

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-01 Medicare General Information, Eligibility, and Entitlement	Centers for Medicare & Medicaid Services (CMS)
Transmittal 98	Date: May 13, 2016
	Change Request 9522

SUBJECT: Clarification of Inpatient Psychiatric Facilities (IPF) Requirements for Certification, Recertification and Delayed/Lapsed Certification and Recertification

I. SUMMARY OF CHANGES: This Change Request is to clarify physician certification, recertification and delayed//lapsed certification and recertification with respect to IPF services in Pub.100-01, Medicare General Information, Eligibility and Entitlement Manual, Chapter 4, §10.9.

EFFECTIVE DATE: August 15, 2016

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: August 15, 2016

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N	4/Table of Contents
R	4/10.9/Inpatient Psychiatric Facility Services Certification and Recertification
N	4/10.9.1/Delayed/Lapsed Certification and Recertification

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
9522 - 01.2	Contractors shall use the beneficiary's IPF medical record, if the statement "that the patient continues to need, on a daily basis, active treatment furnished directly by or requiring the supervision of inpatient psychiatric facility personnel" is not present in the physician's recertification documentation, to determine if all the required elements for recertification were met.	X								
9522 - 01.3	Contractors shall allow providers to adopt any method that permits verification of all the elements IPFs require to continue treatment. No specific procedures or forms are required for certification and recertification. The recertification may be entered on provider generated forms, in progress notes, or in the records (relating to the stay in question) and must be signed by a physician.	X								
9522 - 01.4	Contractors shall deny IPFs claims that do not have timely certifications and recertifications. However, delayed certifications and recertifications will be honored where, for instance, there has been an oversight or lapse, and there is a legitimate reason for the delay. Denial of payment for lack of the required certification and recertification is considered a technical denial, which means a statutory requirement has not been met.	X								
9522 - 01.4.1	Contractors shall allow the reopening of technical denial decisions (initiated by the provider or contractor).	X								
9522 - 01.4.1.1	Contractors shall reverse any reopenings of delayed/lapsed certification or recertification denials where the provider later produced a legitimate reason for the delay.	X								
9522 - 01.5	Contractors shall review provider explanations/reasons of delayed certification and recertification. The submission of documents must include an explanation for the delay and any medical or other evidence which the IPF considers relevant for purposes of explaining the delay.	X								

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
9522 - 01.5.1	Contractors shall allow the IPF to determine the format of delayed certification and recertification statements, and the method by which they are obtained. A delayed certification may be included with one or more recertifications on a single signed statement. Separate signed statements for each delayed certification and recertification are not required, as they would be if timely certification and recertification had been completed. For all IPF services, a delayed certification may not extend past discharge. An IPF certification or recertification statement may only be signed by a physician.	X								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
9522 - 01.6	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X				

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Sherlene Jacques, 410-786-0510 or sherlene.jacques@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

Medicare General Information, Eligibility, and Entitlement

Chapter 4 - Physician Certification and Recertification of Services

Table of Contents
(Rev.98, Issued: 05-13-16)

Transmittals for Chapter 4

10.9.1 - Delayed/Lapsed Certification and Recertification

10.9 - Inpatient Psychiatric Facility Services Certification and Recertification

(Rev.98, Issued: 05-13-16, Effective: 08-15-16, Implementation: 08-15-16)

The requirements for physician certification and recertification for inpatient psychiatric facility services are similar to the requirements for certification and recertification for inpatient hospital services. However, there is an additional certification requirement. In accordance with 42 CFR 424.14, all IPFs (distinct part units of acute care hospitals, CAHs, and psychiatric hospitals) are required to meet the following certification and recertification requirements.

At the time of admission or as soon thereafter as is reasonable and practicable, a physician (the admitting physician or a medical staff member with knowledge of the case) must certify the medical necessity for inpatient psychiatric hospital services. The first recertification is required as of the 12th day of hospitalization. Subsequent recertifications will be required at intervals established by the hospital's utilization review committee (on a case-by-case basis), but no less frequently than every 30 days.

There is also a difference in the content of the certification and recertification. In certification the physician is required to document that the inpatient psychiatric facility admission was medically necessary for either: (1) treatment which could reasonably be expected to improve the patient's condition, or (2) diagnostic study.

The physician's recertification should *satisfy all of the requirements noted below*:

1. That inpatient psychiatric hospital services furnished since the previous certification or recertification were, and continue to be, medically necessary for either:
 - a. Treatment which could reasonably be expected to improve the patient's condition; *or*,
 - b. Diagnostic study;
2. The hospital records indicate that the services furnished were either intensive treatment services, admission and related services necessary for diagnostic study, or equivalent services, and
3. Effective July 1, 2006, physicians will also be required to *recertify* that the patient continues to need, on a daily basis, active treatment furnished directly by or requiring the supervision of inpatient psychiatric facility personnel.

The format of all certifications and recertifications and the method by which they are obtained is determined by the individual facility. No specific procedures or forms are required. The provider may adopt any method that permits verification of all the IPFs requirements to continue treatment. For example, the recertification may be entered on provider generated forms, in progress notes, or in the records (relating to the stay in question) and must be signed by a physician.

Claim denials may not be made for failure to use a certification or recertification form or failure to use particular language or format, provided that the medical record demonstrates that the content requirements given at Pub. 100-02, Medicare Benefit Policy Manual, Chapter 2, §30.2.1 are met.

For convenience, the period covered by the physician's certification and recertification is referred to a period during which the patient was receiving active treatment. If the patient remains in the hospital but the period of "active treatment" ends (e.g., because the treatment cannot reasonably be expected to improve the patient's condition, or because intensive treatment services are not being furnished), program payment can no longer be made even though the patient has not yet exhausted his/her benefits. Where the period of "active treatment" ends, the physician is to indicate the ending date in making his recertification. If "active

treatment" thereafter resumes, the physician should indicate, in making his recertification, the date on which it resumed.

10.9.1 - Delayed/Lapsed Certification and Recertification
(Rev 98, Issued: 05-13-16, Effective: 08-15-16, Implementation: 08-15-16)

IPFs are expected to obtain timely certifications and recertifications. However, delayed certifications and recertifications will be honored where, for instance, there have been an oversight or lapse, and a legitimate reason for the delay as noted in Pub. 100-01, §20.1. Denial of payment for lack of the required certification and recertification is considered a technical denial, which means a statutory requirement has not been met. Consequently, if an appropriate certification is later produced, the denial shall be overturned. Reopenings of technical denial decisions may be initiated by the contractor or the provider.

In addition to compliance with the appropriate certification and recertification content requirements, delayed certification and recertification must include an explanation for the delay and any medical or other evidence which the IPF considers relevant for purposes of explaining the delay. The IPF will determine the format of the delayed certifications and recertifications, and the method by which they are obtained. A delayed certification may be included with one or more recertifications on a single signed document. Separate signed documents for each delayed certification and recertification are not required as they would be if timely certification and recertification had been completed. For all IPF services, a delayed certification may not extend past discharge. IPF certification or recertification documentation may only be signed by a physician.