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Medicare Conditions for Coverage Alert: Patient Admission, Assessment and Discharge

In order to receive Medicare payment for surgical services furnished to program beneficiaries, an ambulatory surgical center (“ASC”) must meet certain specific requirements referred to as Conditions for Coverage and set forth at 42 C.F.R. 416, Subpart C. This alert discusses the Patient Admission, Assessment and Discharge Condition for Coverage and provides a checklist based on the survey protocol outlined in the Medicare State Operations Manual to assist an ASC in evaluating whether it meets the condition’s requirements.

Background

The Patient Admission, Assessment and Discharge Condition for Coverage provides:

The ASC must ensure each patient has the appropriate pre-surgical and post-surgical assessments completed and that all elements of the discharge requirements are completed.¹

This condition seeks to ensure that: 1) a patient can tolerate a surgical experience; 2) a patient’s anesthesia risk and recovery are properly evaluated; 3) a patient’s post-operative recovery is adequately evaluated; and 4) a patient receives effective discharge planning and is successfully discharged from the ASC. It establishes requirements for admission and pre-surgical assessments, post-surgical assessments, and discharge. These requirements are discussed in detail below.

It is important to note that a surveyor will consider deficiencies related to 42 C.F.R. § 416.42(a) (the anesthetic risk and evaluation requirements of the Surgical Services Condition for Coverage) when determining whether requirements for the Patient Admission, Assessment and Discharge Condition for Coverage have been met.²

Admission and Pre-surgical Assessment

(a) Standard: Admission and pre-surgical assessment.

(1) Not more than 30 days before the date of the scheduled surgery, each patient must have a comprehensive medical history and physical assessment completed by a physician (as defined in section 1861(r) of the Act) or other qualified practitioner in accordance with applicable State health and safety laws, standards of practice, and ASC policy.

(2) Upon admission, each patient must have a pre-surgical assessment completed by a physician or other qualified practitioner in accordance with applicable State health and safety laws, standards of practice, and ASC policy that includes, at a minimum, an updated medical record entry documenting an examination for any changes in the patient’s condition since completion of the most recently documented medical history and physical

¹ 42 C.F.R. § 416.52; Appendix L to the Medicare State Operations Manual sets forth the “Guidance for Surveyors: Ambulatory Surgical Centers” and is available at www.cms.gov/GuidanceforLawsandRegulations/02_ASCs.asp.

² 42 C.F.R. § 416.42(a) requires that a physician examine a patient immediately before surgery to evaluate the risk of anesthesia and of the procedure to be performed. It also requires that, before discharge from the ASC, the patient be evaluated by a physician or by an anesthetist for proper anesthesia recovery.

assessment, including documentation of any allergies to drugs and biologicals.

(3) The patient's medical history and physical assessment must be placed in the patient's medical record prior to the surgical procedure.

A medical history and physical assessment ("H&P") must be completed and documented for a patient of an ASC *no more than 30 calendar days prior to the date the patient is scheduled for surgery* in the ASC.³ The purpose of this requirement is to ensure the ASC determines whether there is anything in the patient's overall condition that would affect the surgery or that indicates an ASC is not be an appropriate setting for the patient's surgery.

The H&P must be completed and documented by a physician or other qualified licensed practitioner. For purposes of this condition, the term "physician" includes a doctor of medicine or osteopathy, a doctor of dental surgery or of dental medicine, a doctor of podiatric medicine, a doctor of optometry or a chiropractor. Other qualified licensed practitioners are those who are authorized under applicable state scope of practice laws, generally accepted standards of practice, and ASC policy to perform an H&P.⁴ The H&P is typically completed by the patient's primary care practitioner rather than a member of the ASC's medical staff. The ASC's policy on H&Ps should address submission of an H&P prior to the patient's scheduled surgery date by a physician or other qualified licensed practitioner who is not a member of the ASC's medical staff.

In those cases where the patient is referred to the ASC for surgery on the same day as the referral, an H&P is still required. It may be performed by the referring physician (if the ASC's policies permit it) or a qualified licensed practitioner in the ASC.

Upon admission to the ASC, each patient must also have a pre-surgical assessment.⁵ The patient must be assessed for any changes in his or her condition since the patient's H&P was performed. The patient's medical record must include documentation that the

³ In cases where a patient is scheduled for two surgeries in an ASC within a short period of time, the same H&P may be used so long as it is completed no more than 30 calendar days before each surgery.

⁴ More than one qualified practitioner can participate in performing, documenting and authenticating an H&P for a patient. When performance, documentation and authentication are split among qualified practitioners, the practitioner who authenticates the H&P will be held responsible for its contents.

⁵ See also 42 C.F.R. § 416.42(a)(1).

patient was examined prior to the commencement of surgery for changes since the H&P. If, upon examination, the licensed practitioner finds no change in the patient's condition since the H&P was completed, he or she may indicate in the patient's medical record that the H&P was reviewed, the patient was examined, and that "no change" has occurred in the patient's condition since the H&P was completed. Likewise, any changes in the patient's condition must be documented by the practitioner in the update note prior to the start of surgery.

