

SCOPE OF ANESTHESIA SERVICES

Anesthesia services throughout the hospital (including all departments in all campuses and off-site locations where anesthesia services are provided) must be organized into one anesthesia service. The anesthesia services must be under the direction of one individual who is a qualified doctor of medicine (MD) or doctor of osteopathy (DO). (§482.52) (See position requirements in companion document.) Anesthesia exists along a continuum. For some medications there is no bright line that distinguishes when their pharmacological properties bring about the physiologic transition from the analgesic to the anesthetic effects. Definitions of “anesthesia services” that may be offered by a hospital are generally based on American Society of Anesthesiologists definitions found in its most recent set of practice guidelines (Anesthesiology 2002; 96:1004-17, subsequently revised 2012 Mar;116(3):522-38). (§482.52)

Anesthesia (general anesthesia, regional anesthesia and monitored anesthesia care (MAC), including deep sedation/analgesia) must be administered only by (§482.52(a)):

- A qualified anesthesiologist;
- A doctor of medicine or osteopathy (other than an anesthesiologist);
- A dentist, oral surgeon or podiatrist who is qualified to administer anesthesia under State law;
- A certified registered nurse anesthetist (CRNA) who is supervised by the operating practitioner or by an anesthesiologist who is immediately available if needed; or
- An anesthesiologist's assistant (AA) who is under the supervision of an anesthesiologist who is immediately available if needed.

Since anesthesia exists along a continuum and there are certain CMS requirements that apply only when anesthesia is administered, each hospital must establish policies and procedures, based on nationally recognized guidelines that address whether specific clinical situations involve anesthesia versus analgesia. (§482.52)

Administration by an MD/DO/dentist/oral surgeon/podiatrist

The hospital's anesthesia services policies must address the circumstances under which an MD or DO who is not an anesthesiologist, a dentist, oral surgeon or podiatrist is permitted to administer anesthesia. In the case of a dentist, oral surgeon or podiatrist, administration of anesthesia must be permissible under State law and comply with all State requirements concerning qualifications. Hospitals should conform to generally accepted standards of anesthesia care when establishing policies governing anesthesia administration by these types of practitioners as well as MDs or DOs who are not anesthesiologists. (§482.52(a))

Administration by a Nurse Anesthetist

Unless the hospital is located in a State that has chosen to opt out of the nurse anesthetist supervision requirements, a nurse anesthetist administering general,

regional and monitored anesthesia must be supervised either by the operating practitioner who is performing the procedure, or by an anesthesiologist who is immediately available.

Hospitals should conform to generally accepted standards of anesthesia care when establishing policies for supervision by the operating practitioner. An anesthesiologist is considered “immediately available” when needed by a **nurse anesthetist** under the anesthesiologist’s supervision only if he/she is physically located within the same area as the **nurse anesthetist**, e.g., in the same operative suite, or in the same labor and delivery unit, or in the same procedure suite, and not otherwise occupied in a way that prevents him/her from immediately conducting hands-on intervention, if needed. (§482.52(a) and (c))

Administration by an Anesthesiologist’s Assistant

An anesthesiologist’s assistant may administer anesthesia when under the direct supervision of an anesthesiologist. The anesthesiologist must be immediately available if needed. An anesthesiologist is considered “immediately available” to assist the anesthesiologist’s assistant under the anesthesiologist’s supervision only if he/she is physically located within the same area as the anesthesiologist’s assistant, e.g., in the same operative suite, or in the same labor and delivery unit, or in the same procedure suite, and not otherwise occupied in a way that prevents him/her from immediately conducting hands-on intervention, if needed. (§482.52 (a))

Who may administer analgesia

The requirements **above** concerning who may administer anesthesia do not apply to the administration of analgesia services. However, they must be administered by appropriately trained medical professionals within their scope of practice. The hospital must have policies and procedures, consistent with State scope of practice law, governing the provision of these types of anesthesia services. Further, hospital policies and procedures are expected to also address the minimum qualifications and supervision requirements for each category of practitioner who is permitted to provide analgesia services, particularly moderate sedation. Finally, hospitals must assure that all anesthesia services are provided in a safe, well-organized manner by qualified personnel. (§482.52(a))

Rescue capacity

Because the level of sedation of patients receiving anesthesia services is a continuum, it is not always possible to predict how an individual patient will respond. Further, no clear boundary exists between some of these services. Hence, hospitals must ensure that procedures are in place to rescue patients whose level of sedation becomes deeper than initially intended, for example, patients who inadvertently enter a state of Deep Sedation/Analgesia when moderate sedation was intended. “Rescue” from a deeper level of sedation than intended requires an intervention by a practitioner with expertise in airway management and advanced life support. The qualified practitioner corrects adverse physiologic consequences of the deeper than intended level of sedation and returns the patient to the originally intended level of sedation. (§482.52)

Areas where anesthesia services are furnished may include (but are not limited to) (§482.52):

- Operating room suite(s), both inpatient and outpatient;
- Obstetrical suites
- Radiology department;
- Clinics;
- Emergency department;
- Psychiatry department;
- Outpatient surgery areas;
- Special procedures areas (e.g. endoscopy suite, pain management clinic, etc.)

CMS encourages hospitals to address whether the sedation typically provided in the emergency department or procedure rooms involves anesthesia or analgesia. In establishing such policies, the hospital is expected to take into account the characteristics of the patients served, the skill set of the clinical staff in providing the services, as well as the characteristics of the sedation medications used in the various clinical settings.

Medical sedation in Intensive Care Units (ICUs)

With the exception of post-anesthesia evaluation requirements, medical sedation in ICUs is not addressed under these IGs. However, procedurally-related anesthesia services in ICUs are included, since [anesthesia services throughout the hospital](#) (including all departments in all campuses and off-site locations where anesthesia services are provided) must be organized into one anesthesia service. (§482.52)

Quality Assessment and Performance Improvement (QAPI)

Hospitals [must] have a system by which adverse events, medication errors and other quality or safety indicators related to the administration of anesthesia and analgesia, including moderate sedation, are tracked and acted upon.” (§482.52, §) The hospital QAPI program must therefore address outcomes covering the continuum of sedation/analgesia through general anesthesia.

It is expected that the anesthesia services policies and procedures will undergo periodic re-evaluation that includes analysis of adverse events, medication errors and other quality or safety indicators related not only to anesthesia, but also to the administration of medications in clinical applications that the hospital has determined involve analgesia rather than anesthesia. (§482.52)

Hospitals are free to develop their own specific organizational arrangements in order to deliver all anesthesia services in a well-organized manner. Although not required under the regulation to do so, a well-organized anesthesia service would develop the hospital’s anesthesia policies and procedures in collaboration with several other hospital disciplines (e.g., surgery, pharmacy, nursing, safety experts, material management, etc.) that are involved in delivering these services to patients in the various areas in the hospital. (§482.52)