

## Part B Insider (Multispecialty) Coding Alert

### AMBULATORY SURGERY CENTERS: CMS Doubles ASC Standards -- And Increases Your Headaches

**Make your voice heard, but also start preparing to comply**

**Heads up:** If your doctor's Ambulatory Surgery Center (ASC) doesn't have a policy for dealing with patient grievances, you could face survey nightmares.

That's just one of the many requirements that the **Centers for Medicare & Medicaid Services (CMS)** wants to issue, according to a new CMS proposed rule on ASC Conditions for Coverage (CfC). The other proposed requirements include:

- A comprehensive quality improvement program, which would allow ASCs to take steps to improve their care. The ASC's governing body would have to be in charge of this program.
- A disaster-preparedness plan that includes cooperation with local and state officials.
- New requirements for radiology services in an ASC to meet the same standards as laboratory services, including licensure.
- A new -patient rights- standard that would require you to disclose your doctor's financial interest in the ASC, respect the patient's advance directives and keep patient records confidential.
- An expanded infection-control standard; and
- A comprehensive patient assessment standard, so your staff assesses patients before they go into surgery, to make sure the patient can tolerate the planned procedure.

CMS is doubling the number of ASC standards, from 16 to 32, notes **Kathy Bryant**, executive director of the **Federated Ambulatory Surgery Association**. **Note:** These standards are only proposed.

**What to do:** You can comment on the proposed regulations at [www.accessdata.fda.gov/scripts/oc/dockets/comments/commentdocket.cfm?AGENCY=CMS](http://www.accessdata.fda.gov/scripts/oc/dockets/comments/commentdocket.cfm?AGENCY=CMS). But you should also prepare to comply with the new standards, experts say.

Most ASCs are probably already doing the things CMS wants to require, Bryant adds. But once you start imposing a government requirement, then you add a whole layer of bureaucracy and record-keeping to the process. You'll also have different local surveyors interpreting the instructions according to their own perceptions.

**For example:** Having a grievance policy may be reasonable for an ASC, and many ASCs probably already have them. But once CMS requires it, then ASCs will have to keep detailed records on grievances. How detailed do these records need to be? Do they need to deal with oral as well as written complaints?

Suppose a patient complains that she doesn't like the coffee in the ASC. Does the ASC have to note the date and time, and the fact that the ASC staff decided the coffee was okay and they didn't need to change brands?

Also, CMS wants to require a new infection control standard. But the infection rates in ASCs are already -incredibly low,- so there's no point in imposing more rules, Bryant insists. -ASCs already know how to prevent infections and they-re

already doing a good job of it.-

Bryant is also disappointed that CMS didn't remove any of the -old worthless standards.- For example, CMS currently requires that ASCs have a separate waiting room. But hospitals don't have to have a separate waiting room for each of their outpatient departments.

### **Will Your ASC Be More Versatile Soon?**

Physicians have mostly performed eye procedures and colonoscopy in ASCs, CMS says. But now that CMS has massively boosted the number of procedures your doctor can perform in an ASC (see *The Insider*, Vol. 8, No. 23), Medicare expects to see doctors performing different types of procedures.

-Some of the new ASC procedures currently performed in the hospital outpatient department and the physician's office will move to the ASC setting,- CMS predicts. But some current ASC procedures may also move to other locations because of the payments, which are based on the outpatient prospective payment system and will be lower for some items.

CMS isn't recognizing that private insurers have already been paying for many of these procedures in the ASC setting, contends **Craig Jeffries**, executive director of the **American Association of Ambulatory Surgery Centers** in Johnson City. Medicare's recent payment reforms are -simply catching up with what private insurers have been doing for years.-

**Bottom line:** The new Medicare standards are just requiring -the state of the art- in most ASCs already, says Jeffries. But they may help to provide confidence that your ASC is up to the task of hosting more complex procedures.