

	FACILITY		ACLS/BLS OR CME REQS.	PROVIDER STATE LICENSING OR REGISTRATION	CREDENTIALS/ PRIVILEGES	INCIDENT REPORTING REQS.	PROCEDURE	
	ACCREDITATION	REGISTRATION OR LICENSURE					PROCEDURAL LIMITS	SURGERY TIME LIMITS
AL ¹	Encouraged for those settings where deep sedation/analgesia (level 4) and general anesthesia (level 5) are provided	-	BLS recommended for minimal sedation. ACLS required for physician and 1 assistant for moderate sedation or greater. APLS/PALS where anesthesia services are provided to infants or children.	Surgeons who administer moderate sedation or greater or who perform liposuction when infiltration methods such as the tumescent technique are used must register with state medical board	Alternative credentialing mechanism for procedures outside the physician's core curriculum may be applied for through the Board	Yes	When infiltration methods for liposuction such as the tumescent technique are used, the standards for office based procedures using general and regional anesthesia must be met	-
AK	-	-	-	-	-	-	-	-
AZ ²	-	Physicians not otherwise associated with a licensed ASC or hospital must obtain a health care institution license to perform any procedure requiring general anesthesia, or if patients are kept overnight	Physician or health care professional must be ACLS or PALS certified if using deep or moderate sedation. BLS sufficient for minimal sedation	-	-	-	-	-
AR	-	-	-	-	-	-	-	-
CA ³	Accreditation required for all outpatient facilities where anesthesia, except local anesthesia or peripheral nerve blocks, is used	-	Surgeon or health care professional must be ACLS certified	-	-	Yes	Procedures performed under general anesthesia, intravenous sedation, or liposuction ≥ 5,000cc must be done in accredited facility, licensed hospital or ASC	-
CO ⁴	Accreditation of Class B or C facilities recommended if patient is remaining overnight	-	Surgeon and 1 assistant should be BLS certified; if qualified anesthesia provider is not managing the anesthesia, surgeon and at least 1 assistant should be ACLS certified	-	Surgeon should have staff privileges to perform the same procedure in that hospital as is being performed in the office setting	-	Liposuction should be no more than 4,500cc or no more than 5% of total body weight, whichever is less; 1,500cc when combined with any other extensive surgical procedure/Procedures that may result in blood loss of more than 4% of estimated blood volume	-
CT ⁵	Accreditation required for facilities administering moderate sedation or greater	Licensure required for outpatient surgical facilities (defined to include offices with designated surgical area, etc.) ¹	-	-	-	Yes	-	-
DE ⁶	Accreditation (or licensure) required for facilities where invasive medical procedures ² are performed	-	-	-	-	-	-	-

¹ Outpatient surgical facility means "any entity, individual, firm, partnership, corporation, limited liability company or association, other than a hospital, engaged in providing surgical services or diagnostic procedures for human health conditions that include the use of moderate or deep sedation, moderate or deep analgesia or general anesthesia..." An outpatient surgical facility shall not include a medical office owned and operated exclusively by a person or persons licensed pursuant to section 20-13, provided such medical office: (1) Has no operating room or designated surgical area; (2) bills no facility fees to third party payers; (3) administers no deep sedation or general anesthesia; (4) performs only minor surgical procedures incidental to the work performed in said medical office of the physician or physicians that own and operate such medical office; and (5) uses only light or moderate sedation or analgesia in connection with such incidental minor surgical procedures.

² "Invasive medical procedure" means any medical procedure in which the accepted standard of care requires anesthesia, major conduction anesthesia or sedation. Del. Code tit. 16, §122(3)y.

