

CMS Burden Reduction

CMS Changes to Conditions for Coverage – Transfer Agreement

Previous 416.41(b)(3)

The ASC must –

- i. Have a written transfer agreement with a hospital that meets the requirements of paragraph (b)(2) of this section; or
- ii. Ensure that all physicians performing surgery in the ASC have admitting privileges at a hospital that meets the requirements of paragraph (b)(2) of this section.

Revised 416.41(b)(3)

The ASC must periodically provide the local hospital with written notice of its operations and patient population served.

CMS Changes to Conditions for Coverage – H&P

Previous 416.52(a)(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.

Revised 416.52(a)(1)

The ASC must develop and maintain a policy regarding the requirement for a medical history and physical examination prior to surgery. The policy must:

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CMS Changes to Conditions for Coverage – Pre-Procedure Evaluation

Previous 416.42(a)(1)

A physician must examine the patient immediately before surgery to evaluate the risk of anesthesia and of the procedure to be performed.

Revised 416.42(a)(1)

Immediately before surgery:

- A physician must examine the patient to evaluate the risk of the procedure to be performed; and
- A physician or anesthesiologist as defined at §410.69(b) of this chapter must examine the patient to evaluate the risk of anesthesia.

CMS Changes to Conditions for Coverage – Requirements for Emergency Plans

- Removing the requirements from emergency preparedness rules that ASCs document efforts to contact local, tribal, regional, state, and federal

CMS Changes to Conditions for Coverage – Requirements for Annual Review

Revisions to timeframes for:

- Revising the requirement so that the ASC review their emergency program biennially

CMS Changes to Conditions for Coverage – Requirements for Training

- Revising the requirement for training annually to biannually with exceptions

CMS Changes to Conditions for Coverage – Requirements for Testing

- Expanding the types of acceptable testing exercises

Questions?

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