The chart below is a summary of revisions to the ASC standards as a result of CMS Final Rules published in the September 30, 2019 edition of the Federal Register and projected to become effective for surveys on or after May 4, 2020. The crosswalk is intended to facilitate a clear understanding of where changes have been made.

The first column below is the standard ID and title from Accreditation Requirements for Ambulatory Surgery Centers, 2019 edition. Where that remains unchanged, the cell has been merged to include the second column. When there is a number or title change, each column will be completed to show the change. The third column indicates the type of change and where it appears (in the standard, in the required elements, or in the scoring procedure).

Text that has been deleted from the prior edition of the manual appears in excerpt with strikethrough and new content appears as a bolded excerpt. An entirely new standard will be a bold, maroon excerpt. When a standard has been retired, the detail column is grayed out. Please refer to the relevant chapter of the manual to review the full standard, required elements, and scoring procedures.

Within the chapters, new content appears in bold font.

<table>
<thead>
<tr>
<th>2019 Standard Number</th>
<th>2020 Standard Number</th>
<th>Type of change and change location</th>
<th>Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 1: GOVERNING BODY AND MANAGEMENT</td>
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<tr>
<td>01.01.03 Hospitalization and Transfer Agreement</td>
<td></td>
<td>STANDARD 3. The ASC must - (ii) Ensure that all physicians performing surgery in the ASC have admitting privileges at a hospital that meets the requirements of 42 CFR 416.41(b)(2). OR (iii) Must periodically communicate with the local hospital its written notice of operations and patient population served that meets the requirements of 42 CFR 416.41 REQUIRED ELEMENTS TRANSFER AGREEMENT OR PHYSICIANS HAVE HOSPITAL PRIVILEGES The ASC is required to: 1. Have a written... OR 2. Ensure that every physician... TRANSFER WITHOUT A TRANSFER AGREEMENT OR PHYSICIANS WITH ADMITTING PRIVILEGES If a written transfer agreement is not in place, the ASC must communicate in writing with the local hospital describing...</td>
<td>Standard revised</td>
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<tr>
<td>2019 Standard Number</td>
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</table>

its operations and the patient population it serves. The written communication is updated at minimum annually or when significant changes occur such as the addition of new services. The description of operations and patient population must include, but are not limited to, specialty and types of procedures, level of anesthesia, and demographic and clinical characteristics of the patient population served (e.g. pediatric, adult, geriatric).

**SCORING PROCEDURE**
- If the ASC does not have written transfer agreement or physicians with admitting privileges at the receiving hospital, review the annual written communication.

### Chapter 8: MEDICAL RECORDS

#### 08.00.03 Form and Content of the Medical Record

- **Scoring Procedure revised**

**SCORING PROCEDURE**
- □ The absence of any required element must be cited as STANDARD-LEVEL NONCOMPLIANCE.
- □ The absence of a number of elements from a number of medical records might warrant citation of CONDITION-LEVEL NONCOMPLIANCE.
- □ The absence of one (1) element from a number of medical records—e.g., lack of informed consent to surgery—should warrant citation of CONDITION-LEVEL NONCOMPLIANCE.
- ▪ A history of allergies or abnormal drug reactions
- ▪ Properly executed informed consent
- ▪ Discharge diagnosis
- ▪ Ask if the ASC removes tissues...

### CHAPTER 13: PATIENT ADMISSION, ASSESSMENT AND DISCHARGE

#### 13.00.01 History and physical in medical record prior to surgery

- **Standard revised**
- **CFR revised**
- **Req’d Elements revised**

**STANDARD**
*The patient’s medical history and physical examination (if any) must be placed in the patient’s medical record prior to the*
## Manual Update: Crosswalk of 2019 ASC standards to 2020 ASC standards

