Frequently Asked Questions (FAQ) on Supervision Removal



What does the Centers for Medicare & Medicaid Services' action to waive the requirement for supervision mean for CRNAs?

The Centers for Medicare & Medicaid Services (CMS) Conditions of Participation, or CoPs, are federal regulations with which particular healthcare facilities must comply in order to participate – that is, receive funding from – the Medicare and Medicaid programs, the largest payors for healthcare in the U.S. As part of the CoPs, CMS requires that CRNA anesthesia services be under the supervision of a physician. This waiver temporarily removes this CoP, which is a federal requirement. State laws in place regarding supervision or other physician involvement will still remain in effect, meaning that CRNA services may still need to be under the supervision of a physician. CRNAs will not have to be under the supervision of a physician in states without any supervision requirements. State law requirements concerning supervision are available on the <u>AANA website</u> (requires member login).



When does this waiver become effective and how long will it apply?

This waiver becomes effective immediately. Waivers such as this one typically end no later than the termination of the emergency period, or 60 days from the date the waiver or modification is first published. The waiver would then end unless the Secretary of Health and Human Services extends the waiver by notice for additional periods of up to 60 days, up to the end of the emergency period. For further information about waivers, see: https://www.aana.com/aana-covid-19-resources/employment-resources

5 Does this only remove supervision for Medicare patients/cases?

No. This waiver of supervision requirements applies to all patients/cases within Medicare-certified facilities, regardless of payor. Please note, however, that this CMS waiver does not affect existing requirements that may imposed by private payors, e.g., Aetna, Blue Cross, etc



How does this affect Medicaid?

This applies to Medicaid to the extent that the Part A facility conditions of participation also apply to Medicaid. However, Medicaid is a federal/state hybrid program, and Medicaid requirements under state law will still apply. This CMS waiver also does not affect participation or direct reimbursement to healthcare providers under Medicaid.



How does this affect CRNA ability to bill QZ?

Billing under Part B, including modifiers like QZ, etc., are not affected by this CMS waiver.

