



The American Association For Accreditation of Ambulatory Surgery Facilities, Inc. AAAASF invites you to participate in our voluntary program of inspection and accreditation.

To qualify for AAAASF accreditation, a facility must meet these requirements:

Comply with all applicable local, state and federal regulations including fire safety, sanitation and building codes for the protection of patients and medical personnel. Adhere to federal, State and local laws and regulations such as OSHA Bloodborne Pathogens and Hazardous Waste Standards, the Americans with Disabilities Act (ADA), and HIPAA Privacy Rules.

The Medical Director must be currently licensed by the State. The Medical Director must be either certified by an ABMS certifying board or a Board Certified Anesthesiologist or a Doctor of Osteopathy certified by the American Osteopathic Association Bureau of Osteopathic Specialists in one or more of the eighteen specialty boards recognized and in accordance with all local, state and/or federal regulations. The Medical Director must be board certified and practicing in the same surgical specialty and actively involved in the routine direction and management of the facility.

All individuals using the facility must meet one of the following criteria:

- 1) Board Certified or Board admissible physicians in an American Board of Medical Specialties (ABMS medical or surgical specialty)
- 2) A Doctor of Osteopathy certified or admissible for certification by the American Osteopathic Association Bureau of Osteopathic Specialists in one or more of the eighteen specialty boards recognized
- 3) A podiatrist certified or admissible for certification by the American Board of Podiatric Surgery (ABPS) and in accordance with all local, state and/or federal regulations.

Every physician operating in an AAAASF accredited facility, whether the facility is multi-specialty, group practice, or a single physician facility, must hold, or must demonstrate that they have held, valid and unrestricted hospital privileges (or Core Privileges) in their specialty at a duly accredited and/or licensed acute care hospital within 30 minutes of the accredited facility for all procedures that are performed within the accredited facility. Only procedures covered by those hospital privileges may be performed within the AAAASF accredited facility and a physician must be present when anesthesia is being administered in Class B and Class C accredited facilities.

ANNUAL FEES FOR REGULAR ACCREDITATION			
		CLASS	
Specialists	Specialties	A	B, C-M, C
1 - 2	1 - 2 specialties	\$750	\$1,105
3 - 5	1 - 2 specialties	\$1,045	\$1,545
3 - 5	3 or more specialties	\$1,325	\$1,820
6 - 9	1 - 2 specialties	\$3,390	\$4,100
6 - 9	3 or more specialties	\$3,655	\$4,360
10	1 - 2 specialties	\$4,785	\$6,045
10	3 or more specialties	\$5,045	\$6,885

ANNUAL FEES FOR MEDICARE CERTIFICATION		
		CLASS
Specialists	Specialties	B, C
1 - 2	1 - 2 specialties	\$1,655
3 - 5	1 - 2 specialties	\$2,095
3 - 5	3 or more specialties	\$2,370
6 - 9	1 - 2 specialties	\$4,625
6 - 9	3 or more specialties	\$4,885
10	1 - 2 specialties	\$6,570
10	3 or more specialties	\$7,410

Inspection Fees: \$500 for provisional (New facilities in Florida and California that currently do not hold state licensure or other accreditation at the time of application.), **as well as \$950 for regular or \$1400 for Medicare inspections** in addition to the annual fee schedule.

DEFINITION OF FACILITY CLASSES

Class A

All surgical, endoscopy and/or pain management procedures are performed in the facility under local or topical anesthesia. The facility must meet every "A" standard.

Class B

All surgical, endoscopic, and/or pain management procedures are performed in the facility under local or topical anesthesia and/or

All surgical, endoscopic, and/or pain management procedures are performed in the facility under intravenous or parenteral sedation, regional anesthesia, analgesia or dissociative drugs (excluding Propofol) without the use of endotracheal intubation or laryngeal mask airway or inhalation general anesthesia (including nitrous oxide). The facility must meet every "A" and "B" standard.

Class C-M

All surgical, endoscopic, and/or pain management procedures are performed in the facility under local or topical anesthesia and/or

All surgical, endoscopic, and/or pain management procedures are performed in the facility under intravenous or parenteral sedation, regional anesthesia, analgesia or dissociative drugs (excluding Propofol) and/or

All surgical, endoscopic, and/or pain management procedures are performed in the facility with intravenous Propofol, spinal or epidural anesthesia administered by an anesthesiologist

or Certified Registered Nurse Anesthetist (CRNA) or an Anesthesia Assistant (as certified by the National Commission for the Certification of Anesthesiologist Assistants) under direct supervision of an anesthesiologist excluding the use of endotracheal intubation or laryngeal mask airway or inhalation general anesthesia (including nitrous oxide).

