Year	Admission Standard	Source
2009 – September 30, 2013 Pre-two midnight rule. The regulation relating to admission (42 CFR 412.3) (which established the two-midnight rule) did not exist until October 1, 2013. According to the background in the CY 2014 final IPPS rule which created 412.3, the existing admission criteria was contained in Chapter 1, Section 10 of the Medicare Benefit Policy Manual (and Chapter 6, Section 20.6).	Ultimately, the appropriateness of a particular patient's admission is a complex medical judgment based on a physician's consideration of many factors, of which the patient's expected length of time in the hospital is just one. So, although there is a presumption that an inpatient admission is appropriate if a physician expects that the patient will remain in the hospital at least overnight and occupy a bed, there could be situations in which a patient is appropriately admitted as an inpatient even though the physician doesn't expect them to remain in the hospital overnight and occupy a bed. (1) Generally, a patient is considered an inpatient if they are admitted as an inpatient and the physician expects that the patient will at least remain overnight and occupy a bed. It appears as though the expectation that the patient will remain overnight and occupy a bed = the expectation that the patient needs hospital care for at least 24 hours (i.e. the "24-hour benchmark"). (2) This remains true even if the patient ends up not using a hospital bed overnight (for example, they are discharged or transferred). (3) However, the expectation that the patient will require an overnight stay/24 hours of care is just one factor among many. "Admissions of particular patients are not	**Medicare Benefit Policy Manual (2010)** chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://wayback.archive-it.org/2744/20110804165639/http://www.cms.gov/manuals/Downloads/bp102c01.pdf **10 - Covered Inpatient Hospital Services Covered Under Part A (Rev. 1, 10-01-03) A3-3101, HO-210** … "An inpatient is a person who has been admitted to a hospital for bed occupancy for purposes of receiving inpatient hospital services. Generally, a patient is considered an inpatient if formally admitted as inpatient with the expectation that he or she will remain at least overnight and occupy a bed even though it later develops that the patient can be discharged or transferred to another hospital and not actually use a hospital bed overnight. The physician or other practitioner responsible for a patient's care at the hospital is also responsible for deciding whether the patient should be admitted as an inpatient. Physicians should use a 24-hour period as a benchmark, i.e., they should order admission for patients who are expected to need hospital care for 24 hours or more, and treat other patients on an outpatient basis. However, the decision to admit a patient is a complex medical judgment which can be made only after the physician has considered a number of factors, including the patient's medical history and current medical needs, the types of facilities available to inpatients and to outpatients, the hospital's by-laws and admissions policies, and the relative appropriateness of treatment in each setting. Factors to be considered when making the decision to admit include such things as: • The severity of the signs and symptoms exhibited by the patient; • The medical predictability of something adverse happening to the patient;

Year	Admission Standard	Source
	covered or noncovered solely on the basis of the length of time the patient actually spends in the hospital." The physician should also be considering: • The patient's medical history; • The patient's current medical needs; • The types of facilities available to inpatient and outpatients; • The hospital's by-laws and admissions policies and the relative appropriateness of treatment in each setting; • The severity of the signs and symptoms exhibited by the patient; • The medical predictability of something adverse happening to the patient; • The need for diagnostic studies that appropriately are outpatient services (i.e., their performance does not ordinarily require the patient to remain at the hospital for 24 hours or more) to assist in assessing whether the patient should be admitted; and • The availability of diagnostic procedures at the time when and at the location where the patient presents.	• The need for diagnostic studies that appropriately are outpatient services (i.e., their performance does not ordinarily require the patient to remain at the hospital for 24 hours or more) to assist in assessing whether the patient should be admitted; and • The availability of diagnostic procedures at the time when and at the location where the patient presents. Admissions of particular patients are not covered or noncovered solely on the basis of the length of time the patient actually spends in the hospital. In certain specific situations coverage of services on an inpatient or outpatient basis is determined by the following rules: Minor Surgery or Other Treatment - When patients with known diagnoses enter a hospital for a specific minor surgical procedure or other treatment that is expected to keep them in the hospital for only a few hours (less than 24), they are considered outpatients for coverage purposes regardless of: the hour they came to the hospital, whether they used a bed, and whether they remained in the hospital past midnight. **FY 2014 Final IPPS/LTCH PPS Rule** https://www.federalregister.gov/documents/2013/08/19/2013-18956/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the "Currently, a beneficiary's length of stay may be a factor in determining whether he or she should be admitted as an inpatient to the hospital, but it is not the only factor for this determination. Our current manual instructions state that, typically, the decision to admit a beneficiary as an inpatient should be made within 24 to 48 hours of observation care, and that expectation of an overnight stay may be a factor in the admission decision (Section 20.6, Chapter 6 and Section 10, Chapter 1 of the MBPM). We state that physicians should use a 24-hour or overnight period as a benchmark, that is, they should order admission for patients who are expected to need hospital care for 24 hours or overnight, or more, and treat other patients on an outpatient basis. We

