

The Impact of the new Medicare ASC Regulations on CRNAs

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May 18, 2009

- CMS publishes “final rule” – the Conditions for Coverage of Ambulatory Surgery Centers (ASCs)
- <http://edocket.access.gpo.gov/2008/pdf/E8-26212.pdf>

Conditions for Coverage vs. Conditions of Participation

- Two different sets of regulations (although they are very similar)
- *Conditions for Coverage*
 - ASCs
 - Payment under Medicare Part B
- *Conditions of Participation*
 - Hospitals
 - Payment under Medicare Part A

How Regulations are Made

- Proposed Rule
 - Comment period
- Final Rule
 - Comment period
- Publication in Federal Register

Changes to Conditions for Coverage (CfCs)

- First re-write in 50 years
- 10 Conditions in original
- 3 new Conditions added
 - Patient Rights
 - Infection Control
 - Patient Admission, Assessment, and Discharge

Guidelines for Surveyors

- Interpretation of regulations for Medicare Surveyors
- Medicare Surveyors are usually State employees, working under contract between the State and Medicare
- Guidelines are therefore aimed at allowing consistent application of regulations across States

Guidelines for Surveyors

- You can download a copy of the new guidelines from
- <http://files.me.com/dsimonson/44ejto>
- 167 pages, previous Guidelines were 20 pages
- I have added bookmarks to the Acrobat file

Guidelines for Surveyors

- Automated Survey Processing Environment (ASPEN) tags
- For ASCs, tags starts with the letter Q then a number, such as *Q-0231: §416.50(c) Standard: Privacy and Safety*
- They allow automation of the process of compiling the *Statement of Deficiencies*

ASPEN Tags of Interest to CRNAs

Q-0061

§416.42(a) Standard:

Anesthetic Risk and Evaluation

- *A physician must examine the patient immediately before surgery to evaluate the risk of anesthesia and of the procedure to be performed.*

Q-0061- Survey Procedures

Q-0062

§416.42(a) Standard: Anesthetic Risk and Evaluation

- Before discharge from the ASC, each patient must be evaluated by a physician *or by an anesthesiologist as defined at §410.69(b) of this chapter*, in accordance with applicable State health and safety laws, standards of practice, and ASC policy, for proper anesthesia recovery.

Q-0062- Survey Procedures

Q-0063

§416.42(b) Standard: Administration of Anesthesia

- Anesthetics must be administered by only-
- (1) A qualified anesthesiologist, or
- (2) A physician qualified to administer anesthesia, a certified registered nurse anesthetist (CRNA) or an anesthesiologist's assistant as defined in §410.69(b) of this chapter, or a supervised trainee in an approved educational program. In those cases in which a non-physician administers the anesthesia, *unless exempted in accordance with paragraph (c) of this section*, the anesthetist must be under the supervision of the operating physician, and in the case of an anesthesiologist's assistant, under the supervision of an anesthesiologist.

§416.42(c) Standard: State Exemption

- (1) An ASC may be exempted from the requirement for physician supervision of CRNAs as described in paragraph (b)(2) of this section, if the State in which the ASC is located submits a letter to CMS signed by the Governor, following consultation with the State's Boards of Medicine and Nursing, requesting exemption from physician supervision of CRNAs. The letter from the Governor must attest that he or she has consulted with State Boards of Medicine and Nursing about issues related to access to and the quality of anesthesia services in the State and has concluded that it is in the best interests of the State's citizens to opt-out of the current physician supervision requirement, and that the opt-out is consistent with State law.
- (2) The request for exemption and recognition of State laws, and the withdrawal of the request may be submitted at any time, and is effective upon submission.

Q-0260

§416.52 Condition for Coverage – Patient Admission, Assessment, and Discharge

The ASC must ensure each patient has the appropriate pre-surgical and post-surgical assessments completed and that all elements of the discharge requirements are completed.

Q-0261

§416.52(a) Standard: Admission and pre-surgical assessment

- Not more than 30 days before the date of the scheduled surgery, each patient must have a comprehensive medical history and physical assessment completed by a physician (as defined in section 1861(r) of the Act) or other qualified practitioner in accordance with applicable State health and safety laws, standards of practice, and ASC policy.

Section 1861[®] defines a physician as

a:

- Doctor of medicine or osteopathy
- Doctor of dental surgery or of dental medicine
- Doctor of podiatric medicine
- Doctor of optometry
- Chiropractor

Wiggle Room:

- In all cases the practitioners included in the definition of a physician must be legally authorized to practice within the State where the ASC is located and providing services within their authorized scope of practice.

Q-0262

§416.52(a) Standard: Admission and pre-surgical assessment

- Upon admission, each patient must have a pre-surgical assessment completed by a physician or other qualified practitioner in accordance with applicable State health and safety laws, standards of practice, and ASC policy that includes, at a minimum, an updated medical record entry documenting an examination for any changes in the patient's condition since completion of the most recently documented medical history and physical assessment, including documentation of any allergies to drugs and biologicals.

Q-0264

§416.52(b) Standard: Post-surgical assessment.

- The patient's post-surgical condition must be assessed and documented in the medical record by a physician, other qualified practitioner, or a registered nurse with, at a minimum, post-operative care experience in accordance with applicable State health and safety laws, standards of practice, and ASC policy

Infection Control & Related Practices

- Part 2: Infection Control & Related Practices
 - A. Needles are used for only one patient
 - B. Syringes are used for only one patient
 - C. Medication vials are always entered with a new needle
 - D. Medication vials are always entered with a new syringe
 - E. Medications that are pre-drawn are labeled with the time of draw, initials of the person drawing, medication name, strength, and expiration date or time
- Note: A “No” answer should result in citation as a deficient practice in relation to 42 CFR 416.48(a), Administration of Drugs