on a premedical undergraduate science background
- Is currently certified by the National Commission for Certification of Anesthesiologist Assistants

Anesthesia services performed by AAs must be medically directed by an enrolled anesthesiologist and must comply with the requirements for the delegation and supervision of services in the Michigan Public Health Code.

Reimbursement for anesthesia services provided by AAs is based on the medically directed anesthesia rate. Reimbursement to the anesthesiologist for medical direction of the AA is also based on the medically directed anesthesia rate. Anesthesia services must be billed using the appropriate modifiers as detailed in the Billing and Reimbursement for Professionals chapter of the Michigan Medicaid Provider Manual.

The Medicaid enrollment process is described in Section 2, Provider Enrollment, in the General Information for Providers chapter of the Michigan Medicaid Provider Manual. AAs must submit a copy of their current certification from the National Commission for Certification of Anesthesiologist Assistants with the provider enrollment materials.

### **Manual Maintenance**

Retain this bulletin until the information is incorporated in the Medicaid Provider Manual.

### **Questions**

If you have questions about the manual, or problems locating information, you may contact Provider Inquiry at 1-800-292-2550 or [providersupport@michigan.gov](mailto:providersupport@michigan.gov). If you submit an e-mail, be sure to include your name, affiliation, and a phone number so you may be contacted if necessary.

Approved

A handwritten signature in black ink, appearing to read "Susan Moran". The signature is fluid and cursive, with a long horizontal stroke at the end.

Susan Moran, Acting Deputy Director  
Medical Services Administration