Year	Admission Standard	Source
		state that, generally, a beneficiary is considered an inpatient if formally admitted as an inpatient with the expectation that he or she will remain at least overnight, whether or not the beneficiary is later discharged or transferred and is not present overnight. We instruct that in only rare and exceptional cases do reasonable and necessary outpatient observation services in the hospital span more than 48 hours. Nevertheless, our longstanding policy consistently has been that we do not define or pay under Medicare Part A for inpatient admissions solely on the basis of the length of time the beneficiary actually spends in the hospital. Rather, we rely on the physician to use his or her clinical judgment and evaluation of the patient's needs to make the determination. We have stated in our manual guidance that the inpatient admission decision is a complex medical judgment that should take into consideration many factors, such as the patient's medical history and medical needs, the types of facilities available to inpatients and outpatients, the hospital's bylaws and admission policies, the relative appropriateness of treatment in the inpatient and outpatient settings, patient risk of an adverse event, and other factors described in the MBPM provisions. The physician or other practitioner responsible for a patient's care at the hospital also is responsible for deciding whether the patient should be admitted as an inpatient. We believe that our existing inpatient admission criteria are valid and appropriately reflect that the decision to admit a patient as a hospital inpatient is a complex medical judgment that can be made only after the physician has considered a number of factors. However, upon evaluating the suggestions of stakeholders who requested that we provide more clarity in the definition of "inpatient" using parameters other than those that we currently use, we recognized that it would be helpful to address what the requirements are for Medicare Part A payment and when a beneficiary should be admitted as a hospital inpatient." … "*Comment:* Commenters pointed to CMS' guidance that time should not be the leading factor in the decision to admit a beneficiary and that the decision should rely on the physician's clinical judgment and evaluation of the beneficiary's needs based on the severity of illness, the intensity or complexity of care, and the predictability of high-risk adverse outcomes. The commenters stated that there are many beneficiaries who stay in a hospital for less than 2 midnights but still require an inpatient level of care.

Year	Admission Standard	Source
		Response: In our existing guidance, we stated that the decision to admit a patient as an inpatient is a complex medical decision based on many factors, including the risk of an adverse event during the period considered for hospitalization, and an assessment of the services that the beneficiary will need during the hospital stay. The crux of the medical decision is the choice to keep the beneficiary at the hospital in order to receive services or reduce risk, or discharge the beneficiary home because they may be safely treated through intermittent outpatient visits or some other care. Our previous guidance also provided for a 24-hour benchmark, instructing physicians that, in general, beneficiaries who need to stay at the hospital less than 24 hours should be treated as outpatients, while those requiring care greater than 24 hours may usually be treated as inpatients. Our proposed 2-midnight benchmark, which we now finalize, simply modifies our previous guidance to specify that the relevant 24 hours are those encompassed by 2 midnights. While the complex medical decision is based upon an assessment of the need for continuing treatment at the hospital, the 2-midnight benchmark clarifies when beneficiaries determined to need such continuing treatment are generally appropriate for inpatient admission or outpatient care in the hospital."
October 1, 2013 - 2015 CMS adopts the Two-Midnight rule for admissions beginning on or after October 1, 2013.	Quoted text is from 42 CFR 412.3 as it existed from October 1, 2013, through 2015. (1) Admission as an inpatient and coverage under Part A is generally appropriate if the physician expects the beneficiary to require care that crosses 2 midnights and admits the beneficiary based upon that expectation. "Surgical procedures, diagnostic tests, and other treatment are generally appropriate for inpatient admission and inpatient hospital payment under Medicare Part A when the physician expects the patient to require a stay that crosses at least 2 midnights."	**FY 2014 Final IPPS/LTCH PPS Rule** "We are specifying that for those hospital stays in which the physician expects the beneficiary to require care that crosses 2 midnights and admits the beneficiary based upon that expectation, Medicare Part A payment is generally appropriate. Conversely, we are specifying that hospital stays in which the physician expects the patient to require care less than 2 midnights, payment under Medicare Part A is generally inappropriate. This will revise our guidance to hospitals and physicians relating to when hospital inpatient admissions are determined reasonable and necessary for payment under Part A." … "In the FY 2014 IPPS/LTCH PPS proposed rule (78 FR 27650 through 27651), we discussed our proposal that would clarify that a beneficiary becomes a hospital inpatient when formally admitted following a physician order for hospital inpatient