	FACILITY		ACLS/BLS OR CME REQS.	PROVIDER STATE LICENSING OR REGISTRATION	CREDENTIALS/ PRIVILEGES	INCIDENT REPORTING REQS.	PROCEDURE	
	ACCREDITATION	REGISTRATION OR LICENSURE					PROCEDURAL LIMITS	SURGERY TIME LIMITS
FL ⁷	Accreditation required (in lieu of annual inspection)	Registration with the Dept. of Health/Bd. of Med. required for liposuction procedures in which more than 1,000 cc of supernatant fat is removed, level II procedures lasting more than 5 minutes, and all level III surgical procedures performed in an office setting.	BLS recommended for Level I. 1 assistant must be BLS certified and surgeon ACLS certified for Level II or higher	-	Alternative credentialing mechanism for surgeons who don't hold privileges or ABMS certification	Yes	Liposuction: 4,000cc supernatant fat; 1,000 cc when done in combination with another procedure including abdominoplasty; 50 mg/kg lidocaine for tumescent liposuction	8 hours
GA ⁸	Accreditation encouraged as one method to satisfy Board standards.	-	1 licensed health care practitioner certified in ACLS, PALS or APLS must be present or immediately available	-	-	Yes	55mg/kg lidocaine for tumescent liposuction	-
HI	-	-	-	-	-	-	-	-
ID	-	-	-	-	-	-	-	-
IL ⁹	-	-	ACLS required for physician; 8 hours CME for moderate sedation; 34 hours CME for deep sedation, regional and/or general anesthesia	-	-	-	-	-
IN ¹⁰	Accreditation required for office-based settings where procedures that require moderate sedation, deep sedation, general or regional anesthesia are performed	-	Practitioner must maintain current training in ACLS or PALS	-	Alternative credentialing mechanism for practitioners who do not hold hospital privileges	-	The procedure shall be a duration and degree of complexity that will allow a patient to be discharged in less than 24 hours	-
IA	-	-	-	-	-	-	-	-
KS ¹¹	Accreditation required where physicians perform any surgery or special procedure using general anesthesia or a spinal or epidural block	-	At least 1 person shall have training in advanced resuscitative techniques	-	-	Yes	-	-
KY ¹²	Accreditation is required for Level II & III facilities	-	ACLS recommended for surgeon for Level I. It is the <i>acceptable and prevailing medical practice</i> that for Level II the surgeon <i>and</i> 1 assistant be certified in BLS and that the surgeon or 1 assistant be certified in ACLS or have a qualified anesthesia provider managing the anesthesia; for Level III the surgeon <i>and</i> 1 assistant be certified in BLS and that the surgeon or 1 assistant be certified in ACLS, and/or if appropriate, PALS	Any physician performing Level II or III office surgery <i>should</i> register with the Board	Staff privileges or ability to document Board Certification or eligibility recommend for Level II or higher	Yes	55 mg/kg total lidocaine for tumescent liposuction in Level I facility; 4000cc supernatant fat for tumescent liposuction in Level III facility	-
LA ¹³	Accredited practices exempt from OBS regulations	-	Physician must be ACLS or PALS certified	-	Physician must have staff privileges to perform same procedure at a hospital located within reasonable proximity or have both ABMS certification in a specialty encompassing the procedure <i>and</i> admitting privileges at a hospital within reasonable proximity	Yes	-	-
ME	-	-	-	-	-	-	-	-

	FACILITY		ACLS/BLS OR CME REQS.	PROVIDER STATE LICENSING OR REGISTRATION	CREDENTIALS/ PRIVILEGES	INCIDENT REPORTING REQS.	PROCEDURE PROCEDURAL LIMITS	SURGERY TIME LIMITS
	ACCREDITATION	REGISTRATION OR LICENSURE						
MD ¹⁴	Accreditation required for offices or facilities where cosmetic surgical procedures are performed.	-	-	-	-	-	-	-
MA ¹⁵	Accreditation mandatory for Level II and III offices	-	For Level I, BLS recommended for surgeon, physician and health care personnel. Level II, surgeon and clinical health care personnel must be BLS certified and 1 health care professional who is immediately available must be ACLS certified. Level III, surgeon and 1 assistant must be BLS certified and 1 health care professional who is immediately available must be ACLS certified	-	Alternative credentialing mechanism for surgeons who do not hold hospital privileges or ABMS certification	Yes	Recognition that many sources consider ≥5000ml to be large volume liposuction and therefore recommend considering an inpatient vs. outpatient venue	-
MI	-	-	-	-	-	-	-	-
MN	-	-	-	-	-	-	-	-
MS ¹⁶	-	-	For Level I, BLS certification required for surgeon. Level II, BLS certification required for surgeon and 1 assistant and it is recommended the surgeon and 1 assistant be ACLS certified or have a qualified anesthesia provider managing the anesthesia. Level III, BLS certification required for surgeon and 1 assistant and it is recommended the surgeon and 1 assistant be ACLS certified	Physicians performing Level II surgery or higher must register with state medical board	Alternative credentialing mechanism for surgeons who are not ABMS certified	Yes	Using the tumescent method, it is recommended to stay between a maximum range of 4000cc to 5000cc of supernatant fat, adjusted per patient's BMI	-
MO	-	-	-	-	-	-	-	-
MT ¹⁷	Accreditation encouraged for all Outpatient Centers for Surgical Services as one way of showing compliance as an alternative to inspections	-	All personnel with direct patient contact will maintain skills in basic cardiac life support	-	Alternative credentialing mechanism for practitioners who do not hold hospital privileges	-	-	-
NE	-	-	-	-	-	-	-	-
NV ¹⁸	Accreditation required for offices offering conscious sedation or higher	Permit required for offices offering conscious sedation or higher	-	-	-	Yes	-	-
NH	-	-	-	-	-	-	-	-
NJ ¹⁹	Accreditation (or certification by CMS as an ASC) required as a condition of registration.	Registration required for "surgical practices" ³	Physician, registered professional nurse or physician assistant must be ACLS-trained and present for conscious sedation or higher	-	Alternative credentialing mechanism for practitioners who do not hold hospital privileges	Yes	-	-
NM	-	-	-	-	-	-	-	-
NY ²⁰	Accreditation required for offices performing any surgical or other invasive procedure requiring moderate sedation or higher or any liposuction procedure involving removal of more than 500cc of fat	-	-	-	-	Yes	-	-

