# Office-Based Surgery & Anesthesia Requirements

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*Physician supervision or direction requirements derived from other sources of state law, not from OBA requirements.*
Office-Based Surgery & Anesthesia Requirements

A physician who uses general anesthesia when performing office-based surgery using sedation must obtain a health care institution license as required by the Department of Health Services.

**AL** - Encouraged for Levels 4 (deep sedation) and 5 (general).

**IN** - Effective January 1, 2010.

**LA** - Accreditation not required, but offices accredited by JCAHO, AAAASF, or AAAHC and those that are part of but physically separated from a licensed hospital are exempt from the regulations.

**MI** – Anesthesiology group accreditation by TJC, AAAHC, AAAASF, American Osteopathic Association and AOA Healthcare Facilities Accreditation Program are acceptable alternatives to practice site accreditation.

**MA** - Level II, III; Pre-accrediting survey prior to surgical procedures; definitive accreditation survey 6 months after procedures begin.

**NV** - To administer general anesthesia, conscious sedation or deep sedation, an office must maintain accreditation by a nationally recognized organization approved by the board (medical examiners or osteopathic medicine).

**NC** - Level II or III should show substantial compliance with guidelines or obtain accreditation.

**AL** - Direction of the general and regional anesthesia should be provided by a physician who is immediately and physically present.

**IN** - CRNAs must administer anesthesia under the direction of and in the immediate presence of a physician.

**MI** - Deep sedation or general anesthesia must be performed by either 1) an anesthesiologist or 2) CRNA supervised by a qualified physician.

**FL** - Level 1: Surgeon’s CME should include proper dosages; management of toxicity or hypersensitivity to regional anesthetic drugs

**IL** - An operating physician must either maintain clinical privileges to administer anesthesia in a hospital or ASC or have CMEs in anesthesia to administer anesthesia or enter into a practice agreement with a CRNA to provide anesthesia. Training and experience may be met by completing CME hours: 8 hours for conscious sedation; 34 hours for deep sedation, regional anesthesia and/or general anesthesia. No training and experience requirements when an anesthesiologist administers or supervises the administration of anesthesia. (upheld by Illinois Appellate Court)

**MS** - Level 1 Surgeon’s CME should include proper dosages and management of toxicity or hypersensitivity to regional anesthetic drugs.

**NJ** - A physician who administers or supervises the administration of general anesthesia must complete at least 60 Category I hours of CME in anesthesia; regional and conscious sedation- 8 hours. (upheld by NJ Supreme Court)

**CO** - Surgeon should have staff privileges or document satisfactory completion of training such as Board certification or certify comparable background, training and experience.

**FL** - Level II, IIA: Surgeon must have staff privileges or be able to document satisfactory completion of training such as Board certification or comparable background, training, and experience. Level III: Physician must have staff privileges.

**IN** - Privileges at either an accredited hospital or ASC. Alternatively, the governing body of the office is responsible for a peer review process for privileging practitioners based on nationally recognized credentialing standards.

**LA** - Physician performing surgery must have current staff privileges or board certification in specialty encompassing office procedure and possess current hospital admitting privileges.

**MA** - Level II, III: Surgeon must have staff privileges at hospital or accredited outpatient facility or document satisfactory completion of training such as Board certification/Board eligibility or comparable background, formal training, or experience as determined by MA BRM.

**NJ** - Physician who performs surgery shall have hospital privileges or seek Board-approved privileges.
Office-Based Surgery & Anesthesia Requirements

NC- MD should be credentialed by hospital, ASC or comply with Board criteria to perform surgical or special procedures that require administration of anesthesia.

AL- Report within 3 business days surgical related deaths and events resulting in emergency transfer to hospital, anesthetic surgical events requiring CPR, unscheduled hospitalization related to surgery, and surgical site deep wound infection.

CA- Report within 15 days after occurrence death or transfer to hospital for period exceeding 24 hours.

FL- Send incident report by certified mail within 15 calendar days after occurrence of the adverse incident.

KS – Report within 15 calendar days of discovery of event: transfer to ER; unscheduled hospital admission within 72 hrs. of discharge; death within 72 hrs of surgery; unplanned extension of surgery (more than 4 hours); foreign object remaining in patient; wrong surgical procedure, site, or patient.

LA- Report within 15 days after occurrence resulting in transfer to ER, office readmission within 72 hrs. of discharge, unscheduled hospital admission within 72 hrs. of discharge, death within 30 days of surgery.

MI - Each practice must have a method for tracking and reporting adverse incidents in a manner consistent with the Federation of State Medical Boards.

MA- Reporting requirements are not specific; guidelines recommend following all BRM adverse incident rules.

MS- Report within 15 days after occurrence any surgical event in the immediate peri-operative period that is life-threatening, or requires special treatment or hospitalization that is related to anesthesia or surgery.

NJ- Report within 7 days death, transfer to hospital exceeding 24 hrs., untoward event occurring within 48 hrs. of surgery.

NV - A physician must report to the board (medical examiners or osteopathic medicine) the number and types of surgeries requiring conscious sedation, deep sedation or general anesthesia performed by the physician at his or her office. The boards must forward such reports to the Health Division.

NC- Should report complications.

MS- Level II, III: required of surgeon who does not have privileges at hospital within reasonable proximity.