Year	Admission Standard	Source
	(2) The medical record supports the physician's expectation that the beneficiary will require care that crosses 2 midnights. "The expectation of the physician should be based on such complex medical factors as patient history and comorbidities, the severity of signs and symptoms, current medical needs, and the risk of an adverse event. The factors that lead to a particular clinical expectation must be documented in the medical record in order to be granted consideration." (3) If a physician expects to keep the patient in the hospital for a period of time that does not cross 2 midnights, the services are generally inappropriate for inpatient admission and payment under Medicare Part A. "[W]hen a patient enters a hospital for a surgical procedure not specified by Medicare as inpatient only under § 419.22(n) of this chapter, a diagnostic test, or any other treatment, and the physician expects to keep the patient in the hospital for only a limited period of time that does not cross 2 midnights, the services are generally inappropriate for inpatient admission and inpatient payment under Medicare Part A, regardless of the hour that the patient came	admission, and that would also clarify when we believe hospital inpatient admissions are reasonable and necessary based on how long beneficiaries have spent, or are reasonably expected to spend, in the hospital as inpatients. Under this proposal, Medicare's external review contractors would presume that hospital inpatient admissions are reasonable and necessary for beneficiaries who require more than 1 Medicare utilization day (defined by encounters crossing 2 "midnights") in the hospital receiving medically necessary services after inpatient admission. Similarly, we would generally presume that services spanning less than 2 midnights and not involving services designated by CMS as inpatient-only should have been provided on an outpatient basis, unless there is clear physician documentation in the medical record supporting the physician's order and expectation that the beneficiary required care spanning at least 2 midnights even though that did not ultimately transpire. In general, after consideration of public comments, we are adopting this proposal as final in this final rule." … "A new § 412.3 is added to read as follows: Admissions. (a) For purposes of payment under Medicare Part A, an individual is considered an inpatient of a hospital, including a critical access hospital, if formally admitted as an inpatient pursuant to an order for inpatient admission by a physician or other qualified practitioner in accordance with this section and §§ 482.24(c), 482.12(c), and 485.638(a)(4)(iii) of this chapter for a critical access hospital. This physician order must be present in the medical record and be supported by the physician admission and progress notes, in order for the hospital to be paid for hospital inpatient services under Medicare Part A. In addition to these physician orders, inpatient rehabilitation facilities also must adhere to the admission requirements specified in § 412.622 of this chapter. (b) The order must be furnished by a qualified and licensed practitioner who has admitting privileges at the hospital as permitted by State law, and who is

Year	Admission Standard	Source
	to the hospital or whether the patient used a bed." Exceptions: (4) Procedures on the Inpatient Only (IPO) list are not subject to the 2 midnight rule. "[W]hen a patient enters a hospital for a surgical procedure not specified by Medicare as inpatient only under § 419.22(n) of this chapter…" (5) Coverage can be provided under Part A for a hospital admission that does not end up crossing two midnights if: a. Criteria (1) and (2) are satisfied; and b. The patient's admission does not end up crossing two midnights due to an "unforeseen circumstance" such as the patient's death or transfer. "If an unforeseen circumstance, such as a beneficiary's death or transfer, results in a shorter beneficiary stay than the physician's expectation of at least 2 midnights, the patient may be considered to be appropriately treated on an inpatient basis, and hospital inpatient payment may be made under Medicare Part A."	knowledgeable about the patient's hospital course, medical plan of care, and current condition. The practitioner may not delegate the decision (order) to another individual who is not authorized by the State to admit patients, or has not been granted admitting privileges applicable to that patient by the hospital's medical staff. (c) The physician order also constitutes a required component of physician certification of the medical necessity of hospital inpatient services under subpart B of Part 424 of this chapter. (d) The physician order must be furnished at or before the time of the inpatient admission. (e)(1) Except as specified in paragraph (e)(2) of this section, when a patient enters a hospital for a surgical procedure not specified by Medicare as inpatient only under § 419.22(n) of this chapter, a diagnostic test, or any other treatment, and the physician expects to keep the patient in the hospital for only a limited period of time that does not cross 2 midnights, the services are generally inappropriate for inpatient admission and inpatient payment under Medicare Part A, regardless of the hour that the patient came to the hospital or whether the patient used a bed. Surgical procedures, diagnostic tests, and other treatment are generally appropriate for inpatient admission and inpatient hospital payment under Medicare Part A when the physician expects the patient to require a stay that crosses at least 2 midnights. The expectation of the physician should be based on such complex medical factors as patient history and comorbidities, the severity of signs and symptoms, current medical needs, and the risk of an adverse event. The factors that lead to a particular clinical expectation must be documented in the medical record in order to be granted consideration. (2) If an unforeseen circumstance, such as a beneficiary's death or transfer, results in a shorter beneficiary stay than the physician's expectation of at least 2 midnights, the patient may be considered to be appropriately treated on an inpatient basis, and hospital inpatient payment may be made under Medicare Part A."