Class C

All surgical, endoscopic, and/or pain management procedures are performed in the facility under local or topical anesthesia and/or

All surgical, endoscopic, and/or pain management procedures are performed in the facility under intravenous or parenteral sedation, regional anesthesia, analgesia or dissociative drugs (excluding Propofol) without the use of endotracheal intubation or laryngeal mask airway or inhalation general anesthesia (including nitrous oxide) and/or

All surgical, endoscopic, and/or pain management procedures are performed in the facility with intravenous Propofol, spinal or epidural anesthesia, endotracheal intubation or laryngeal mask airway or inhalation anesthesia (including nitrous oxide), spinal or epidural, administered by an anesthesiologist or Certified Registered Nurse Anesthetist (CRNA) or an Anesthesia Assistant (as certified by the National Commission for the Certification of Anesthesiologist Assistants) under direct supervision of an anesthesiologist.

The facility must meet every "A", "B" and "C" standard.

Class B facilities that have upgraded to Class C-M (modified for the use of Propofol) are exempt only from the Class C standards for the administration of general anesthesia.

AAAASF ACCREDITATION APPLICATION

DATE: _____ Check the appropriate class: A B C-M C REGULAR MEDICARE

ANNUAL FEE: \$_____ plus INSPECTION FEE : \$_____

TOTAL AMOUNT ENCLOSED : \$_____ CHECK CREDIT CARD (see below)

Upon receipt of your application and payment, the AAAASF Office will mail a General Information Packet (G.I.P)* that includes: (1) Standards and Checklist Booklet, (1) Medicare Standards and Checklist Booklet and (1) Resource Guide CD to be used throughout the accreditation process.

Please type or print and submit payment (include credit card # or enclose check) for the appropriate amount.

MAIL TO: AAAASF Office - P.O. Box 9500 Gurnee, IL 60031 - OR FAX (if paying by credit card): (847)775-1985

Facility's ABMS Specialties: _____

Facility Director: _____ State License#: _____

Facility Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

Email Address: _____

Your Web Site (if any): www. _____

Operating Room Supervisor/Head Nurse: _____

Please list additional medical specialist information.

Specialist's Name	Medical Specialty	State License #

Please include additional specialists on a separate sheet if needed.

PAYMENT BY CREDIT CARD. Check type of credit card: Visa MasterCard American Express

NAME ON CARD: _____

CARD#: _____ CODE#: _____

EXPIRATION DATE: _____ SIGNATURE: _____

FEE & REFUND POLICY: The first year accreditation fee plus initial inspection fee is due with each accreditation application. If the accreditation process is not completed within one year, a new application and appropriate fee is required. AAAASF will refund only 50% of fee submitted after application has been processed. *The General Information Packet (G.I.P.) cannot be returned for a refund.



Director: _____ Facility Name: _____

New York Office-Based Surgery Practices

AAAASF Standards and Checklist states:

“The facility director must attest that the facility meets all local, state and federal regulations, since such governmental regulations may supersede AAAASF Standards. Please note, however, that the stricter regulation applies, whether it is the federal, state, local or AAAASF standard.”

New York Office-Based Surgery Law states:

“Infection control standards shall include a prohibition on the re-use of syringes and needles. Multi-dose vials may be used, preferably only for a single individual patient. Products that are not currently available in single-dose vials or for which a single patient would not use all of a multi-dose vial, such as vaccines, tuberculin, etc. may be used on more than one patient, as long as appropriate infection control guidelines are used. These include, but would not be limited to: (i) dating the multi-dose vial when first opened; (ii) storing the vial under appropriate conditions and accessing the vial in a separate room; (iii) drawing from the vial only with a new needle and syringe; and (iv) maintaining documentation regarding the name and identification code of the vial, date opened, dates all doses were administered from the vial and names of patients to whom such doses were administered from the vial and names of patients to whom such doses were administered. If a product is available in both multi-dose vials and single-dose vials and is intended to be used on more than one patient, the single-dose vial shall be used.”

See www.apic.org and www.cdc.gov/ncidod/dhqp/index.html for additional infection control recommendations.

Addendum to The American Association of Accreditation of Ambulatory Surgery Facilities, Inc.’s Application for Accreditation as an Office-Based Surgery Practice for New York State Applicants

1. What type of legal entity is your practice?
 - Sole proprietor (physician)
 - Business Corporation
 - Limited Liability Company
 - General Partnership
 - Registered Limited Liability Partnership
 - Professional Corporation
 - Professional Limited Liability Company
 - University Faculty Practice Corporation (501(c)(3), not-for-profit)

2. If your practice is organized a general partnership or as a registered limited liability partnership, are all of the partners, physicians?
 - Yes
 - No
 - Not Applicable

New York Office-Based Surgery Practices

Director: _____ **Facility Name:** _____

3. If your practice is organized as a professional corporation, are all of the shareholders, officers and directors, physicians?
 Yes
 No
 Not Applicable

4. If your practice is organized as a professional limited liability company, are all of the members managers, physicians?
 Yes
 No
 Not Applicable

5. If your practice is organized as a university faculty practice corporation, are all of the members, officers and directors, physicians?
 Yes
 No
 Not Applicable

6. What type of health care professionals does your practice employ?
 Physicians
 Physician Assistants
 Specialist Assistants
 Nurses
 Others, please Specify: _____

7. Does your practice have a separate entity for billing purposes?
 Yes
 No

8. Will your practice be using a billing and collection service for all accounts receivables?
 Yes if yes, please identify the name of such service: _____
 No