³ "Surgical practice" is defined to include any structure or suite of rooms that has no more than one room dedicated for use as an operating room, has one or more post-anesthesia care units or a dedicated recovery area and is established by a physician, physician-known entity or other professional practice for use by the physician's private practice.

	FACILITY		ACLS/BLS OR CME REQS.	PROVIDER STATE LICENSING OR REGISTRATION	CREDENTIALS/ PRIVILEGES	INCIDENT REPORTING REQS.	PROCEDURE	
	ACCREDITATION	REGISTRATION OR LICENSURE					PROCEDURAL LIMITS	SURGERY TIME LIMITS
NC ²¹	Accredited Level II or Level III offices exempt from office-based surgery guidelines	-	For Level II procedures, physician or a present health care professional should be ACLS certified and 1 other health care professional should be BLS certified. APLS or PALS certification where appropriate. For Level III, physician or anesthesia provider should be ACLS certified and 1 other health care professional should be BLS certified. APLS or PALS certification where appropriate	-	Alternative credentialing mechanism for surgeons who do not hold hospital privileges	Yes	-	-
ND	-	-	-	-	-	-	-	-
OH ²²	Accreditation required for office-based surgical settings using moderate sedation/analgesia or anesthesia services	-	Current ACLS or PALS training required for physician; 5 hrs CME every 2 years for moderate sedation, 20 hrs CME every 2 years for anesthesia services	-	Alternative credentialing mechanism for surgeons who do not hold hospital privileges or ABMS certification	-	4,500ml total aspirate; ≤ .1% lidocaine concentration in solution and 50 mg/kg total lidocaine. Not to be performed in combination with other procedures	-
OK ²³	-	-	ACLS or PALS trained personnel should be immediately available	-	-	-	-	-
OR ²⁴	Accreditation required for level II and III facilities	-	For Level I procedures, BLS certification is required. For Level II, must be Board certified, 50 hours of CME relevant to Level II procedures or be ABMS certified and be certified in an advanced resuscitative technique. For Level III, must be certified in an advanced resuscitative technique	-	Alternative credentialing mechanism for surgeons who do not hold hospital privileges or ABMS certification	Yes	For level I facilities, 500cc or less of supernatant fat; For level II and III, no more than %5 total body weight or 4500cc of supernatant fat, whichever is less. 55 mg/kg of Lidocaine or 70 mg/kg of epinephrine	-
PA ²⁵	Accreditation required for Class A ambulatory surgical facilities	Registration with Department required for Class A facilities. Licensure required for Class B and C facilities	PALS certified medical professional must be present in the facility for ambulatory surgical procedures on children older than 6 months and younger than 18	-	ABMS certification required to perform ambulatory surgery on children older than 6 months and younger than 18	-	-	4 hrs
RI ²⁶	Accreditation required	Licensure required	Current BLS training required for all surgical, pre-operative, and recovery personnel. Physician or CRNA with current ACLS training must be available	-	Physicians must have current surgical privileges for the same or a similar class of procedures at a nearby hospital	Yes	-	2 hrs, procedures exceeding 2 hrs require peer review, extension of procedure beyond 4 hours is "reportable event" requiring notification of licensing agency
SC ²⁷	Accreditation required for practices performing surgery or procedures that require moderate or deep sedation/analgesia, or general anesthesia (Level II & III facilities)	Registration required for offices performing Level II or III office surgery	For Level II & III, ATLS, ACLS or PALS certification required for physician and 1 assistant or other health care personnel that is immediately available	-	Alternative credentialing mechanism for surgeons who do not hold hospital privileges or ABMS certification	Yes	For Level I facilities, 3000cc supernatant fat aspirant; Level II, 4000cc; All facilities, 55mg/kg at ≤ .1% lidocaine	-
SD	-	-	-	-	-	-	-	-