Year	Admission Standard	Source
January 1, 2016 to present Allows for Part A coverage of an inpatient admission that a physician does not expect to cross two midnights if the documentation in the medical record supports the admitting physician's determination that the patient requires inpatient hospital care.	Quoted text is from 42 CFR 412.3 from January 1, 2016 to the present. Difference between Oct 1, 2013 – 2015 and Jan 1, 2016 to present standards highlighted in yellow. (1) Admission as an inpatient and coverage under Part A is generally appropriate if the physician expects the beneficiary to require care that crosses 2 midnights and admits the beneficiary based upon that expectation. "[A}n inpatient admission is generally appropriate for payment under Medicare Part A when the admitting physician expects the patient to require hospital care that crosses two midnights." (2) The medical record supports the physician's expectation that the beneficiary will require care that crosses 2 midnights. "The expectation of the physician should be based on such complex medical factors as patient history and comorbidities, the severity of signs and symptoms, current medical needs, and the risk of an adverse event. The factors that lead to a particular clinical expectation must be documented in the medical record in order to be granted consideration.	CY 2016 final OPPS/ASC Rule https://www.federalregister.gov/documents/2015/11/13/2015-27943/medicare-program-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center-payment "After consideration of the public comments we received, we are finalizing, without modification, our proposal to revise our previous "rare and unusual" exceptions policy to allow for Medicare Part A payment on a case-by-case basis for inpatient admissions that do not satisfy the 2-midnight benchmark, if the documentation in the medical record supports the admitting physician's determination that the patient requires inpatient hospital care despite an expected length of stay that is less than 2 midnights. Accordingly, we also are finalizing our proposal to revise § 412.3(d) to reflect the above policy modification and to increase clarity." … "Section 412.3 is amended by revising paragraph (d) to read as follows: § 412.3 Admissions. * * * * * (d)(1) Except as specified in paragraphs (d)(2) and (3) of this section, an inpatient admission is generally appropriate for payment under Medicare Part A when the admitting physician expects the patient to require hospital care that crosses two midnights. (i) The expectation of the physician should be based on such complex medical factors as patient history and comorbidities, the severity of signs and symptoms, current medical needs, and the risk of an adverse event. The factors that lead to a particular clinical expectation must be documented in the medical record in order to be granted consideration.

