MLN Connects™

National Provider Call

# Inpatient Admission and Medical Review Criteria

## *Order & Certification Updates*

February 27th 2014

2:30-4:00 PM ET

Medicare Learning Network®

Official Information Health Care Professionals Can Trust

CMS

CENTERS FOR MEDICARE & MEDICAID SERVICES

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# Agenda for Today

- Review the Order and Certification clarifications, as published on January 30th 2014:
  - Elements in the medical record satisfying certification
  - Certification length of stay (LOS) requirements (actual LOS)
  - Critical Access Hospital (CAH) certification requirements
  - Inpatient orders by practitioners without admit privileges
  - Inpatient status timing
  - Signing/Countersigning the order
  - Rare cases: order defective or missing
- Transfers

# Order and Certification Clarification

# Background

- Social Security Act §1814(a) requires physician certification of the medical necessity of services to be provided on an inpatient basis

- Order to admit is a critical element for hospital inpatient coverage & payment

- Certification–which includes the order– is necessary to support inpatient services as reasonable & necessary

# CERTIFICATION

## Content of the Certification

*(For Non- Inpatient Psychiatric Hospitals)*

- Authentication of Practitioner Order
- Reason for Inpatient Services
- Estimated or Actual Required Hospital Time
- Plans for Post-Hospital Care
- CAH Services Only– 96 Hour Rule
- Inpatient Rehabilitation Facilities Requirements

# Timing of the Certification

- Certification begins with the order
- Must be completed, signed, dated, and documented
  - Generally good medical documentation fulfills
- Prior to Discharge

# Authorization to Sign

- Physician who is a doctor of medicine or osteopathy
- Dentist as specified at 42 CFR 424.13(d)
- Doctor of podiatric medicine (if authorized under state law)
- Must be responsible for the beneficiary or have sufficient knowledge of the case (and be authorized to certify)

# Defining Sufficient Knowledge

- Surgeon or physician on-call
- Surgeon responsible for major procedure
- Dentist functioning as admitting physician of record or surgeon for major dental procedure
- Non-physician/non-dentist admitting practitioner licensed by state/ privileged by facility
- Member of hospital staff reviewed file (utilization review)
- ED physician or hospitalist

# Certification Format

- No specific procedure or format
- If all the requisite information is included in the medical documentation (i.e., physician progress notes, etc.), this may fulfill the certification

# ORDER

- Formal admission pursuant to an order
- Completed by qualified physician/practitioner
- Begins inpatient status and time

  NOTE: The 2 midnight benchmark states that the physician should account for total contiguous time in the hospital in formulating expected length of stay. This does not mean the order for admission may be retrospective.

# Qualifications of Ordering/Admitting Practitioner

- Must be written by a physician or practitioner:
  - Licensed by the state to admit inpatients
  - Granted privileges by the hospital to admit
  - Knowledgeable about the patient
- Not required to be certifying practitioner
- Medical residents, physician assistants, nurse practitioners, other non-physician practitioners or practitioners without admitting privileges may act as a proxy if authorized under state law AND ordering physician approves and accepts decision→ countersigns

# Verbal Orders

- Practitioners without admitting authority, such as nurses, may be permitted to accept and record verbal orders (VO) at their facility
- Ordering practitioner must directly communicate the order and must countersign the order as written to authenticate it
- Inpatient time starts with VO, if authenticated
- State laws, hospital policies and bylaws, rules and regulations must be met

# Standing Orders and Protocols

- Order for inpatient admission may not be a standing order
- Protocol or algorithm may be used in considering inpatient admission
- Only the ordering practitioner or practitioner acting on his behalf (i.e., resident) may make and take responsibility for an admission decision

# Physicians with Sufficient Knowledge to Write the Order for Inpatient Admission

- Admitting physician of record
- Physician on call
- Primary or covering hospitalist
- Primary care practitioner (PCP) (or on call for PCP)
- Surgeon responsible for major procedure
- Emergency or clinic practitioners caring for the beneficiary at the point of admission
- Others qualified to admit and actively treating
  - UR knowledge based on the record does **not** suffice

# Timing and Specificity of the Order

- At or before the time of inpatient admission
  - If written in advance, inpatient admission does not occur until formal admission by the hospital
  - If formally admitted prior to order being documented, inpatient stay begins with order

- No specific language required, but it is in the best interest of the hospital that the admitting practitioner use language clearly expressing their intent to admit as an inpatient
  - Rare Circumstances it may be inferred

# Transfers

# Transfers (General)

- Pre-transfer time and care provided to the beneficiary at the initial hospital may be taken into account to determine whether the 2-midnight benchmark was met.
  - Start clock for transfers begins when the care begins in the initial hospital.
  - Excessive wait times or time spent in the hospital for non-medically necessary services must be excluded.

- Records may be requested from the transferring hospital to support the medical necessity of the services provided and to verify when the beneficiary began receiving care
  - Ensure compliance, deter gaming or abuse.
  - Claim submissions for transfer cases will be monitored and any billing aberrancy identified by CMS or the Medicare review contractors may be subject to targeted review.

# Transfers (General)

- The initial hospital should continue to apply the 2-midnight benchmark based on the expected length of stay of the beneficiary for hospital care within their facility.

# Transfers (Off-Campus Emergency Departments)

- If an emergency department (ED) is established as a provider-based/practice location of the hospital, CMS does not pay to move the patient from an off-campus location of the Medicare hospital to the campus of the same Medicare hospital.
  - Moving the beneficiary within the hospital that participates in Medicare under a single CMS Certification Number (CCN) from a provider-based off-campus ED to a separate on-campus unit, or moving the bene from an on-campus ED to a specified floor on the same campus, would be considered the same from a Medicare perspective.

- Therefore, if a hospital ED is either an on-campus ED or an off-campus provider-based ED/practice location of a Medicare-certified hospital, the ED is considered part of that hospital for purposes of the 2-midnight rule
  - The total time in the hospital should be counted for purposes of the 2-midnight benchmark.

# Question and Answer Session

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