



**Ref: S&C-02-15**

**DATE:** January 28, 2002

**FROM:** Director  
Survey and Certification Group  
Center for Medicaid and State Operations

**SUBJECT:** Clarification of Hospital Admission and Presurgical History and Physical Examination (H&P) Requirements

**TO:** Associate Regional Administrators, DMSO  
State Survey Agency Directors

This memorandum clarifies Centers for Medicare & Medicaid Services (CMS) policy with respect to the application of regulatory provisions for hospital admission and presurgical history and physical examination (H&P) requirements, and guidance regarding the timing of H&P for hospital admissions.

CMS requirements state at 42 CFR 482:

Under 482.22 Condition of participation: Medical Staff.

482.22(c) "Standard: Medical staff bylaws. The medical staff must adopt and enforce bylaws to carry out its responsibilities. The bylaws must..."

482.22(c)(5) "Include a requirement that a physical examination and medical history be done no more than 7 days before or 48 hours after an admission for each patient by a doctor of medicine or osteopathy, or, for patients admitted only for oromaxillofacial surgery, by an oromaxillofacial surgeon who has been granted such privileges by the medical staff in accordance with State law."

Interpretive Guidelines 482.22(c)(5)

"Determine that the bylaws require a physical examination and medical history be done for each patient by a M.D. or D.O. or where appropriate, an oromaxillofacial surgeon, no more than 7 days before or 48 hours after admission. (The MD/DO may delegate all or part of the physical examination and medical history to other practitioners, but the MD/DO must sign for and assume full responsibility for these activities.)"

Under 482.24 Condition of participation: Medical record services.

482.24(c) “Standard: Content of record. The medical record must contain information to justify admission and continued hospitalization, support the diagnosis, and describe the patient’s progress and response to medications and services.”

482.24(c)(1) “All entries must be legible and complete, and must be authenticated and dated promptly by the person (identified by name and discipline) who is responsible for ordering, providing, or evaluating the service furnished.”

Interpretive Guidelines 482.24(c)(1)

“The parts of the medical record that are the responsibility of the physician must be authenticated by this individual. When non-physicians have been approved for such duties as taking medical histories or documenting aspects of physician examination, such information shall be appropriately authenticated by the responsible physician. Any entries in the medical record by house staff or non-physicians that require counter signing by supervisory or attending medical staff members shall be defined in the medical staff rules and regulations.”

482.24(c)(2) “All records must document the following, as appropriate...”

482.24(c)(2)(i) “Evidence of a physical examination, including a health history, performed no more that 7 days prior to admission or within 48 hours after admission.”

Under 482.51 Conditions of participation: Surgical services

482.51(b)(1) “There must be a complete history and physical work-up in the chart of every patient prior to surgery, except in emergencies. If this has been dictated, but not yet recorded in the patient’s chart, there must be a statement to that effect and an admission note in the chart by the practitioner who admitted the patient.”

Interpretative Guidelines 482.51(b)(1)

“In all circumstances, when a history or physical is not present on the chart prior to surgery, a brief admission note on the chart is necessary. The note should include heart rate, respiratory rate, and blood pressure.”

These CMS requirements are applicable in all hospital settings, and apply to inpatient admissions and surgeries and outpatient surgeries.

The following processes, if utilized, must be addressed in the hospital's policies and procedures, and approved by the medical staff and governing body.

### **Admission H&P**

A H&P would meet the CMS requirement that a H&P be “performed no more than 7 days prior to admission or within 48 hours after admission,” if:

- The H&P was performed within 30 days prior to the hospital admission; AND
- An appropriate assessment, which should include a physical examination of the patient to update any components of the patient's current medical status that may have changed since the prior H&P or to address any areas where more current data is needed, was completed within 7 days prior to admission or 48 hours after admission confirming that the necessity for the procedure or care is still present and the H&P is still current; AND
- The physician or other individual qualified to perform the H&P writes an update note addressing the patient's current status and/or any changes in the patient's status, regardless of whether there were any changes in the patient's status, within 7 days prior to, or within 48 hours after admission. The update note must be on or attached to the H&P; AND
- The H&P, including all updates and assessments, must be included within 48 hours after admission in the patient's medical record for this admission.

If a H&P meets all these requirements within 7 days prior to admission, or within 48 hours after admission, the H&P meets the provisions of the regulation with regard to justifying the admission and meeting the time restrictions on the currency of the H&P.

### **Outpatient Surgery H&P**

Furthermore, a H&P would meet the CMS requirement that “There must be a complete history and physical work-up in the chart of every patient prior to surgery...” if:

- The H&P was performed within 30 days prior to the outpatient surgery; AND
- An appropriate assessment, which should include a physical examination of the patient to update any components of the patient's current medical status that may have changed since the prior H&P or to address any areas where more current data is needed, was completed within 7 days prior to outpatient surgery confirming that the necessity for the procedure is still present and that the H&P is still current; AND
- The physician or other individual qualified to perform the H&P writes an update note addressing the patient's current status and/or any changes in the patient's status, regardless of whether there were any changes in the patient's status, within 7 days prior to the outpatient surgery. The update note must be on or attached to the H&P; AND
- The H&P, including all updates and assessment, must be included in the patient's medical record, except in emergency situations, prior to surgery.

If a H&P meets all these requirements prior to outpatient surgery, the H&P meets the provisions of the regulation with regard to meeting the time restrictions on the currency of the H&P.

/s/

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