Year	Admission Standard	Source
	(3) If a physician expects to keep the patient in the hospital for a period of time that does not cross 2 midnights, inpatient admission and payment under Medicare Part A can be appropriate on a case-by-case basis based on the physician's judgment and support in the medical record for the physician's determination. "Where the admitting physician expects a patient to require hospital care for only a limited period of time that does not cross 2 midnights, an inpatient admission may be appropriate for payment under Medicare Part A based on the clinical judgment of the admitting physician and medical record support for that determination. The physician's decision should be based on such complex medical factors as patient history and comorbidities, the severity of signs and symptoms, current medical needs, and the risk of an adverse event. In these cases, the factors that lead to the decision to admit the patient as an inpatient must be supported by the medical record in order to be granted consideration." Exceptions: (4) Procedures on the Inpatient Only (IPO) list are not subject to the 2 midnight rule.	(ii) If an unforeseen circumstance, such as a beneficiary's death or transfer, results in a shorter beneficiary stay than the physician's expectation of at least 2 midnights, the patient may be considered to be appropriately treated on an inpatient basis, and payment for an inpatient hospital stay may be made under Medicare Part A. (2) An inpatient admission for a surgical procedure specified by Medicare as inpatient only under § 419.22(n) of this chapter is generally appropriate for payment under Medicare Part A, regardless of the expected duration of care. (3) Where the admitting physician expects a patient to require hospital care for only a limited period of time that does not cross 2 midnights, an inpatient admission may be appropriate for payment under Medicare Part A based on the clinical judgment of the admitting physician and medical record support for that determination. The physician's decision should be based on such complex medical factors as patient history and comorbidities, the severity of signs and symptoms, current medical needs, and the risk of an adverse event. In these cases, the factors that lead to the decision to admit the patient as an inpatient must be supported by the medical record in order to be granted consideration. … **CY 2018 Final OPPS/ASC Rule** "In general, this guidance [2016] provides that if the physician expects the beneficiary to require hospital care that spans at least 2 midnights and admits the beneficiary based upon that expectation, the case is appropriate for payment under the IPPS (80 FR 70539). For stays for which the physician expects the patient to need less than 2 midnights of hospital care, an inpatient admission is payable under Medicare Part A on a case-by-case basis if the documentation in the medical record supports the admitting physician's determination that the patient requires inpatient hospital care." **CMS Fact Sheet** https://www.cms.gov/newsroom/fact-sheets/fact-sheet-two-midnight-rule-0

Year	Admission Standard	Source
	"An inpatient admission for a surgical procedure specified by Medicare as inpatient only under § 419.22(n) of this chapter is generally appropriate for payment under Medicare Part A, regardless of the expected duration of care." (5) Coverage can be provided under Part A for a hospital admission that does not end up crossing two midnights if: c. Criteria (1) and (2) are satisfied; and d. The patient's admission does not end up crossing two midnights due to an "unforeseen circumstance" such as the patient's death or transfer. "If an unforeseen circumstance, such as a beneficiary's death or transfer, results in a shorter beneficiary stay than the physician's expectation of at least 2 midnights, the patient may be considered to be appropriately treated on an inpatient basis, and hospital inpatient payment may be made under Medicare Part A."	"**No change for stays over the two-midnight benchmark:** For hospital stays that are expected to be two midnights or longer, our policy is unchanged; that is, if the admitting physician expects the patient to require hospital care that spans at least two midnights, the services are generally appropriate for Medicare Part A payment. This policy applies to inpatient hospital admissions where the patient is reasonably expected to stay at least two midnights, and where the medical record supports that expectation that the patient would stay at least two midnights. This includes stays in which the physician's expectation is supported, but the length of the actual stay was less than two midnights due to unforeseen circumstances such as unexpected patient death, transfer, clinical improvement or departure against medical advice. **For stays expected to last less than two midnights – CMS is adopting the following policies:** For stays for which the physician expects the patient to need less than two midnights of hospital care (and the procedure is not on the inpatient-only list or otherwise listed as a national exception), an inpatient admission may be payable under Medicare Part A on a case-by-case basis based on the judgment of the admitting physician. The documentation in the medical record must support that an inpatient admission is necessary, and is subject to medical review. CMS is reiterating the expectation that it would be unlikely for a beneficiary to require inpatient hospital admission for a minor surgical procedure or other treatment in the hospital that is expected to keep him or her in the hospital for a period of time that is only for a few hours and does not span at least overnight. CMS will monitor the number of these types of admissions and plans to prioritize these types of cases for medical review."
2020	2-Midnight Rule (Short Inpatient Hospital Stays): For CY 2020, we are establishing a 2-year exemption from Beneficiary and Family-Centered Care Quality Improvement Organizations (BFCC-QIOs) referrals to	

