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 requires a history and physical (H&P) before surgery.

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

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

When to bill. When required, ophthalmologists may still bill the required the H&P 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.1 (Source: Joint Commission)

How to bill. After January 1, 2021, under the new E/M documentation guidelines, billing for an H&P should be based on either medical decision making (MDM) or the 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 the Ophthalmic Mutual Insurance Company's (OMIC's) recommendations on preoperative medical assessment, 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?”

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

According to the 40% of respondents whose surgeons performed their own H&P prior to surgery, their reasons varied:

- “If the patient has health issues, they are seen by primary care provider (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 registered nurses (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.”

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