

AAAASF ASC Standards Comparison - CMS Burden Reduction required changes, effective March 2, 2020

Standard #	Previous Standard (ASC V7.0)	Standard #	Updated Standard (ASC V7.1)	CMS Reference	Identified Change
300.005.006	Upon admission, each patient must have a pre-surgical assessment completed by a physician 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 completion of the most recently documented medical history and physical assessment, including documentation of any allergies to drugs and biologicals.	300.005.006	<p>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.</p> <p>This assessment includes, at a minimum, the patient's medical history and physical examination (if any) and documentation of any allergies to drugs and biologicals. This assessment must be placed in the patient's medical record prior to the surgical procedure.</p>	416.52(a)(2) Standard 416.52(a)(3) Standard 416.52(a)(4) Standard	Updated verbiage based on CMS Burden Reduction update
400.021.025	The ASC must- Have a written transfer agreement with a hospital that meets the requirements of AAAASF Standard 400.021.010 [42CFR416.41(b)(2)]; or Ensure that all physicians performing surgery in the ASC have admitting privileges at a hospital that meets the requirements of AAAASF Standard 400.021.010 [42CFR416.41(b)(2)].	400.021.025	The ASC must provide the local hospital with written notice of its operations and patient population served at least annually.	416.41(b)(3) Standard	Updated verbiage based on CMS Burden Reduction update

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600.010.030	Medical clearance should be recorded, if applicable. A current history and physical examination by the surgeon, anesthesia provider, or the patient's personal physician is recorded within 30 days of surgery on all patients. The medical record must contain a current medical history taken on the same day as the surgical procedure and recorded by the surgeon or anesthesia provider prior to the administration of anesthesia.	600.010.030	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: -Include the 30-day time frame for medical history and physical examination to be completed prior to surgery. -Address, at minimum, 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. -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) Standard 416.52(a)(1)(i) Standard 416.52(a)(1)(ii) Standard 416.52(a)(1)(iii) Standard	Updated verbiage based on CMS Burden Reduction update
600.010.035	Significant medical history and a physical examination covering the organs and systems commensurate with the procedure(s) are recorded on all patients and placed in the patient's medical record prior to the surgical procedure.	600.010.035	Significant medical history and a physical examination covering the organs and systems commensurate with the procedure(s) are recorded on all patients and placed in the clinical record prior to the surgical procedure.	416.47(b)(2) Standard	No change (reference point)
900.010.010	A physician must examine the patient immediately before surgery to evaluate the risk of anesthesia and of the procedure to be performed.	900.010.010	A physician must examine the patient immediately before surgery to evaluate the risk of the procedure to be performed.	416.42(a)(1) Standard 416.42(a)(1)(i) Standard	Updated verbiage based on CMS Payment Rule update
N/A	N/A	900.010.011	A physician or anesthesiologist as defined at 42 CFR 410.69(b) of this chapter must examine the patient immediately before surgery to evaluate the risk of anesthesia.	416.42(a)(1) Standard 416.42(a)(1)(ii) Standard	New standard based on CMS Payment Rule update

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Standard #	Previous Standard (ASC V7.0)	Standard #	Updated Standard (ASC V7.1)	CMS Reference	Identified Change
1600.010.002	Emergency plan. The Provider/Supplier must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually.	1600.010.002	Emergency plan. The Provider/Supplier must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every two (2) years.	416.54(a) Standard	Updated verbiage based on CMS Burden Reduction update
1600.010.003	The plan must be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.	1600.010.003	The plan must be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.	416.54(a)(1) Standard	No change (reference point)
1600.010.007	The plan must include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the Provider/Supplier's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.	1600.010.007	The plan must include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.	416.54(a)(4) Standard	Updated verbiage based on CMS Burden Reduction update
1600.010.009	Policies and procedures. The Provider/Supplier must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in standard 1600.010.002 of this section, risk assessment in standard 1600.010.003 of this section, and the communication plan in standard 1600.010.023 of this section. The policies and procedures must be reviewed and updated at least annually.	1600.010.009	Policies and procedures. The Provider/Supplier must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in standard 1600.010.002 of this section, risk assessment in standard 1600.010.003 of this section, and the communication plan in standard 1600.010.023 of this section. The policies and procedures must be reviewed and updated at least every two (2) years.	416.54(b) Standard	Updated verbiage based on CMS Burden Reduction update

