



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
BUMEDINST 6320.86
BUMED-323
15 Nov 96

BUMED INSTRUCTION 6320.86

From: Chief, Bureau of Medicine and Surgery

Subj: AMBULATORY PROCEDURE VISITS (APVs)

Ref: (a) DoD Instruction 6025.8 dtd 23 Sep 96
(b) Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Ambulatory Health Care Standards Manual, Volumes I and II, current editions
(c) JCAHO, Accreditation Manual for Hospitals, current edition

Encl: (1) Procedures and Diagnoses Which May Be Appropriate for APVs

1. Purpose. To provide policy and requirements for APVs per reference (a). Establishing an APV system will eliminate the requirements for admission and inpatient care for certain health care services. In addition, the APV system will allow better comparability of utilization and cost data between military and civilian sources of care.

2. Cancellation. NAVMEDCOMINST 6320.21 and report control symbol 6320-46.

3. Definitions

a. An APV refers to a medical intervention or episode of medical care rendered in an ambulatory setting. For ambulatory procedures, any related immediate (day of procedure) preprocedure and postprocedure care will be included as part of the APV. Although the term "same day surgery" (SDS) is often used interchangeably with APV, APV is less ambiguous and shall be used in lieu of SDS for official purposes.

b. For an APV, care in the facility may not exceed 24 hours, measured from the first nursing note to the time of discharge.

c. Minor procedures performed in the outpatient clinic setting which do not require postprocedure care or observation by a medical professional shall not be considered APVs.

d. Ambulatory procedure unit (APU) refers to a location or organization within the medical treatment facility (MTF) which provides APVs.

4. Policy. Department of Defense (DoD) policy encourages the efficient use of medical resources consistent with providing high quality medical care. DoD policy encourages optimal use of APUs in MTFs where it is cost effective, when technical outcome is not compromised, and when patient needs are met.

5. Action. Follow these minimum requirements. Provide local requirements as necessary.

a. Patient Selection Criteria. The APV is most appropriate for a patient who, by virtue of his or her medical status and the nature of the treatment or procedure, needs short term care (but not inpatient care) which cannot be rendered solely in an outpatient clinic.

(1) Each MTF shall develop a facility-specific list, reflecting local capabilities of medical interventions or care appropriate for APVs. A list of common procedures and diagnoses which may be appropriate for APVs is in enclosure (1).

(2) Patient selection criteria, if any, shall be established and made available to medical staff.

(3) All types of anesthesia may be used for APU patients. When possible, anesthetics should be chosen to expedite patient discharge within the APV 24-hour period.

b. Licensure, Credentialing, and Privileging Requirements and Procedures. Medical personnel assigned to perform APVs must have delineated privileges to perform these interventions.

c. Quality Improvement and Risk Management. Each MTF will incorporate the APU and APVs into its overall quality improvement and risk management plans.

d. Pre-APV Processing Requirements

(1) For elective, scheduled APVs, necessary patient processing, consultations, and pre-APV testing shall be performed within the timeframes established in the local Medical Staff Policies and Procedures.

(2) Patients undergoing APVs shall receive a wrist band, similar to the wrist band worn by inpatients, documenting the patient's name, family member prefix, sponsor's identification number, and date of the APV.

e. APU, Operating Room and Postanesthesia Care Unit Protocols, and Staffing and Organization

(1) A medical officer appointed by commanding officers and commanders shall establish policies, procedures, and protocols

dealing with the APU and APVs, if required, and ensure they are followed.

(2) These policies, procedures, and protocols must be approved by the Executive Committee of the Medical Staff.

(3) Surgical and postanesthesia care unit policies, procedures, and protocols, as they relate to APV patients, must be consistent with those related to treatment of other surgical patients and with references (b) and (c).

f. Disposition and Followup. Each MTF shall establish criteria for determining which patients require nonmedical attendants for planned or unplanned medical followup. Patients requiring postprocedure observation or assistance by a responsible nonmedical attendant shall be accompanied by the nonmedical attendant when leaving the APU.

g. APV Medical Records Implementation, Maintenance, and Retirement

(1) Use the following guideline to implement, maintain, and retire APV records:

(a) Documentation on a patient seen during an APV will be filed in a manila folder. The folder will be annotated with the patient's name, family member prefix (FMC), and sponsor's Social Security Number. MTFs with inpatient capabilities may use inpatient record jackets in lieu of manila folders.

