
Ambulatory Surgical Centers (ASC) Survey Process

The Centers for Medicare and Medicaid Services (CMS) Survey established protocols and Interpretive Guidelines to provide guidance to personnel conducting surveys. These serve to clarify, and/or explain, the intent of the federal regulations. All surveyors are required to use protocols in assessing compliance with requirements. The ASC survey protocols, and federal regulation set, are contained within 42 Code of Federal Regulations (CFR) Part 416, [Appendix L](#) of the CMS State Operations Manual (SOM).



The regulatory requirements consist of ten Conditions for Coverage (CFCs) and each of these Conditions is comprised of specific standards. An ASC must comply with all CFC requirements (Conditions), at all times. A brief description of the ASC survey process is below. Please refer to Appendix L for detailed information regarding the ASC survey process.

Initial Surveys

Initial surveys are conducted in order for an ASC to achieve Medicare Certification. The State Agency (SA) or an Accrediting Organization (AO) conducts initial surveys, dependent on whether or not the ASC is seeking deemed status.

Initial Surveys for ASCs Not Seeking Deemed Status

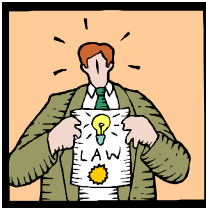
At this time, the SA is not performing initial surveys. Please refer to [CMS letter, S&C 08-03 *Initial Surveys for New Medicare Providers, November 5, 2007*](#), for additional information.

Initial Surveys for ASCs Seeking Deemed Status

An ASC has the option of achieving Medicare certification, through an accrediting organization (AO), by requesting a

deemed status survey. If an ASC successfully completes a deemed accreditation survey, the ASC is deemed by CMS to meet all Conditions for Coverage for ASCs. Please refer to [CMS letter, S&C 08-03 Initial Surveys for New Medicare Providers, November 5, 2007](#), for additional information.

Recertification & Validation Surveys



The SA conducts unannounced recertification surveys for non-deemed providers. The State Agency conducts unannounced validation surveys for deemed providers. During both the recertification and validation surveys, the SA surveyors assess the compliance of all Conditions for Coverage and standard level regulations.

The purpose of the validation survey is to validate the survey findings of the AO.

CMS directs the frequency and priority status of ASC recertification and validation surveys. CMS established priorities and frequencies for current FFY are as follows:

- Priority One: 5% - 10% Validation Surveys - the State surveys deemed providers as assigned by CMS.
- Priority Two: 25% targeted sample – the State performs surveys totaling 25% of all non-deemed ASCs in the State.
- Priority Three: 6.0 year interval - additional surveys are done (beyond Priority Two surveys) to ensure that no more than 5.0 years elapse between surveys for any one particular non-deemed ASC.
- Priority Four: Initial certifications.

Follow-up Surveys

The State Agency conducts follow-up surveys for both deemed and non-deemed providers. The purpose of the follow-up survey is to determine the ASC has implemented systemic corrective actions for the deficiencies cited during the previous survey. A follow-up survey may be conducted at the facility or by phone/mail. An unannounced on-site revisit is mandated when deficiencies are cited at the Condition for Coverage level; but may be optional when cited at the standard level.

Complaint Surveys

Either CMS or the State Agency conduct complaint surveys for both deemed and non-deemed providers. Anyone may file allegations of provider non-compliance with regulatory requirements. The State Agency is required to investigate all such allegations. When a complaint that alleges regulatory non-compliance is received, an unannounced complaint survey is conducted which focuses on the allegations of the complaint. Please refer to [Chapter 5](#) of the SOM for more specific information regarding the complaint survey process.