<table>
<thead>
<tr>
<th>2019 Standard Number</th>
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</tr>
</thead>
</table>
| ▪ Scoring Procedure revised | | | *surgical procedure.*  
§416.52(a)(4)  
*The patient’s medical history and physical assessment must be placed in the patient’s medical record prior to the surgical procedure.*  
§416.52(a)(3)  
**REQUIRED ELEMENTS**  
The H&P is submitted to the ASC prior to the patient’s scheduled surgery date, in order to allow sufficient time for review by the ASC’s medical staff and adjustments if necessary, including postponement or cancellation of the surgery. **In the event that the H&P is not received by the ASC prior to the patient’s scheduled procedure day, at a minimum, the H&P must be placed in the patient’s medical record prior to the pre-surgical assessment), since that assessment must first consider the findings of the H&P before examining the patient for changes.**  
Both the H&P and the pre-surgical assessment must be placed in the patient’s medical record before the surgery.  
**SCORING PROCEDURE**  
▪ Select medical records for review and verify the medical history and physical is placed in the medical record prior to the surgical procedure.  
▪ Focus in particular on open records of patients scheduled for surgery during the on-site survey, to determine whether these documents are in the patients’ records before the start of their surgical procedures.  
▪ Verify that each record contains both the H&P and the updated pre-surgical assessment.  
▪ Verify the H&P was performed by a physician, or other qualified licensed individual authorized in accordance with state law, standards of practice, and ASC policy.
<table>
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<tr>
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</tr>
</thead>
</table>
| 13.00.02 Admission & Pre-surgical Assessment | 13.00.02 Patient pre-surgical history and physical | ▪ Standard Revised  
▪ CFR references added  
▪ Req’d Elements revised  
▪ Scoring procedure revised | STANDARD  
Standard: Patient assessment and admission.  
(1) The ASC must develop and maintain a policy that identifies those patients who require a medical history and physical examination prior to surgery. The policy must—  
(i) Include the timeframe for medical history and physical examination to be completed prior to surgery.  
(ii) Address, but is not limited to, the following factors: Patient age, diagnosis, the type and number of procedures scheduled to be performed on the same surgery date, known comorbidities, and the planned anesthesia level.  
(iii) Be based on any applicable nationally recognized standards of practice and guidelines, and any applicable State and local health and safety laws.  
§416.52(a)(1)  
§416.52(a)(1)(i)  
§416.52(a)(1)(ii)  
§416.52(a)(1)(iii)  
The history and physical must be completed no more than 30 days prior to the date of a procedure.  
Not more than 30 days before the date of the scheduled surgery, each patient must have a comprehensive medical history and physical assessment completed by a physician (as defined in section 1861(r) of the Social Security Act) or other qualified practitioner in accordance with applicable state health and safety laws, standards of practice, and ASC policy.  
REQUIRED ELEMENTS  
The purpose of...  
▪ The ASC has a policy addressing each component of the standard and including:
<table>
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<tr>
<td>▪ Documentation of allergies to drugs and biologicals and allergenic reactions.</td>
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<tr>
<td>▪ A requirement that the H&amp;P specifically indicate that the patient is cleared for survey</td>
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<tr>
<td>▪ Histories and physicals are completed no more than 30 days before the procedure.</td>
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<tr>
<td>▪ Documentation of any pre-existing medical conditions and appropriate test results.</td>
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<tr>
<td>▪ If there are elements of the H&amp;P, suitable for that ASC.</td>
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<tr>
<td>▪ In the case of an ASC the H&amp;P is typically completed by...medical staff.</td>
<td></td>
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<tr>
<td>POLICY</td>
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<td></td>
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<tr>
<td>The ASC written policy...state law or regulations.</td>
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<tr>
<td>SCORING PROCEDURE</td>
<td></td>
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<tr>
<td>▪ Verify the ASC has a written policy that addresses the required elements. The policy is based on applicable nationally recognized standards of practice and guidelines, and State and local laws.</td>
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<tr>
<td>▪ Determine whether...</td>
<td></td>
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<tr>
<td>▪ Review a sample of open and closed medical records to verify that:</td>
<td></td>
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<tr>
<td>□ There is a comprehensive H&amp;P that was completed in accordance with the written policy</td>
<td></td>
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<tr>
<td>□ The operating physician documents any pre-existing medical conditions and appropriate test results, in the medical record, before, during and after surgery.</td>
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</tbody>
</table>

**STANDARD**

*The patient’s medical history and physical examination (if any) must be placed in the patient’s medical record prior to the surgical procedure.*

§416.52(a)(4)

*The patient’s medical history and physical assessment must be placed in the patient’s medical record prior to the surgical procedure.*
### §416.52(a)(3)

**REQUIRED ELEMENTS**

The H&P is submitted to the ASC prior to the patient’s scheduled surgery date, in order to allow sufficient time for review by the ASC’s medical staff and adjustments if necessary, including postponement or cancellation of the surgery. In the event that the H&P is not received by the ASC prior to the patient’s scheduled procedure day, at a minimum, the H&P must be placed in the patient’s medical record prior to the pre-surgical assessment, since that assessment must first consider the findings of the H&P before examining the patient for changes.