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1600.010.023	Communication plan. The Provider/Supplier must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually.	1600.010.023	Communication plan. The Provider/Supplier must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least every two (2) years.	416.54.c Standard	Updated verbiage based on CMS Burden Reduction update
1600.010.031	Training and testing. The Provider/Supplier must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in standard 1600.010.002 of this section, risk assessment in standard 1600.010.003 of this section, policies and procedures in standard 1600.010.009 of this section, and the communication plan in standard 1600.010.023 of this section. The training and testing program must be reviewed and updated at least annually.	1600.010.031	Training and testing. The Provider/Supplier must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in standard 1600.010.002 of this section, risk assessment in standard 1600.010.003 of this section, policies and procedures in standard 1600.010.009 of this section, and the communication plan in standard 1600.010.023 of this section. The training and testing program must be reviewed and updated at least every two (2) years.	416.54(d) Standard	Updated verbiage based on CMS Burden Reduction update
1600.010.033	The training program must provide emergency preparedness training at least annually.	1600.010.033	The training program must provide emergency preparedness training at least every two (2) years.	416.54.d.1.ii Standard	Updated verbiage based on CMS Burden Reduction update
1600.010.034	The training program must maintain documentation of all emergency preparedness training.	1600.010.034	The training program must maintain documentation of all emergency preparedness training.	416.54(d)(1)(iii) Standard	Standard number updated
1600.010.035	The training program must demonstrate staff knowledge of emergency procedures.	1600.010.035	The training program must demonstrate staff knowledge of emergency procedures.	416.54(d)(1)(iv) Standard	Standard number updated

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Standard #	Previous Standard (ASC V7.0)	Standard #	Updated Standard (ASC V7.1)	CMS Reference	Identified Change
N/A	N/A	1600.010.036	If the emergency preparedness policies and procedures are significantly updated, the Provider/Supplier must conduct training on the updated policies and procedures.	416.54.d.1.v Standard	New standard based on CMS Burden Reduction
1600.010.036	Testing. The Provider/Supplier must conduct exercises to test the emergency plan at least annually.	1600.010.037	Testing. The Provider/Supplier must conduct exercises to test the emergency plan at least annually.	416.54(d)(2) Standard	Standard number updated
1600.010.037	The Provider/Supplier must participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the Provider/Supplier experiences an actual, natural or man-made emergency that requires activation of the emergency plan, the Provider/Supplier is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.	1600.010.038	The Provider/Supplier must participate in a full-scale exercise that is community-based every two (2) years; or When a community based exercise is not accessible, conduct a facility-based functional exercise every two (2) years; or If the Provider/Supplier experiences an actual natural or manmade emergency that requires activation of the emergency plan, the Provider/Supplier is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the emergency event.	416.54(d)(2)(1) Standard 416.54(d)(2)(i)(A) Standard 416.54(d)(2)(i)(B) Standard	Updated verbiage based on CMS Burden Reduction update

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1600.010.038	The Provider/Supplier must conduct an additional exercise that may include but is not limited to following: (A) A second full-scale exercise that is community-based or individual, facility-based. (B) A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.	1600.010.039	The Provider/Supplier must conduct an additional exercise at least every two (2) years, opposite the year the full-scale or functional exercise (standard 1600.010.038) is conducted, that may include, but is not limited to the following: A) A second full-scale exercise that is community-based, or an individual, facility-based functional exercise; or B) A mock disaster drill; or C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.	416.54(d)(2)(ii) Standard 416.54(d)(2)(ii)(A) Standard 416.54(d)(2)(ii)(B) Standard 416.54(d)(2)(ii)(C) Standard	Updated verbiage based on CMS Burden Reduction update
1600.010.039	The Provider/Supplier must analyze the Provider/Supplier's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the Provider/Supplier's emergency plan, as needed.	1600.010.040	The Provider/Supplier must analyze the Provider/Supplier's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the Provider/Supplier's emergency plan, as needed.	416.54(d)(2)(iii) Standard	Standard number updated