Weaknesses in Nurse Talking Points on Certified Anesthesiologist Assistants

Supervision Ratios

Certified Registered Nurse Anesthetists (CRNAs) purport concerns that Certified Anesthesiologist Assistants (CAAs) are not as trained or as safe as a nurse and therefore need a lower supervision ratio than CRNAs. However, supervision ratios are a billing requirement set up by the Federal Centers for Medicare and Medicaid Services and artificial limitations on a physician’s supervision could harm patient care.

SUPERVISION. A physician’s ability to delegate a medical act comes from the Texas Occupations Code which states that “a physician may delegate to a qualified and properly trained person acting under the physician’s supervision any medical act that a reasonable and prudent physician would find within the scope of sound medical judgment to delegate.” It is important to note that anesthesiology is the practice of medicine and that neither a CAA nor a CRNA can practice anesthesia independently of a physician. Further, the Texas Medical Board has recently clarified that a delegating physician retains medical management of the patient and responsibility for an adverse incident from lack of proper supervision of a delegated task.

Federal Medicare regulations recognize a CRNA who is “under the supervision of an operating practitioner or a physician anesthesiologist.” It further recognizes a CAA “under the supervision of an anesthesiologist.” Thus, both must be supervised by a delegating practitioner.

SUPERVISION RATIOS. Supervision ratios are not restrictions required in statute regulating safety but rather billing standards for Medicare and Medicaid.

Physician anesthesiologists in an academic situation are allowed to bill for anesthesia services while delegating and supervising a maximum of two students, which could include a physician resident, student nurse anesthetist or a student anesthesiologist assistant. Because of their duties as a faculty member instructing the students, their ratios are limited beyond those in private practice.

A physician anesthesiologist in private practice is allowed to bill for services in a care team model where they are delegating to a maximum of four physician extenders – CRNAs, CAAs or a combination of both. Any ratio beyond that, a physician anesthesiologist may not bill. Conversely, a CRNA may bill for a case where they are supervised by a non-physician anesthesiologist or when the physician anesthesiologist is supervising more than 4 physician extenders. However, a CAA may not bill in these situations. Thus, supervision ratios for CMS do not capitate supervision of either CRNAs or CAAs but rather for what the physician anesthesiologist and the CAA may seek payment.

Supervision ratios are billing mechanisms which, while not intended to address safety issues, already place restrictions on care team models involving CAAs more than those involving CRNAs. Furthering this only enhances the Government interference in the entrance to the market and competition for CAAs.

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1 Tex. Occ. Code Chapter 157.001
2 http://www.tmb.state.tx.us/faq

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