Year	Admission Standard	Source
	Recovery Audit Contractors (RACs) and RAC reviews for “patient status” (that is, site-of-service) for procedures that are removed from the inpatient only (IPO) list under the OPPS beginning on January 1, 2020.	
2021	Medical Review of Certain Inpatient Hospital Admissions under Medicare Part A for CY 2021 and Subsequent Years (2-Midnight Rule): For CY 2021, we are finalizing a policy to exempt procedures that are removed from the inpatient only (IPO) list under the OPPS beginning on January 1, 2021 from site-of-service claim denials, Beneficiary and Family-Centered Care Quality Improvement Organization (BFCC–QIO) referrals to Recovery Audit Contractor (RAC) for persistent noncompliance with the 2-midnight rule, and RAC reviews for “patient status” (that is, site-of-service) until such procedures are more commonly billed in the outpatient setting.	
2022	Medical Review of Certain Inpatient Hospital Admissions under Medicare Part A for CY 2021 and Subsequent Years (2-Midnight Rule): For CY 2022, we are finalizing a policy to exempt procedures that are removed from the inpatient only (IPO) list under the OPPS beginning on or after January 1, 2022, from site-of-service claim denials, Beneficiary and Family-Centered Care Quality Improvement Organization (BFCC–QIO) referrals to Recovery Audit Contractor (RAC) for persistent noncompliance with the 2-midnight rule, and RAC reviews for “patient status” (that is, site-of-service) for a time period of 2 years.	

IPPS Final Rule CY 2014	OPPS Final Rule CY 2015	OPPS Final Rule CY 2016	OPPS Final Rule CY 2019	OPPS Final Rule CY 2021	OPPS Final Rule CY 2022
A new § 412.3 is added to read as follows: § 412.3 Admissions. (a) For purposes of payment under Medicare Part A, an individual is considered an inpatient of a hospital, including a critical access hospital, if formally admitted as an inpatient pursuant to an order for inpatient admission by a physician or other qualified practitioner in accordance with this section and §§ 482.24(c), 482.12(c), and 485.638(a)(4)(iii) of this chapter for a critical access hospital. This physician order must be present in the medical record and be supported by the physician admission and progress notes, in order for the hospital to be paid for hospital inpatient	Section 412.3 is amended by— a. Removing paragraph (c). b. Redesignating paragraphs (d) and (e) as paragraphs (c) and (d), respectively. c. In redesignated paragraph (d)(1), removing the cross-reference "paragraph (e)(2)" and adding in its place the cross-reference "paragraph (d)(2)". (a) For purposes of payment under Medicare Part A, an individual is considered an inpatient of a hospital, including a critical access hospital, if formally admitted as an inpatient pursuant to an order for inpatient admission by a physician or other qualified practitioner in	Section 412.3 is amended by revising paragraph (d) to read as follows: § 412.3 Admissions. * * * * * (d)(1) Except as specified in paragraphs (d)(2) and (3) of this section, an inpatient admission is generally appropriate for payment under Medicare Part A when the admitting physician expects the patient to require hospital care that crosses two midnights. (i) The expectation of the physician should be based on such complex medical factors as patient history and comorbidities, the severity of signs and symptoms, current medical needs, and the risk of an adverse event. The factors that lead to a particular clinical expectation must be	2. Section 412.3 is amended by revising paragraph (a) to read as follows: § 412.3 Admissions. (a) For purposes of payment under Medicare Part A, an individual is considered an inpatient of a hospital, including a critical access hospital, if formally admitted as an inpatient pursuant to an order for inpatient admission by a physician or other qualified practitioner in accordance with this section and §§ 482.24(c), 482.12(c), and 485.638(a)(4)(iii) of this chapter for a critical access hospital. In addition, inpatient rehabilitation facilities also must adhere to the admission requirements specified in § 412.622.	Section 412.3 is amended by revising paragraph (d)(2) to read as follows: § 412.3 Admissions. * * * * * (d) * * * (2) An inpatient admission for a surgical procedure specified by Medicare as inpatient only under § 419.22(n) of this chapter is generally appropriate for payment under Medicare Part A regardless of the expected duration of care. Procedures no longer specified as inpatient only under § 419.22(n) of this chapter are appropriate for payment under Medicare Part A in accordance with paragraph (d)(1) or (3) of this section. Claims for services and procedures removed from the inpatient only list under § 419.22 of this chapter on or after January 1, 2020 are exempt from certain medical review activities. (i) For those services and procedures removed between January 1 and December 31, 2020, the exemption in this paragraph (d)(2) will last for 2 years from the date of such removal. (ii) For those services and procedures removed on or after January 1, 2021, the exemption in	2. Section 412.3 is amended by revising paragraph (d)(2)(i) to read as follows: § 412.3 Admissions. * * * * * (d) * * * (2) * * * (i) For those services and procedures removed on or after January 1, 2020, the exemption in this paragraph (d)(2) will last for 2 years from the date of such removal.

