MedStar Georgetown University Hospital

Department of Anesthesia	
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Medical Direction Rules for the Department of Anesthesia at Medstar Georgetown University Hospital	
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BACKGROUND:

Medicare reimbursement rules allow for the supervision and direction of up to four concurrent anesthetics in the Anesthesia Care Team (ACT) Model, provided that the seven conditions are met. These involve pre-anesthetic evaluation, anesthetic planning, participating in the demanding portions of care, ensuring that all procedures are performed by qualified individuals, following the course of the procedure frequently, being available for immediate diagnosis and treatment of emergencies, and post operative care. Of these actions, the requirements to be **"immediately available**" and **"following the course of the anesthetic frequently"** have resulted in much discussion by both anesthesiologists and Medicare carriers. Specifically, can physical and/or time definitions be made to refine the generic term of "immediately available" which take into account the many ways anesthetic care is administered, both within an institution and on the national level.

Several attempts have been made by both the leading body of anesthesiology-The American Society of Anesthesiologists (ASA) and by the Center for Medicare and Medicaid Services (CMS) to address and clarify this issue, among others. The practice of anesthesia is such a unique endeavor from institution to institution, that these attempts have failed to provide any operational definitions, leaving the decisions up to each institution and to the carriers. This policy attempts to provide guidelines for the safe care of all patients at MGUH who require anesthesia while recognizing the unique characteristics of our physical plant and adhering to CMS rules for medical direction of concurrent anesthetics.

POLICY

Departmental Faculty and Staff at MGUH practice in what is commonly referred to in the anesthesia literature as the Anesthesia Care Team (ACT) model. This means that anesthetic care for patients can be provided by a team of anesthesia health care providers, including anesthesiologists, resident physicians, nurse anesthetists (CRNAs) and students nurse anesthetists (SRNAs). Attending anesthesiologists can therefore supervise and direct the care of one or more patient(s) at a time. This policy outlines the medical supervision rules that departmental faculty will follow when caring for patients in more than one anesthesia location in which a variety of resident physicians, nurse anesthetists and student nurse anesthetists are involved. It is our policy to be consistent with ASA Practice Guidelines for the Ethical Care of Patients.

SUPERVISION:

Supervision is extremely critical when it comes to Anesthesia Billing. The term "immediate availability" refers to one of the CMS requirements for medical direction. The department has adopted a response time of **five (5) minutes** as the standard operating definition for "immediate availability." As such, this will

allow one Attending MD to supervise Anesthetics occurring concurrently in the following locations at MGUH:

-SDS and MOR

-SDS and Radiology

-Labor and Delivery/OR and GI Endoscopy Suite

-GI Endoscopy Suite and Cath Lab

Other Rules and Regulations that need to be considered include:

- There should always be an attending anesthesiologist assigned to each case.
- The attending anesthesiologist must be present for the start of each anesthetic.
- All anesthetics are either "medically directed" (anesthesia care team) or personally performed by an attending anesthesiologist.
- An attending anesthesiologist must complete the Final Attending Evaluation on the pre-op form and sign off on each individual anesthetic record.
- It is the duty of the trainee (resident, SRNA) to contact the attending before the case to discuss management.
- Residents will never be supervised by CRNAs
- SRNAs will never be supervised by residents
- CRNAs will never be supervised by residents
- No more than two SRNAs may be supervised by an attending anesthesiologist at the same time. This is the maximum allowed under Medicare.
- No attending anesthesiologist should be assigned or assume coverage of more than 2 residents
- During normal business hours (M-F elective schedule), the anesthesiologist running the floor has the ultimate authority in the deployment of manpower.
- At night and on weekends, the attending anesthesiologist in-house covering general surgery is the ultimate decision maker for the use of anesthesia manpower assigned that day both in house (GOR and OB) as well as those on call (Tx, Peds, Pain, late call 1).

Staff are reminded that Section 415.110 of the Code of Federal Regulations sets out the conditions under which anesthesiologists may be paid by Medicare for "medically directing" one through four concurrent anesthesia services. There are seven (7) conditions that must be met and documented:

1. Pre anesthetic evaluation
2. Planning anesthetic
3. Participation in most demanding portions of care
4. Ensuring qualified anesthetist (if not personally performed)
5. Following progress of anesthetic at **frequent** intervals

6. Being available for **immediate** diagnosis and treatment of emergencies
7. Providing post anesthetic care

While "medically directing" (as opposed to personally performing) the anesthesiologist may not perform any other services with **the exception of six short duration tasks**, as defined by Medicare. They are:

1. An emergency of short duration
2. An epidural/caudal for labor pain
3. Periodic (as opposed to continuous) monitoring of an OB patient
4. Checking in patients at OR control desk
5. Check on or discharge patients from PACU
6. Coordinating scheduling matters

CONCURRENCY:

The following standards should be applied:

- One Attending MD may supervise up to four (4) CRNAs at one time.
- One Attending MD may supervise up to two (2) resident physicians during routine daytime MGUH OR hours.
- One Attending MD may supervise a combination of CRNAs and Resident Physicians not to exceed four (4).
- One Attending MD may only supervise a maximum of two (2) SRNAs **working by themselves** at any one time.
- A CRNA working with a SRNA on any case will count as if that CRNA were working by themselves.

CONCLUSION/DEFINITIONS:

Due to the fact that no one standard has been agreed upon as to what time interval constitutes "immediately available," each institution is responsible for formulating it's own interpretation. In our institution, "immediately available" has been defined as a response time of 5 minutes when there is an emergency. In our professional opinion, in the event of a worst case emergency scenario, such as intra procedure cardiac arrest, this would allow sufficient time for initiating adequate resuscitative efforts to avoid irreversible organ damage. Because there are multiple locations, (ie. anesthetic care is provided in the Main OR, Same Day Surgery OR, Interventional Radiology suites, GI Endoscopy suites, Cath Lab and L&D), there may be instances in which the anesthesiologist oversees care in two of these locations. This policy outlines applicable rules and procedures.

Induction	From time patient enters OR until surgical incision.
Anesthesia Start	When the anesthesiologist begins to prepare the patient for anesthesia care in the operating room or equivalent area.
Emergence	From closure of wound until transfer of patient to a qualified care provider, such as PACU nurse.
Anesthesia Stop Time	Time at which patient is transferred to a qualified care provider, such as a PACU nurse.
Critical/Key Portion	That part of the surgery/anesthesia where the attending anesthesiologist documents presence at the bedside on the anesthesia record.
Entire Case	Physically at bedside for whole procedure. This means that the anesthetic is personally administered, although there may be a resident/CRNA/SRNA assisting. Can not supervise more than 1 room.
Immediate	Able to respond within 5 minutes to an urgent call for assistance.
Frequent	Monitoring the progress of surgery/anesthesia in a specific location at least once per hour, or more often as clinically indicated.
Concurrency	Refers to the number of anesthetics any one Attending Anesthesiologist may supervise and medically direct at one time, dependent on the anesthesia provider being supervised.

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