Surgeons Performing and Billing for their Own History and Physical Prior to Ophthalmic Surgery

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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.

Should the ophthalmologist choose to do so, she/he can bill the required history and physical (H&P) if done within 30 days of the surgery according to the Joint Commission, but not the day prior to surgery as it would be included in the global period.

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.


Diagnosis for the H&P should be medical condition.

OMIC recommendations: https://www.omic.com/preoperative-history-and-physical-exam/

AAOE Member Survey: When required, do your surgeons perform their own H&P prior to surgery?

- 60% of those reporting do not perform their own H&Ps except after hours in an emergency.
- Additional information from the 40% who do perform their own H&Ps:
  - 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.