



American Academy of Ophthalmic Executives®

Fact Sheet: Surgeons Performing and Billing for Their Own History and Physical Prior to Ophthalmic Surgery

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What You Need to Know

Not required before surgery. The Centers for Medicare & Medicaid Services (CMS) no longer require a history and physical (H&P) prior to surgery.

Each facility will determine for themselves the timing and extent of the H&P required for outpatient procedures.

Evaluate risk of anesthesia/procedure. A physician or non-physician practitioner must examine the patient before surgery to evaluate the risk of anesthesia and of the procedure to be performed.

When to bill. Ophthalmologists may bill the required history and physical (H&P), should they choose to do so, as long as it is done within 30 days of the surgery, but not the day prior to surgery as it would be included in the global period. (Source: Joint Commission)

How to bill. After January 1, 2021, under the new E/M documentation guidelines, billing H&P should be based on either medical decision making (MDM) or physician's/nurse practitioner's/physician assistant's time on the date of the encounter

Diagnosis for the H&P should be medical condition.

For OMIC's recommendations, visit <https://www.omic.com/preoperative-history-and-physical-exam/>.

Member Survey Results

The American Academy of Ophthalmic Executives, the practice management affiliate of the Academy, asked members: "When required, do your surgeons perform their own H&P prior to surgery?"

60 percent of those replied reported their surgeons do not perform their own H&Ps except after hours in an emergency.

Responses from the 40 percent whose surgeons performed their own H&P prior to surgery include:

- "If the patient has health issues they are seen by PCP or cardiologist."
- "We perform it the day before surgery, so it is not separately billable."
- "We found that relying on the patient to make/keep an appointment with their PCP was not efficient for us."
- "By performing the pre-op exam ourselves using one of our RNs, we rarely have to reschedule a patient because they don't have medical clearance. The cost of paying the RN far outweighs the disruption we would have to our surgery schedule. We like having control of the complete process."
- "We had problems with our internal medicine docs getting patients in for an H&P in a short time period so my docs started doing their own."