

REPORT DOCUMENTATION PAGE			
1. AGENCY USE ONLY (leave blank)	2. REPORT DATE September 23, 1996	3. REPORT TYPE & DATE COVERED DoD Instruction 6025.8 <i>DoDI-6025.8</i>	
4. TITLE & SUBTITLE Ambulatory Procedure Visit (APV)		5. FUNDING NUMBERS	
6. AUTHOR(S) D. Browne			
7. PERFORMING ORGANIZATION NAME(S) & ADDRESS(ES) Assistant Secretary of Defense for Health Affairs 1200 Defense Pentagon Washington, DC 20301-1200		8. PERFORMING ORGANIZATION REPORT NUMBERS	
9. SPONSORING/MONITORING AGENCY NAME(S) & ADDRESS(ES)		10. SPONSORING/MONITORING AGENCY REPORT NUMBERS	
11. SUPPLEMENTARY NOTES This Instruction replaces ADA-272737.			
12a. DISTRIBUTION/AVAILABILITY STATEMENT Unclassified, Release unlimited.		12b. DISTRIBUTION CODE	
13. ABSTRACT (Maximum 200 Words) This Instruction reissues DoD Instruction 6025.8, dated July 21, 1986, to implement policy and update responsibilities and procedures with the Department of Defense on the APV, in accordance with the authority contained in DoD Directive 5136.1. Establishment of the APV system eliminates the requirements for admission and inpatient care for certain healthcare services. In addition, the APV system will allow better comparability of utilization and cost data between military and civilian sources of care.			
14. SUBJECT TERMS		15. NUMBER OF PAGES 4 Pages	
		16. PRICE CODE	
17. SECURITY CLASSIFICATION OF REPORT Unclassified	18. SECURITY CLASSIFICATION OF THIS PAGE Unclassified	19. SECURITY CLASSIFICATION OF ABSTRACT Unclassified	20. LIMITATION OF ABSTRACT

19970128 342

EXEMPTION STATEMENT
Approved for public release



Department of Defense INSTRUCTION

September 23, 1996
NUMBER 6025.8

ASD(HA)

SUBJECT: Ambulatory Procedure Visit (APV)

- References:
- (a) DoD Instruction 6025.8, "Same Day Surgery," July 21, 1986 (hereby canceled)
 - (b) DoD Directive 5136.1, "Assistant Secretary of Defense (Health Affairs)," May 27, 1994
 - (c) U.S. Department of Health and Human Services, Public Health Service, International Classification of Diseases, 9th Revision-Clinical Modification (ICD-9-CM), Volume 3, September 1980 (plus subsequent addenda)
 - (d) American Medical Association, Current Procedural Terminology (CPT), 1995
 - (e) through (g), see enclosure 1

A. REISSUANCE AND PURPOSE

This Instruction reissues reference (a) to implement policy and update responsibilities and procedures within the Department of Defense on the APV, in accordance with the authority contained in reference (b). Establishment of an APV system eliminates the requirements for admission and inpatient care for certain healthcare services. In addition, the APV system will allow better comparability of utilization and cost data between military and civilian sources of care.

B. APPLICABILITY AND SCOPE

This Instruction applies to:

1. The Office of the Secretary of Defense and the Military Departments.
2. DoD healthcare practitioners who are involved in the delivery of healthcare services to eligible beneficiaries.
3. DoD medical and dental treatment facilities (MTFs/DTFs) operated by the Military Departments.
4. Groups of civilian preferred providers, under managed care support contracts to the Department of Defense, in health services regions throughout the Military Health Services System, to the extent provided in such contracts.

C. DEFINITIONS

1. Ambulatory Procedure Unit (APU). A location or organization within an MTF (or freestanding outpatient clinic) that is specially equipped, staffed and designated for the purpose of providing the intensive level of care associated with ambulatory procedure visits.

2. Ambulatory Procedure Visit (APV). Immediate (day of procedure) pre-procedure and immediate post-procedure care requiring an unusual degree of intensity and provided in an ambulatory procedure unit. Care is required in the facility for less than 24 hours.

D. POLICY

1. It is DoD policy to encourage the efficient use of medical resources consistent with the provision of high quality medical care. DoD policy encourages the optimal use of APVs in the medical facilities of the Military Services where it is cost-effective, clinical outcome is not compromised, and patient needs are met.