(b) APV records will be stored as a separate group in the MTF in limited access areas to allow for risk management and quality improvement purposes. These records shall be maintained at the MTF for 2 years after the date of the APV.

(c) Two years following the patient's last APV encounter, the record will be retired to National Personnel Records Center (NPRC), St. Louis, MO. APV records will be sent to NPRC as a separate category from inpatient and outpatient records.

(2) Use the following guidelines for the clinical application of APV records:

(a) Ensure medical records are complete and current at the time of the APV.

(b) Ensure record documentation meets the standards for a short-term stay and complies with the JCAHO standards. At a minimum, documentation shall include a Privacy Act Statement (DD 2005), pertinent details of the medical history and physical examination, progress notes, description of interventions, provider's orders, and discharge instructions as outlined below. Cover sheets will be used when the Ambulatory Data System supports this requirement. Copies of any operative reports or tissue reports will be forwarded for inclusion in the patient's outpatient record.

(c) The following Standard Forms (SFs) are recommended for use in APV medical records: Abbreviated Medical Record (SF 539); Request for Administration of Anesthesia and for Performance of Operations and Other Procedures (SF 522); Clinical Record, Anesthesia (SF 517); and Emergency Care and Treatment Record (SF 558), which may be used in lieu of SF 539 for the duration of the APV if less than 24 hours of observation in the APU follow treatment in the emergency department. As an alternative to these SFs, forms may be developed locally to integrate documentation requirements into comprehensive records. For example, a single local form might include documentation of the pertinent details of medical history and physical examination, consent, assessments and interventions by APU staff, procedure, and discharge instructions. Any locally developed forms must be approved by the MTF's Medical Records Committee before use in APV medical records.

(d) An APV patient who stays beyond 24 hours must be admitted as an inpatient. All APV documentation will be transferred to an inpatient record. An advance directive must be added to the record.

(e) If an emergency department patient receiving care in the APU subsequently requires admission (during that episode of care), documentation of medical history and physical examination is required.

(f) Coding Procedures. Providers will select the initial presumptive diagnoses (ICD-9-CM) (International Classification of Diseases, 9th edition, Clinical Modification) and current procedural terminology (CPT-4) procedure codes, but final coding shall be performed by individuals trained in ICD-9-CM and CPT-4 coding, based upon official medical records entries (i.e., operative report, pathology report, etc.).

(g) Ambulatory encounter summary forms (Scan-tron forms) used for coding will be retained in the APV record for auditing and quality assurance purposes.

h. Medical Expense Performance Reporting System (MEPRS) Codes. MEPRS will use a fourth level coding methodology to identify APVs, with a "5" in the fourth position for each outpatient clinic performing APVs. For example, an APV performed by an internal medicine provider (MEPRS subaccount BAA) would be reported as BAA5.

i. Emergency Contingency Procedures for Stand-Alone Ambulatory Procedure Clinics. Freestanding APUs (those not attached to an MTF with inpatient services) will establish contingency transfer and transportation arrangements following current national, local, and specialty standards of care and practice. These arrangements shall be in writing, with a nearby hospital or recovery facility capable of treating complications requiring hospitalization or further intervention.

j. Billing Procedures

(1) Third Party Collections. Follow current procedures for third party collections. Use DoD Reimbursable Rates memorandum published by the Office of the Under Secretary of Defense (OUSD) (Comptroller).

(a) Third party payers and patients who are billed at the Interagency, International Military Education and Training (IMET), and "Other" rate will be billed the appropriate APV rate listed in the annual DoD reimbursable rates memorandum published by the OUSD (Comptroller).

