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Advocacy Alert: AAAA Engages CMS on Key 2027 Medicare Payment Policies

The American Academy of Anesthesiologist Assistants (AAAA) recently submitted formal comments to the Centers for Medicare & Medicaid Services (CMS) on two major Calendar Year (CY) 2027 Medicare rulemakings: the Medicare Physician Fee Schedule (PFS) and the Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System.

Across both submissions, AAAA delivered a consistent message: Medicare policy should recognize the full, physician-led Anesthesia Care Team, support the appropriate utilization of Certified Anesthesiologist Assistants (CAAs), and preserve the clinical judgment necessary to deliver safe, high-quality anesthesia care.

Recognizing the Full Anesthesia Care Team

In its response to the CY 2027 Physician Fee Schedule, AAAA urged CMS to ensure that Medicare billing, reimbursement, and quality policies accurately reflect the collaborative way anesthesia care is delivered.

AAAA specifically called for clear and consistent guidance regarding billing and reimbursement for anesthesia services furnished by CAAs, including consistent implementation across Medicare Administrative Contractors. AAAA also encouraged CMS to consider how broader changes in Medicare payment policy can affect anesthesia practice operations and the workforce models used to provide surgical and procedural care.

AAAA also raised concerns about continued pressure on Medicare anesthesia reimbursement. CMS has proposed CY 2027 anesthesia conversion factors of approximately \$20.42 for qualifying APM participants and \$20.21 for non-qualifying participants, both decreases from CY 2026 levels.

AAAA emphasized that continued payment pressure comes as anesthesia practices and facilities face significant costs associated with recruiting and retaining the highly trained workforce needed to support patient access to surgical and procedural care. AAAA urged CMS to consider these workforce implications and avoid policies that could make it more difficult for practices to effectively utilize the full Anesthesia Care Team.

As CMS continues its transition toward MIPS Value Pathways and other evolving quality programs, AAAA also urged the agency to ensure that quality measures, attribution methodologies, reporting requirements, and performance assessments account for care delivered through physician-led teams. We encouraged CMS to include CAAs among the stakeholders consulted as anesthesia-specific quality measures continue to develop.

Preserving Clinical Judgment as Outpatient Care Expands

AAAA carried the same focus on team-based care and appropriate CAA utilization into its comments on the CY 2027 OPPS and ASC proposed rule.

CMS has proposed removing 637 services from the Medicare Inpatient Only List and adding 618 codes to the ASC Covered Procedures List, continuing a broader shift toward outpatient surgical care. CMS's proposed rule likewise describes the removal of 637 services and addition of 618 codes for CY 2027.

AAAA emphasized that, as more procedures become eligible for Medicare payment in outpatient settings, federal policy should continue to accommodate physician-led Anesthesia Care Teams and the appropriate utilization of CAAs across hospitals, hospital outpatient departments, and ASCs.

At the same time, AAAA stressed that eligibility for outpatient payment does not mean an outpatient setting is appropriate for every patient. Site-of-service decisions should continue to reflect patient-specific clinical judgment, facility capabilities, available personnel, anesthetic risk, and recovery needs — while preserving provider discretion to determine the most appropriate setting for each patient.

What This Means for CAAs

Taken together, AAAA's comments reinforce a central priority of our federal advocacy: Medicare policy should reflect the way anesthesia care is actually delivered — through collaborative, physician-led Anesthesia Care Teams that rely on the skills and expertise of CAAs and other qualified anesthesia professionals.

Whether CMS is considering reimbursement and billing policy, quality measurement, or the continued movement of care into outpatient settings, AAAA will continue advocating for policies that recognize CAAs as integral members of the Anesthesia Care Team, preserve their appropriate utilization, and support provider judgment in determining how and where anesthesia care is delivered.

As CMS moves toward finalizing its CY 2027 policies, AAAA will remain actively engaged to ensure CAAs have a voice in the federal decisions shaping anesthesia practice.