	FACILITY		ACLS/BLS OR CME REQS.	PROVIDER STATE LICENSING OR REGISTRATION	CREDENTIALS/ PRIVILEGES	INCIDENT REPORTING REQS.	PROCEDURE	
	ACCREDITATION	REGISTRATION OR LICENSURE					PROCEDURAL LIMITS	SURGERY TIME LIMITS
TN ²⁸	Transition provisions provided for Level III offices accredited pursuant to prior board rules in lieu of required certification	Certification required where Level III office based surgeries are performed	For Level I, physician or someone in the operating room must be BLS certified. Level II & IIA, physician or 1 assistant must be ACLS certified. Level III, physician and 1 assistant must be ACLS certified	Physicians who perform or intend to perform Level II procedures in office setting must register with the board when applying for or renewing licensure	For Level II & IIA, alternative credentialing mechanism for physicians who do not hold ABMS certification. For Level III, physician must have privileges to perform the same procedure as that being performed in the office setting at a licensed hospital within reasonable proximity	Yes	4000cc supernatant fat, 2000cc when combined with other surgical procedures; 50mg/kg lidocaine for tumescent liposuction, 35 mg/kg lidocaine for non-tumescent liposuction, 250cc supernatant fat in Level I facilities	< 4 hrs for Level III procedures (including for multiple surgeries regardless of level)
TX ²⁹	Accredited offices exempt from office based anesthesia regulations	-	For Level I services, physician must be BLS certified. For Level II & III, physician must be ACLS or PALS certified and another person must be BLS certified	Physicians who perform Level II or higher services must register with the board	-	Yes	The administration of tumescent anesthesia is considered a Level II service and, therefore, is subject to the requirements for Level II services.	-
UT	-	-	-	-	-	-	-	-
VT	-	-	-	-	-	-	-	-
VA ³⁰	-	-	For procedures involving moderate or deep sedation, general anesthesia, or regional anesthesia consisting of major conductive block, doctor must maintain ACLS or PALS certification	-	-	Yes	-	-
WA ³¹	Accreditation required for office-based surgery employing moderate or deep sedation/analgesia or major conduction anesthesia below the ankle	Licensure required for ambulatory surgical facilities	For office-based surgery, 1 licensed health care practitioner who is ACLS, PALS or APLS certified must be present or immediately available. For ASFs, 1 registered nurse who is present and immediately available must maintain current ACLS training	-	-	Yes (for ASFs)	-	-
WV	-	-	-	-	-	-	-	-
WI	-	-	-	-	-	-	-	-
WY	-	-	-	-	-	-	-	-

This document is intended as a reference guide to selected provisions of state office-based surgery laws and regulations. Although ASPS undertakes reasonable efforts to keep the information contained in this resource guide accurate and updated, ASPS cannot guarantee its complete accuracy. Please report any changes or updated information to an ASPS Government Affairs Associate at (847)228-3326.

CITATIONS TO STATE STATUTES, REGULATIONS, POLICIES & GUIDELINES

¹ Ala. Admin. Code §§540-X-10.01(2)(i), 10.05(2), 10.06(3), 10.07(3), 10.08(3), 10.06(1), 10.07(1), 10.08(1), 10.11, 10.12, 10.10,

² Ariz. Admin. Code §§4-16-701, 705; Ariz. Rev. Stat. §36-402(3)

³ Cal. Health & Safety Code §1248.1 *et. seq.*; Cal. Bus & Prof. Code §2216.1, §2240.; Cal. Code. Regs. tit. 16 CCR §1356.6

