

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



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Comprehensive Error Rate Testing (CERT): Skilled Nursing Facility (SNF) Certifications and Recertifications

Note: This article was revised on August 25, 2014, to delete a sentence in the "Provider Action Needed" section that referenced outpatient therapy. All other information remains the same.

Provider Types Affected

This MLN Matters® Special Edition Article is intended for physicians and non-physician practitioners (NPPs) who bill for services provided to Medicare beneficiaries in SNFs.

Provider Action Needed

This MLN Matters® Special Edition (SE) 1428 alerts providers that a major reason for claims being denied is failure to obtain certification and recertification statements from physicians or NPPs. The routine admission order established by a physician is not a certification of the necessity for post hospital extended care services for purposes of the program. Your billing staff needs to be aware of the requirements outlined below.

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Background

The SNF inpatient improper payment rate increased from 4.8 percent during the 2012 reporting period to 7.7 percent during the 2013 report period. A major source of improper payments stems from SNFs failure to obtain certification and recertification statements from physicians or NPPs.

What is an Acceptable Certification Statement?

An acceptable certification statement must contain the following information:

- The individual needs skilled nursing care (furnished directly by or requiring the supervision of skilled nursing personnel) or other skilled rehabilitation services;
- Such services are required on a daily basis;
- Such services can only practically be provided in a SNF or swing-bed hospital on an inpatient basis;
- Such services are for an ongoing condition for which the individual received inpatient care in a hospital; and
- A dated signature of the certifying physician or NPP.

What is an Acceptable Re-certification Statement?

An acceptable recertification statement must contain the following information:

- The reasons for the continued need for post hospital SNF care;
- The estimated time the individual will need to remain in the SNF;
- Plans for home care, if any;
- If the reason for continued need for services is a condition that arose after admission to the SNF (and while being treated for an ongoing condition for which the individual received inpatient care in a hospital) this must be indicated; and
- A dated signature of the recertifying physician or NPP.

How and When to Document the Certification and Recertification Statements

- There is no specific format or procedure for documentation of the certification or recertification statement(s) but they must include the content listed above. For example (if appropriate) the physician or NPP could sign and date a statement that:
 1. All of the required information is included in the individual's medical record; and
 2. Continued post hospital extended care services are medically necessary.

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- The following are the required timeframes for physicians or NPPs to document the certification or recertification statement(s):
 1. The certification must be obtained at the time of admission or as soon thereafter as is reasonable and practicable.
 2. The first recertification is required no later than the 14th day of post hospital SNF care.
 3. Subsequent recertifications are required at least every 30 days after the first recertification.

Note: SNFs are expected to obtain timely certification and recertification statements. However, delayed certifications and recertifications will be honored where, for example, there has been an isolated oversight or lapse. Delayed certifications and recertifications must include an explanation for the delay and any medical or other evidence which the SNF considers relevant for purposes of explaining the delay.

Examples of CERT Findings

Below are examples of CERT review findings of incorrect certifications and recertifications:

- A physician order dated the day of admission to the SNF stated “resident certified as skilled (Medicare).” There was no indication of the need for daily skilled care, for inpatient services or for services for an ongoing condition for which the individual received inpatient care in a hospital care. Therefore the certification was not complete.
- A record selected by CERT for medical review did not have a certification or recertification statement. In response to a request for additional documentation, the facility submitted an initial certification and a recertification dated after the dates of service for the claim. There was no explanation of the reason(s) for the delayed certification. Therefore, the medical record did not meet Medicare requirements.
- A SNF medical record contained a 30-day recertification dated prior to the claim’s dates of service. There was no initial certification. A request for further documentation resulted in an initial certification and a 14-day recertification, both signed six months after the claim’s dates of service. In addition, the 30-day recertification was returned with a new date, also well after the claim dates of services. There was no explanation of the reason(s) for the delayed certification. This documentation did not meet the requirements for SNF certification and recertification.

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Additional Information

If you have any questions, please contact your MAC at their toll-free number, which is available at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

For more information about SNF claim denials you may review the Code of Federal Regulations (CFR) at <http://www.gpo.gov/fdsys/granule/CFR-2010-title42-vol3/CFR-2010-title42-vol3-sec424-20> on the Internet, click on downloads and choose which volume to review.

You may also want to review the following documents:

- The *Physician Certification and Recertification for Extended Care Services* in the “Medicare Benefit Policy Manual”, Chapter 8, Section 40 at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c08.pdf> on the CMS website.
- The *SNF Inpatient Part A Billing and SNF Consolidated Billing* in the “Medicare Claims Processing Manual”, Chapter 6, at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c06.pdf> on the CMS website.
- The *Skilled Nursing Facility Prospective Payment System Fact Sheet* at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/snfprospaymtfctsht.pdf> on the CMS website.
- The *Skilled Nursing Facility (SNF) Spell of Illness Quick Reference Chart* at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/SNFSpellIllnesschrt.pdf> on the CMS website.

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