(b) Billings for categories of patients charged the Interagency, IMET, and "Other" rate will be supported by either a one-time charge to the Composite Health Care System or an adjustment to the DD Form 7, Report of Treatment Furnished Pay Patients, Hospitalization Furnished. Following DD7A regulations, Medical Services Accounting (MSA) processes will be used to collect the APV rate from Federal agencies and from individuals who are billed for medical care.

(2) Cosmetic surgery procedures performed as APVs shall be charged to nonactive duty patients at the APV rate.

6. Standard of Care. There is one standard of care within the MTF, whether the care is rendered in the inpatient setting, the APU setting, or the outpatient setting. The standard of care provided shall be based on material published by national specialty organizations (e.g., American College of Surgeons, Association of Operating Room Nurses). These standards shall follow local standards of care and practice and shall be consistent throughout all clinical areas in the facility.

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7. Forms. The following forms are available from the Federal Supply System through normal supply procurement procedures:

a. SF 539 (Rev. 10-75), Abbreviated Medical Record, S/N 7540-00-634-4175.

b. SF 522 (Rev. 7-91) Request for Administration of Anesthesia and for Performance of Operations and Other Procedures S/N 7540-00-634-4165.

c. SF 558 (Rev. 6-82), Emergency Care and Treatment Record. S/N 7450-01-075-3786.

d. SF 517 (Rev. 10-75), Clinical Record, Anesthesia, S/N 7540-00-634-4157 (flatsheet) or 7540-00-656-1314 (single fold).

e. DD 2005, (Rev. 1-76), Privacy Act Statement.

f. DD 7 (Rev. 1-76), Report of Treatment Furnished Pay Patients, Hospitalization Furnished, is a computer generated form available in the Fiscal Department of MTFs.


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PROCEDURES AND DIAGNOSES WHICH MAY BE APPROPRIATE FOR APVs

Carpal tunnel release
Peripheral/cranial nerve procedures
Concussion
Retinal procedures
Orbital procedures
Lens procedure with or without vitrectomy
Extraocular procedure
Intraocular procedures
Sialoadenectomy
Other salivary gland procedures
Cleft lip repair
Sinus and mastoid procedures
Miscellaneous ear, nose, or throat procedures
Rhinoplasty
Tonsillectomy and/or adenoidectomy
Myringotomy with tube insertion
Procedure for ear, nose, mouth, or throat malignancy
Epistaxis
Reconstruction for nasal trauma and/or deformity
Cardiac pacemaker implantation, replacement, or revision
Vein ligation and stripping
Peripheral vascular procedures
Peritoneal adhesolysis
Anal and stomal procedures
Hernia procedures
Mouth procedures
Dental and oral procedures
Laparoscopic cholecystectomy
Amputations for musculoskeletal or connective tissue disorders
Major shoulder, elbow, or other upper extremity procedures
Foot procedures
Soft tissue procedures
Hand, wrist, or thumb procedures
Excision and removal of internal fixation devices
Arthroscopy
Other musculoskeletal system and connective tissue procedures
Medical back problems
Fractures, sprains, and dislocations
Subtotal or total mastectomy
Breast procedure for nonmalignant disease
Breast biopsy or local excision
Skin graft and/or debridement for skin ulcers
Perineal and pilonidal procedures
Skin, subcutaneous tissue, and breast procedures
Skin ulcers
Minor skin disorders
Thyroglossal duct procedures
Kidney, ureteral and bladder procedures

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Minor bladder procedures
Transurethral procedures
Urethral procedures
Other kidney and urinary tract procedures
Urinary stones with or without lithotripsy
Urethral strictures
Testes procedures
Penis procedures
Circumcision
Male reproductive system procedures
Female reproductive system reconstruction
Vagina, cervix, vulva procedures
Laparoscopy and incisional tubal interruption
Endoscopic tubal interruption
Dilatation and curettage
Cervical conization
Other female reproductive system procedures
Hysterotomy
Traumatic injury
Nonextensive burns