

CMS regulation

CMS updates anesthesia guidelines

An occasional column on accreditation expectations.

The Centers for Medicare and Medicaid Services (CMS) on January 14, 2011, issued a Survey and Certification Memorandum revising the interpretive guidelines for anesthesia services. The American Society of Anesthesiologists (ASA) has been announcing the success of its dialog with CMS and has identified the pertinent "victories" they believe resulted from this discussion. The CMS memorandum may be found at www.cms.gov/SurveyCertificationgeninfo/downloads/SCLetter11_10.pdf.

The ASA summary of the perceived victories may be found at: www.asahq.org/Home-Page/ASA-News-and-Alerts/Whats-New/ASA-Regulatory-Victory-Pre-and-Post-Anesthesia-Interpretive-Guidelines.aspx.

There are 3 important changes we would like to bring to your attention.

Moderate sedation

CMS tag A-1003 specifically notes that moderate sedation is not considered to be anesthesia under the regulation. This is in contrast to the Joint Commission, which continues to consider moderate sedation to be anesthesia.

Thus, the Joint Commission standards in the PC chapter are more inclusive and stringent than the CMS requirement. While it is possible that the Joint Commission will modify its standards to correspond to the CMS definitions, readers should be forewarned this has not happened yet. Thus, the Joint Commission still expects to see presedation assessments and postsedation assessments for procedures involving moderate sedation.

The ASA is similarly involved with the Joint Commission and is an active participant in the standards development process. But until we see an announcement in the *Joint Commission Perspectives* or the less official *Joint Commission Online* publication, our recommendation is to continue to treat moderate sedation as anesthesia and perform the necessary presedation assessments.

Preanesthesia assessment

The CMS memorandum also details an interesting relaxation of the requirement for a preanesthesia assessment within 48 hours of the administration of anesthesia. CMS is loosening this requirement to be more in line with its requirements for a medical history and physical. CMS will now permit some of the required elements of a preanesthesia assessment to be conducted up to 30 days prior to the administration of anesthesia. The elements that can be done earlier include:

- the notation of anesthesia risk, or ASA status
- the identification of potential anesthesia problems
- analysis of information about the patient's history
- development of an anesthesia plan.

Then within 48 hours of the provision of anesthesia, CMS will require a review of the medical history and an interview with (if possible) and an examination of the patient. The conclusion of this evaluation must also be documented with both notes appropriately dated and timed.

Postanesthesia assessment

The third significant change is the postanesthesia assessment within 48 hours of recovery. CMS states this need not be by the same practitioner who administered anesthesia; however, it should be by a provider qualified to administer anesthesia. Additionally, CMS will permit this postanesthesia assessment to be conducted after discharge in the case of day surgery. This implies that the postanesthesia assessment by the qualified anesthesia provider for the day surgery patient may be based on a review of recovery area nurses' notes and recorded data and need not require a face-to-face evaluation by the anesthesia provider prior to the patient's discharge.

Do read the CMS memo in its entirety and discuss its implications with your anesthesia staff. Also bear in mind that the Joint Commission has not yet announced its plans to modify standards to come into alignment with CMS on these issues. ♦

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