

H&P Requirements Become More Uniform

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by Gwen Hughes, RHIA

Until recently, the Medicare Conditions of Participation required that histories and physicals (H&Ps) be performed no more than seven days prior to hospital admission. This particular requirement was much stricter than the Joint Commission's, which allows H&Ps to be performed as much as 30 days prior to admission. However, a January 28, 2002, memo from the director of the Survey and Certification Group at the Center for Medicaid and State Operations brings the federal requirement much closer to the Joint Commission's requirement. Following is a summary of the changes made to CMS guidelines.

The director's memo reminded readers that the conditions require that:

- Medical staff bylaws and patient records indicate that H&Ps be done no more than seven days before or 48 hours after admission
- Health record entries are legible, complete, dated, and authenticated by the person responsible for ordering, providing, or evaluating the service furnished
- There is a complete H&P in the chart of every patient prior to surgery, except in emergencies. If the work-up has been dictated but not transcribed, there must be a statement to that effect and an admission note in the chart by the practitioner who admitted the patient

New interpretive guidelines in the director's memo state that:

- The MD, DO, or oromaxillofacial surgeon may delegate all or part of the H&P examination, but the MD, DO, or oromaxillofacial surgeon must sign for and assume full responsibility for these activities
- The physician must authenticate any parts of the medical record that are his or her responsibility
- Any house staff or non-physician entries requiring counter signing by supervisory or attending medical staff must be defined in the medical staff rules and regulations
- A brief admission note must be recorded in the patient's record when an H&P is not present on the chart prior to surgery. The admission note is to include heart rate, respiratory rate, and blood pressure

The guidelines in the director's memo also describe a process in which hospitals can accept H&Ps that are up to 30 days old while still complying with the conditions. These guidelines require that:

- An assessment is performed to update the H&Ps and confirm the necessity for the procedure or care no more than seven days before or 48 hours after admission
- The assessment is documented regardless of whether there are changes in the patient's status
- The assessment is attached to the H&P in the patient's record.
- The new process is addressed in hospital policies and procedures and approval is obtained from the medical staff and governing body

Requirements for Outpatient Surgeries

The memo also addresses H&P requirements for outpatient surgeries. These requirements differ only slightly from those for other admissions in that physicians do not have 48 hours after admission to perform the H&P. The outpatient surgery requirements do state that the H&P, including all updates and assessments, must be included in the patient's medical record prior to surgery, except in emergency situations.

This new process appears to be similar to that required by the Joint Commission. The Joint Commission requires the following:

- PE1.7.1: The patient's H&P...be completed within 24 hours of admission as an inpatient

- PE.1.7.1.1: If an H&P has been performed within 30 days prior to admission, a durable, legible copy of this report may be used in the patient's medical record, provided any changes that may have occurred are recorded in the medical record at the time of admission
- PE.1.8: Before surgery, the patient's H&P, indicated diagnostic tests, and preoperative diagnosis are complete and recorded in the patient's medical record

Both the federal government and Joint Commission now allow hospitals to use an H&P performed within 30 days prior to admission. The H&P must be updated, however, to reflect changes in the patient's status. Hospitals might, for example, ask physicians to write an addendum on the bottom of the existing H&P. They might ask the physician to dictate an addendum, or they might direct the physician to use a short stay H&P form that will be attached to the previous H&P.

An Opportunity for HIM

Although the changes to the interpretive guidelines make them similar to the Joint Commission standards, it should be noted that differences remain. For example, the Joint Commission requires that the H&Ps be completed within 24 hours of admission. The Conditions of Participation, on the other hand, allow a 48-hour window.

The new interpretive guidelines create an opportunity for organizations that would like to accept H&Ps that are up to 30 days old. HIM professionals will want to evaluate existing policies and procedures. They may want to discuss the new guidelines with the pre-admission clinic nurse and operating room manager to decide whether they should propose changes to hospital policy and procedure or medical staff bylaws and rules to reflect the new interpretive guidelines. If it is decided that changes should be proposed, these individuals will need to draft language and introduce the issue to the administration and hospital staff.

References

The Centers for Medicare and Medicaid Services. "Conditions of Participation for Hospitals." *Code of Federal Regulations*, 2001. 42 CFR, Chapter IV, Part 482. Available online at http://www.access.gpo.gov/nara/cfr/cfrhtml_00/Title_42/42cfr482_00.html.

Joint Commission on Accreditation of Healthcare Organizations. *Comprehensive Accreditation Manual for Hospitals: Automated, Update 3*. Oakbrook Terrace, IL: Joint Commission, 2001.

Letter from the Director of Survey and Certification Group at the Center for Medicaid and State Operations to Associate Regional Administrators, DMSO State Survey Agency Directors dated January 28, 2002. Available at www.cms.hhs.gov/medicaid/survey-cert/012802.asp.

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