Both the H&P and the pre-surgical assessment must be placed in the patient’s medical record before the surgery.

### SCORING PROCEDURE

- Select medical records for review and verify the medical history and physical is placed in the medical record prior to the surgical procedure.
- Focus in particular on open records of patients scheduled for surgery during the on-site survey, to determine whether these documents are in the patients’ records before the start of their surgical procedures.
- Verify that each record contains both the H&P and the updated pre-surgical assessment.
- Verify the H&P was performed by a physician, or other qualified licensed individual authorized in accordance with state law, standards of practice, and ASC policy.

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</tr>
</thead>
</table>
| 13.00.04 History & Physical Update | 13.00.04 Pre-surgical Assessment | ▪ Standard retitled  
▪ Standard revised  
▪ Req’d Elements revised  
▪ Scoring procedure revised | STANDARD  
Upon admission, each patient must have a pre-surgical assessment completed by a physician who will be performing the surgery or other qualified practitioner in accordance with applicable state health and safety laws, standards of practice, and |
ASC policy, that includes, at a minimum, an updated medical record entry documenting an examination for any changes in the patient's condition since the completion of the most recently documented medical history and physical assessment, including

The pre-surgical assessment must include documentation of any allergies to drugs and biologics.

§ 416.52(a)(2)
§ 416.52(a)(3)

**REQUIRED ELEMENTS**

Each ASC patient...the requirement at 42 CFR §416.52(a)(2).

**H&P PERFORMED PRIOR TO DAY OF SURGERY**  
(Section deleted)

**H&P PERFORMED ON DAY OF SURGERY**

If the H&P is performed on the day of the surgical procedure in the ASC, some, but not all, elements of the pre-surgical assessment may be incorporated into the H&P.

Assessment of the patient’s risk for the procedure and anesthesia must be conducted separately by a physician or other qualified practitioner in accordance with applicable State health and safety laws, standards of practice, and ASC policy and immediately prior to surgery.

The pre-surgical assessment:

1. Includes examination of the patient conducted by a physician or other qualified practitioner.
2. Occurs immediately prior to surgery.
3. In a manner consistent with the requirements at 42 CFR §416.42(a)(1) including:
4. Addresses risk...
5. Verifies that...
6. Includes other...
7. Identifies and documents...
8. Must be placed in the patient's medical record before the surgery.

**SCORING PROCEDURE**

- Confirm that...
- In the sample of medical records...
- Verify that each record contains a pre-surgical assessment.
- Verify that a physician performs those components of the pre-surgical assessment related to evaluation of anesthetic risk and procedural risk, as required by 42 CFR §416.42(a)(1).
- Verify that the pre-surgical assessment includes documentation in the medical record of the patient's allergies or lack of known allergies to drugs and biologics.

### CHAPTER 15: EMERGENCY MANAGEMENT

<table>
<thead>
<tr>
<th>15.00.01</th>
<th>Condition for Coverage: Emergency Preparedness</th>
</tr>
</thead>
</table>
| STANDARD | The ASC must comply…...\
The ASC must establish and maintain an emergency preparedness program that meets the requirements of this chapter utilizing an all-hazards approach. The requirements established by this chapter apply to all facilities owned, rented, leased or used by the ASC that provides patient care and treatment services. This applies regardless of the NFPA “occuancy” designation of the facility. An ASC may have off-site facilities that are only used as physician exam offices, but all the requirements of this chapter must apply. §416.54 |
| REQUIRED ELEMENTS | ...The emergency preparedness program must be reviewed annually every two years. |
| SCORING PROCEDURE | Ensure the emergency preparedness program is reviewed annually every two years. |

<table>
<thead>
<tr>
<th>15.00.02</th>
<th>Hazard Vulnerability Analysis (HVA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCORING PROCEDURE</td>
<td>Verify that the Hazard Vulnerability Analysis (HVA) is reviewed and updated annually every two years by the emergency management oversight committee.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15.00.03</th>
<th>Emergency Operations Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>STANDARD</td>
<td>The EOP is based on the priorities</td>
</tr>
</tbody>
</table>
### Scoring Procedure revised

- The EOP is reviewed on an annual basis every two years by the emergency management oversight committee.