2. The medical record documentation for the APV must meet the standards of documentation for a short-term stay (abbreviated medical record) and be filed in the inpatient record. It will be maintained by the local MTF in a limited access area for risk management and quality improvement purposes. Copies of the procedure reports shall be forwarded to the outpatient record.

3. 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 be implemented according to local standards of care and practice, and shall be consistent throughout all clinical areas in the facility (e.g., APU, inpatient unit, or outpatient clinic).

4. To establish APV Medical Expense and Performance Reporting System (MEPRS) records, staff hours will be monitored and a separate MEPRS 4-digit code using a numeric descriptor (i.e. BAA5) shall be established by the Office of the Assistant Secretary of Defense for Health Affairs beginning with the implementation of this Instruction.

5. APVs shall be provided only in APUs.

E. RESPONSIBILITIES

1. The Assistant Secretary of Defense for Health Affairs, under the Under Secretary of Defense for Personnel and Readiness, shall establish reimbursement rates for inpatient, outpatient and APVs and shall monitor developments in ambulatory procedures, updating this Instruction and automated systems, as necessary.

2. The Secretaries of the Military Departments shall issue documents to implement this Instruction within 120 days of signing.

a. Department documents shall address the following subject, at a minimum.

- (1) Patient selection criteria.
- (2) Licensure, credentialing and privileging requirements and procedures.
- (3) Quality improvement and risk management.
- (4) Pre-procedure testing requirements.
- (5) Operating and recovery room protocols, staffing and organization.
- (6) Disposition and follow-up.
- (7) Medical records documentation, coding procedures formats and storage.
- (8) Emergency contingency procedures for stand-alone ambulatory procedure clinics.

(9) Third party collection procedures.

3. Commanders of MTFs where Ambulatory Procedure Visits are performed shall be required to develop a facility-specific approved list of ambulatory procedures that are organized and coded according to ICD-9-CM diagnoses coding (reference (c)), CPT procedure coding (reference (d)), and DoD Instruction 6040.33 (reference (e)). This list of procedures shall reflect accepted medical practice and local capabilities.

4. Commanders of MTFs where Ambulatory Procedure Visits are performed shall create and maintain a medical record of the visit in accordance with the Joint Commission on Accreditation of Healthcare Organizations (references (f) and (g)).

F. PROCEDURES

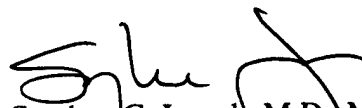
1. The nature of the procedure and the medical status of the patient using the ambulatory procedure unit combine for a requirement for short term care (but not inpatient care) that is more appropriately rendered in an APU rather than in an outpatient clinic. All types of appropriate anesthesia can be chosen as indicated by privileged providers. This category is appropriate for all types of patients (e.g., obstetrical, surgical, pediatric) who by virtue of the procedure or anesthesia require post-procedure care, observation, or assistance.

2. Freestanding ambulatory procedure units (not attached to an MTF with full inpatient services) shall establish contingency transfer and transportation arrangements in accordance with current national, specialty and local standards of care and practice. These agreements shall be in writing with a nearby facility capable of treating complications requiring hospitalization or further intervention.

3. For procedures requiring post-procedure observation or assistance by a responsible non-medical attendant, the non-medical attendant shall accompany the patient when leaving the APU. The MTF shall establish criteria for the requirement of non-medical attendant assistance with planned or unplanned medical follow-up.

G. EFFECTIVE DATE AND IMPLEMENTATION

This Instruction is effective immediately. This DoD Instruction will be revised and updated as appropriate based on changing techniques and systems redesign. Suggestions for revision should be forwarded to the Deputy Assistant Secretary of Defense (Clinical Services).



Stephen C. Joseph, M.D., M.P.H.
Assistant Secretary of Defense (Health Affairs)

Enclosure
References

REFERENCES, continued

- (e) DoD Instruction 6040.33, "Medical Diagnoses and Surgical Operations and Procedures Nomenclature and Statistical Classification," May 12, 1986
- (f) Joint Commission on Accreditation of Healthcare Organizations, "Accreditation Manual for Hospitals," Volumes I and II, current editions
- (g) Joint Commission on Accreditation of Healthcare Organizations, "Ambulatory Health Care Standards Manual," Volumes I and II, current editions