Ideally, the H&P should be submitted to the ASC prior to the patient's scheduled surgery date, in order to allow sufficient time for review of the H&P by the ASC's medical staff and adjustments if necessary, including postponement or cancellation of the surgery. At a minimum, the H&P must be placed in the patient's medical record prior to the pre-surgical assessment required by this condition, since that assessment must first consider the findings of the H&P before examining the patient for changes. Both the H&P and the pre-surgical assessment must be placed in the patient's medical record before the surgery.

Post-surgical Assessment

(b) Standard: Post-surgical Assessment.

(1) The patient's post-surgical condition must be assessed and documented in the medical record by a physician, other qualified practitioner, or a registered nurse with, at a minimum, post-operative care experience in accordance with applicable State health and safety laws, standards of practice, and ASC policy.

(2) Post-surgical needs must be addressed and included in the discharge notes.

Each patient must be assessed after the surgery is completed. In addition, each post-surgical patient's overall condition must be assessed and documented in the medical record, in order to determine how the patient's recovery is proceeding, what needs to be done to facilitate the patient's recovery, and whether the patient is ready for discharge or in need of further treatment or monitoring.

Except for the assessment of the patient's recovery from anesthesia, the assessment may be performed by a physician, another qualified licensed practitioner, or a registered nurse with post-operative care experience who is authorized under applicable state scope of practice laws, generally accepted standards of

practice, and ASC policy to assess patients post-operatively.⁶

If the assessment identifies post-surgical patient needs that must be addressed in order for the patient to be safely discharged (or, in the case of patients who develop needs that exceed the capabilities of the ASC, to be appropriately and timely transferred to a hospital for further care), the ASC must address those patient needs. This must be documented in the discharge notes in the patient's medical record.

Discharge

(c) Standard: Discharge.

The ASC must--

(1) Provide each patient with written discharge instructions and overnight supplies. When appropriate, make a followup appointment with the physician, and ensure that all patients are informed, either in advance of their surgical procedure or prior to leaving the ASC, of their prescriptions, post-operative instructions and physician contact information for followup care.

(2) Ensure each patient has a discharge order, signed by the physician who performed the surgery or procedure in accordance with applicable State health and safety laws, standards of practice, and ASC policy.

(3) Ensure all patients are discharged in the company of a responsible adult, except those patients exempted by the attending physician.

Each patient, or the adult who accompanies the patient upon discharge, must be provided with written discharge instructions. Each patient must be provided with: 1) prescriptions the patient will need to fill associated with recovery from surgery; 2) written instructions that specify actions the patient should take in the immediate post-discharge period to promote recovery from surgery; 3) information concerning how to contact the physician who will provide follow-up care to the patient. When appropriate, the ASC must make an appointment with the physician for follow-up care. In addition, the ASC must provide supplies sufficient for the patient's needs through the first night after surgery.

No patient may be discharged from the ASC unless the physician who performed the surgery signs a discharge order. It is expected that a patient will leave the ASC within 15 to 30 minutes of the time when the physician signs the discharge order.

Finally, unless the physician who is responsible for

the patient's care in the ASC has exempted the patient, the ASC may not discharge any patient who is not accompanied by a responsible adult who will go with the patient after discharge. Exemptions must be specific to individual patients, not blanket exemptions to a whole class of patients.

Patient Admission, Assessment and Discharge Checklist

Admission and Pre-surgical Assessment

- Does your ASC have a policy requiring that an H&P be performed for each patient no more than 30 days before each patient's scheduled surgery by a physician or other qualified licensed individual?
- Does your ASC's policy address who may perform the H&P? If it permits H&Ps performed by qualified licensed individuals who are not physicians, is it consistent with state scope of practice laws?
- Do your ASC's medical records demonstrate that: 1) an H&P was completed no more than 30 days before the patient's surgery date; and 2) the H&P was performed by a physician or other qualified licensed individual?
- Does your ASC have a policy requiring a pre-surgical assessment for all patients to update the findings of the H&P performed prior to the date of surgery?
- Do your ASC's medical records demonstrate that a pre-surgical assessment was performed?
- Does a physician perform those components of the pre-surgical assessment related to evaluation of anesthetic risk and procedural risk?
- Does the pre-surgical assessment include documentation in the medical record of the patient's allergies or lack of known allergies to drugs and biologicals?

Post-surgical Assessments

- Do your ASC's medical records demonstrate that your ASC evaluates each patient after surgery, both for recovery from anesthesia and for his or her overall recovery from the surgery and suitability for discharge?
- Are the post-surgical assessments at your ASC performed by appropriate personnel?

⁶ See also 42 C.F.R. § 416.42(a)(2).

- Does your ASC identify patient needs related to safe discharge or identify patients who require transfer to a hospital for further treatment that exceeds the ASC's capabilities? Do your ASC's medical records reflect actions by the ASC to address the needs it has identified?

Discharge

- Do your ASC's medical records include discharge instructions?
- Do your ASC's discharge instructions include post-operative care instructions for the patient? Do they indicate whether the patient was provided prescriptions, if applicable? Do they provide physician contact information?
- Can your ASC explain when and how it schedules follow-up appointments with the physician for patients?
- Can your ASC explain what types of supplies it typically provides to patients upon discharge?
- Do your ASC's medical records include a discharge order, signed by the physician who performed the surgery?
- Do your ASC's medical records identify for each patient the responsible adult who will accompany the patient after discharge or the specific exemption from this requirement?

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