Responding to numerous questions, the Centers for Medicare and Medicaid Services (CMS) has revised its interpretive guidelines for ambulatory surgery centers (ASCs) to clarify that the history and physical (H&P) may be performed on the same day as the surgical procedure and may be performed in the ASC.

The clarification came in a December 17, 2010, memo to state survey agency directors and was effective immediately.

Federal regulations state that a patient must have an H&P “not more than 30 days before the date of the scheduled surgery.”

In the memo, CMS says this means that the H&P assessment cannot be older than 30 days before the date of surgery. But, the memo adds, “there is no prohibition against performing the H&P assessment on the same day as the surgical procedure.” The H&P must be performed by qualified personnel, be comprehensive, and the results must be placed in the patient’s medical record prior to the surgical procedure.

A comprehensive medical H&P is required regardless of the nature of the surgical procedure. (ASCs performing less invasive procedures are not exempt.)

**H&P in OR not acceptable**

CMS adds that it is not acceptable to conduct the H&P after the patient has been prepped and brought to the OR or the procedure room. The agency outlined the reasons:

• The purpose of the H&P is to determine before surgery whether there is anything about the patient’s condition that would affect the procedure or even require cancellation.

• It may not be possible to conduct a comprehensive H&P after a patient has been prepped and positioned.

• The H&P results may affect information that must be communicated to the patient about the surgery, for which the patient must provide informed consent before being brought to the OR or procedure room.

**Update to the H&P**

If the H&P is performed on the day of surgery, CMS says the H&P may be combined with some, but not all, elements of the presurgical assessment. Under federal rules, each patient must have a presurgical assessment on ASC admission to document any changes in the patient’s condition since the H&P was completed. At a minimum, this must include an update to the medical record documenting any changes in the patient’s condition since the H&P was performed.

Clarifications about the presurgical assessment:
• If the H&P is conducted before the date of surgery, the presurgical assessment must be a separate exam in the ASC on the date of surgery.
• If the H&P is conducted after admission to the ASC on the date of surgery, some elements of the presurgical assessment may be incorporated into the H&P. But this does not include the anesthetic/procedure risk assessment, which must be done separately.

A copy of the memo (S&C-11-06-ASC) is posted on the ASC Association website at www.ascassociation.org/hp.pdf