⁴ Col. Med. Bd., *Colorado Medical Board Policy 40-12: Office-Based Surgery and Anesthesia* (Jul. 1 2010)

⁵ Conn. Gen. Stat. §§19a-691, 491, 493(b), 127n

⁶ 24-17-1 Del. Code Regs. §1705; Del. Code tit. 16, §122(3)(y)&(z)

⁷ Fla. Admin. Code §64B8-9.0091; Fla. Stat.§458.309(3); Fla. Admin. Code §§64B8-9.009(3)(b)(1), 9.009(4)(b)(2), 9.009(5)(b), 9.009(6)(b)(1); §64B8-9.001; Fla. Stat.§458.351; Fla. Admin. Code §64B8-9.009(d)-(f)

⁸ Ga. Composite Med. Bd., *Office-Based Anesthesia and Surgery Guidelines* (Dec. 2011)

⁹ Ill. Admin. Code tit. 68, §1285.340

¹⁰ 844 Ind. Admin. Code §5-5-20, §5-5-21(1)(D), §5-5-22(e)

¹¹ Kansas Admin. Regs. §100-25-4(b), §100-25-3(e)(2)

¹² Ky. Bd. of Med. Licensure, *Board Opinion Relating to Office Based Surgery*, §IV(A) §V(A)-(C), §III(A)(5)

¹³ La. Admin. Code tit. 46, XLV, §7305, §7309(A)(2), §7313

¹⁴ Md. Health Occ. §14-404(a)(41)

¹⁵ Mass. St. Med. Society, *Office Based Surgery Guidelines*, §§II-V (Aug. 2011), In 2002, the Massachusetts State Board of Registration in Medicine endorsed the Medical Society's Guidelines for Office-Based Surgery; 243 Mass. Code Regs. 3.08(2).

¹⁶ Miss. St. Bd. of Med. Licensure, Rules and Regs., Ch. 15 §§401, 503, 603, 200, 501,601, 305, 303

¹⁷ Mont. Code §50-5-103; SB 105

¹⁸ Nev. Rev. Stat. §449.442, §630.373, §630.30665; Nev. Admin. Code §630.235

¹⁹ N.J. Stat. 26:2H-12 (g); N.J. Admin. Code §§13:35-4A.8, 4A.9, 4A.10, 4A.6(a), 4A.12, 4A.5

²⁰ N.Y. Pub. Health Law §230-d; N.Y. Edu. Law §6530(48)

²¹ N.C. Med. Bd., *Position Statement: Office-Based Procedures* (May 2011)

²² Ohio Admin. Code §§4731:25-01 - 07

²³ Okla. St. Bd. of Med. Licensure and Supervision, *Guidelines for Office-Based Surgery and Other Invasive Procedures* (Jul. 2000)

²⁴ Or. Admin. R. 847-017-0000 - ORS §§ 677.085, 677.097, 677.265

²⁵ 28 Pa. Code §551.31, §551.22, §551.21(a) – (c)

²⁶ R.I. Gen. Laws §23-17-2, §23-17-4; 23-17-PASC R.I. Code R. §§2, 4, 6.1, 9.8, 19.2, 17.5, 19.5(b)

²⁷ S.C. Code Regs. §81-96(D),(E),(C); S.C. Bd. of Med. Examiners, *Policies for Physicians: Liposuction procedures, Parameters for Office-based* (Feb. 2002)

²⁸ Tenn. Code §63-6-221(m); Tenn. Comp. R. & Regs. 0880-02-.21(7)(c)(1)&(4), 0880-02-.21 (5)(c), (6)(d)(2), (7)(d)(8)-(9); Tenn. Code §63-6-221(o)-(q); Tenn. Comp. R. & Regs. 0880-02-.21(8), (7)(b)

²⁹ Tex. Occ. Code §162.103; 22 Tex. Admin. Code §192.2(b), (c)(1)(A), (c)(2)(A), (c)(3)(A); Tex. Occ. Code §162.104; 22 Tex. Admin. Code §192.4, §192.2(m), §192.1(15)

³⁰ 18 Va. Admin. Code §§85-20-320, 330 & 390

³¹ Wash. Admin Code. §246-922-650(5); Wash. Rev. Code §70.230.030 & .040; Wash. Admin Code. §246-922-650(3)(c), §246-330-225; Wash. Rev. Code §70.56; Wash. Admin Code. §246-330-130