#### SCORING PROCEDURE

- a. Was the EOP reviewed with local authorities per the policy of the ASC?
  - Verify that the plan is reviewed and updated annually every two years by looking for documentation.

### 15.00.05 Services

#### REQUIRED ELEMENTS

- The EOP includes a plan for the continuation of these services during the facility's response to the emergency event.
- If specific equipment is required for services listed, as in radiological diagnostic services as an example, the plan must state how equipment will be made available under emergency power.

#### SCORING PROCEDURE

- a. Check the services to be provided. If specific equipment is required for service, validate the provisions to keep the specific equipment available for use. In general, equipment that can be plugged into red emergency outlets is presumed to be available for the continuation of services during an emergency.

### 15.00.07 Collaboration

#### REQUIRED ELEMENTS

- Planning with officials...in the event of a disaster. In order to facilitate planning, facilities must share their plan with any officials or authorities listed within the plan.

#### SCORING PROCEDURE

- a. Review evidence that copies of the EOP have been forwarded to listed collaborative authorities for their use and reference. Evidence of communication beyond making the EOP available to these entities is not required.

### 15.00.08 Clarifications and Definitions

#### Note:

- No new content; definitions provided for clarity of other standards. No scoring at this standard.
### 15.01.01 Policies & Procedures

- Standard revised
- Req’d Elements revised
- Scoring Procedure revised

**STANDARD**

...These Policies & Procedures must be reviewed and updated **annually every two years** by the Emergency Management oversight committee.

Review written agreements with vendors and/or suppliers to determine that they have been updated or renewed annually if their goods or services are required specific to Emergency Preparedness operations.

The staff roster is dated, and evidence retained to demonstrate it is updated at least semi-annually.

**REQUIRED ELEMENTS**

...if the Policies & Procedures are not included in the EOP, then the EOP must identify where they are located. All referenced policies and procedures must meet all requirements for review and documentation as if included in the EOP directly.

Contracts with vendors and suppliers are more suspect to holding the terms of the agreement when extending greater than one year. Contracts are to be renewed annually or when vendors/suppliers are changed.

Real-time electronic tracking systems of current and former staff members are deemed to meet the requirement for semi-annual updates to the call-back roster.

**SCORING PROCEDURE**

...Review Policies & Procedures to ensure they have been reviewed and updated **per the standard**. Score review timeline issues of required Policies and Procedures under both this standard and the standard requiring the specific component of Emergency Preparedness.

Review written agreements with vendors and/or suppliers to determine they have been updated annually.

### 15.02.01 Communication Plan

- Standard revised
- Req’d Elements revised

**STANDARD**
### 15.03.01 Emergency Training

- Scoring Procedure revised
- Standard revised
- Req’d Elements revised (frequency of training)
- Scoring Procedure revised (frequency of training)

| STANDARD | 2. Provide emergency management training when the emergency plan is significantly updated and at least annually every two years...
| REQUIRED ELEMENTS | The training program must be reviewed and updated annually every two years...
| SCORING PROCEDURE | a. Can the ASC demonstrate that all staff (including contract workers and physicians) have received training on emergency preparedness on an annual basis every two years? |

### 15.03.02 Emergency Exercises

- Standard revised
- Req’d Elements revised
- Scoring Procedures revised

| STANDARD | 2. The ASC must participate in a second full-scale exercise that is community-based or individual facility-based of their choice.
| a. An individual facility-based functional exercise. |
| b. A drill |
OR

- c. a tabletop exercise.

REQUIRED ELEMENTS

2. The second must be a full-scale exercise that is a facility-based full-scale exercise choice of an individual facility-based functional exercise, a drill, or a tabletop exercise.

Table-top drills, while useful in the planning phase, are not an acceptable substitute for these exercises.

SCORING PROCEDURE

- Ensure that buildings classified as business occupancies and provide patient care activities each held at least one emergency exercise within the past calendar-year.