

Don't Let Payer Cuts Put Your Revenue Under

Why Anesthesia Practices Need Smarter RCM More Than Ever

Anesthesia reimbursements have long been on the lower side, with rates lagging far behind inflation and cost growth. And United Healthcare's (UHC) new cuts deliver yet another blow, tightening margins even further.

Starting Oct 1 (and Nov 1 in select states), UHC's policy changes will:

Cut CRNA reimbursement by 15% when non-medically directed (QZ)

Eliminate payment for units for physical status modifiers P3, P4, P5

No longer include units for qualifying circumstances codes 99100, 99116, 99135, and 99140

The Bigger Picture



5.5%

decline in average reimbursement rate between 2019 and 2023



2.2%

cut in Medicare anesthesia conversion factor for 2025



2.8%

cut in Medicare physician fee in 2025, hitting anesthesia directly

20%

drop in operating margins in the past three years due to aggressive payer cuts (MGMA)

39%

rise in operating costs of anesthesia groups since 2001 (Becker's)

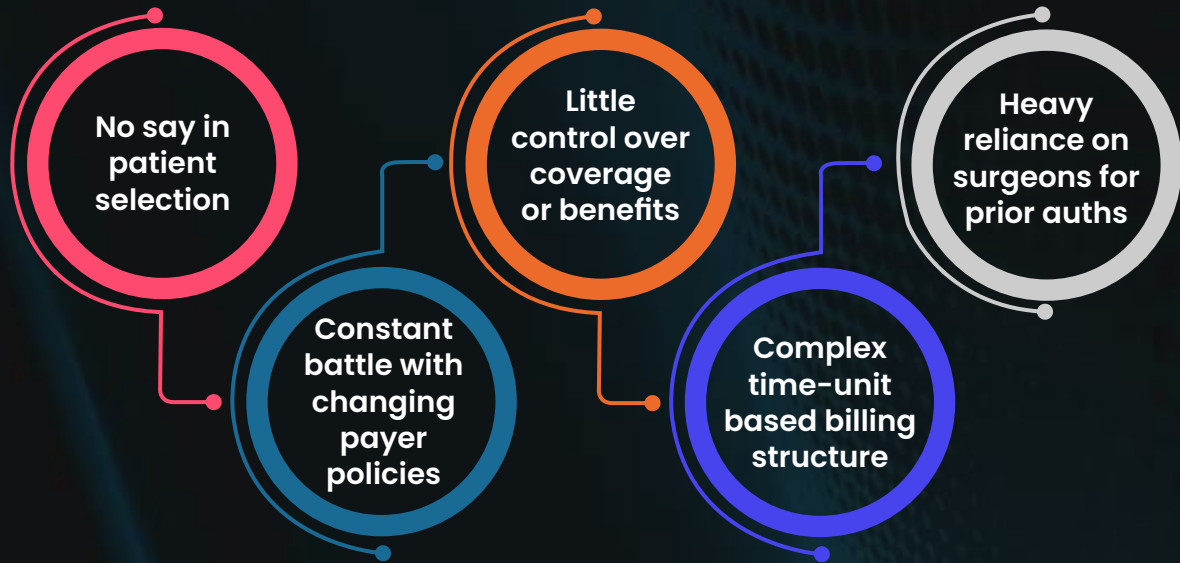
12,500

anesthesiologist shortfall projected by 2033, especially in rural areas (AAMC)

With margins shrinking, costs climbing, and workforce shortages looming, anesthesia practices must pivot to **smarter RCM** to protect revenue and stay resilient in the face of industry shifts like UHC's.

Why Anesthesia Practices Must Act Now

Unlike other specialties, anesthesia providers face unique constraints like:



These challenges magnify the risk of missed revenue unless your RCM is robust, proactive, and built to keep these roadblocks at bay:

Modifier-Driven Billing Errors:

One mismatch or incorrect sequencing, and you see rejections adding to costly rework and delays.

Prior Auth Even for Routine Procedures:

With insurers demanding pre-approvals, you'll likely face more denials, regardless of medical necessity.

Payments Tied to Time-Unit Complexities:

Add in payer-specific quirks, and the risk for your underpayments multiplies.

Claims as "Included" in the Surgeon's Bill:

This denial/delay tactic by payers often buries your revenue in AR, risking write-offs, unless acted on timely.

Surgeon's Approvals Not Extending to Anesthesia:

Without robust front-end checks, you risk losing revenue on such technicalities.

Weak AR Management:

High-impact claims sit untouched while low-impact claims are overworked, delaying critical recoveries.

With fewer levers to pull, the only way to capture every dollar you make is to anticipate these roadblocks early and double down on RCM efficiency.

How Jindal Healthcare Protects Your Payments

Your RCM transformation journey begins with an expert financial health assessment, where we:

Benchmark
your critical KPIs
against industry
standards

Identify
systemic
inefficiencies and
hidden revenue
opportunities

Deliver a
custom blueprint
for your financial
success with

Expert-Led, AI-Powered RCM

Front-End AI Workflows for Faster Approvals

AI-powered prior auth workflows flag documentation gaps, ensuring payer requisites are met for faster approvals & your revenue is secure from the start.

Mid-Cycle Accuracy for Cleaner Claims

Certified anesthesia coders ensure modifier accuracy, payer-specific compliance to prevent errors, delays, & underpayments.

Agentic AI for Accelerated AR Recovery

Proprietary AI engine + agentic AI learn from each claim to build adaptive workflows, prevent denials, prioritize high-impact claims & accelerate recovery.

By combining industry expertise with advanced AI in RCM, we ensure you are **paid right, paid faster, and at the lowest cost possible.**

The Impact We Deliver for Anesthesia Practices

35%

Revenue
Growth

50%

Reduction in
RCM Costs

60%

Drop in 90+
Days AR

Leading the Change in Anesthesia RCM

At Jindal Healthcare, we understand the inherent complexities in anesthesia billing and how policy shifts like UHC's can impact your practice unless your RCM is built to flex.

We don't just fix systemic issues in your RCM; we take a step further to build a robust revenue cycle for your practice that adapts to policy changes while ensuring every dollar you earn gets collected.

And that's where our long-standing experience comes into play:

Tech Deployment Where It Matters Most

From front-end automation to agentic AI for faster claim resolution, we double down on RCM efficiency anesthesia billing demands.

Deep Domain Expertise in Anesthesia RCM

Anesthesia billing comes with its own unique set of complexities. With expertise in payer nuances, we ensure no dollar slips through.

Future-Proofing RCM for Policy Shifts

We hardwire adaptability into your revenue cycle, making it resilient to withstand policy shifts while driving long-term sustainability.

Stronger Margins Start with Smarter RCM

With more providers pivoting toward outsourcing and over 70% prioritizing AI in revenue cycle management, smarter RCM has become a strategic imperative to effectively navigate policy shifts and improve collections.

For anesthesia providers, the stakes are even higher, and this pivot is critical to overcoming payer barriers, rising operational costs, and workforce shortages —safeguarding revenue and their mission.

Partner with Jindal Healthcare for expert-led, AI-powered RCM that keeps your revenue flowing, no matter how your payers shift.



www.jindalhlc.com

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