IPPS Final Rule CY 2014	OPPS Final Rule CY 2015	OPPS Final Rule CY 2016	OPPS Final Rule CY 2019	OPPS Final Rule CY 2021	OPPS Final Rule CY 2022
services under Medicare Part A. In addition to these physician orders, inpatient rehabilitation facilities also must adhere to the admission requirements specified in § 412.622 of this chapter. (b) The order must be furnished by a qualified and licensed practitioner who has admitting privileges at the hospital as permitted by State law, and who is knowledgeable about the patient's hospital course, medical plan of care, and current condition. The practitioner may not delegate the decision (order) to another individual who is not authorized by the State to admit patients, or has not been granted admitting privileges applicable to that patient by the hospital's medical staff.	accordance with this section and §§ 482.24(c), 482.12(c), and 485.638(a)(4)(iii) of this chapter for a critical access hospital. This physician order must be present in the medical record and be supported by the physician admission and progress notes, in order for the hospital to be paid for hospital inpatient services under Medicare Part A. In addition to these physician orders, inpatient rehabilitation facilities also must adhere to the admission requirements specified in § 412.622 of this chapter. (b) The order must be furnished by a qualified and licensed practitioner who has admitting privileges at the hospital as permitted by State law, and who is knowledgeable about the patient's hospital	documented in the medical record in order to be granted consideration. (ii) If an unforeseen circumstance, such as a beneficiary's death or transfer, results in a shorter beneficiary stay than the physician's expectation of at least 2 midnights, the patient may be considered to be appropriately treated on an inpatient basis, and payment for an inpatient hospital stay may be made under Medicare Part A. (2) An inpatient admission for a surgical procedure specified by Medicare as inpatient only under § 419.22(n) of this chapter is generally appropriate for payment under Medicare Part A, regardless of the expected duration of care. (3) Where the admitting physician expects a		this paragraph (d)(2) will last until the Secretary determines that the service or procedure is more commonly performed in the outpatient setting.	

IPPS Final Rule CY 2014	OPPS Final Rule CY 2015	OPPS Final Rule CY 2016	OPPS Final Rule CY 2019	OPPS Final Rule CY 2021	OPPS Final Rule CY 2022
(c) The physician order also constitutes a required component of physician certification of the medical necessity of hospital inpatient services under subpart B of Part 424 of this chapter. (d) The physician order must be furnished at or before the time of the inpatient admission. (e)(1) Except as specified in paragraph (e)(2) of this section, when a patient enters a hospital for a surgical procedure not specified by Medicare as inpatient only under § 419.22(n) of this chapter, a diagnostic test, or any other treatment, and the physician expects to keep the patient in the hospital for only a limited period of time that does not cross 2 midnights, the services	course, medical plan of care, and current condition. The practitioner may not delegate the decision (order) to another individual who is not authorized by the State to admit patients, or has not been granted admitting privileges applicable to that patient by the hospital's medical staff. ~~(c) The physician order also constitutes a required component of physician certification of the medical necessity of hospital inpatient services under subpart B of Part 424 of this chapter.~~ (~~c~~d) The physician order must be furnished at or before the time of the inpatient admission. (~~d~~e)(1) Except as specified in paragraph (~~d~~e)(2) of this section,	patient to require hospital care for only a limited period of time that does not cross 2 midnights, an inpatient admission may be appropriate for payment under Medicare Part A based on the clinical judgment of the admitting physician and medical record support for that determination. The physician's decision should be based on such complex medical factors as patient history and comorbidities, the severity of signs and symptoms, current medical needs, and the risk of an adverse event. In these cases, the factors that lead to the decision to admit the patient as an inpatient must be supported by the medical record in order to be granted consideration.			

IPPS Final Rule CY 2014	OPPS Final Rule CY 2015	OPPS Final Rule CY 2016	OPPS Final Rule CY 2019	OPPS Final Rule CY 2021	OPPS Final Rule CY 2022
are generally inappropriate for inpatient admission and inpatient payment under Medicare Part A, regardless of the hour that the patient came to the hospital or whether the patient used a bed. Surgical procedures, diagnostic tests, and other treatment are generally appropriate for inpatient admission and inpatient hospital payment under Medicare Part A when the physician expects the patient to require a stay that crosses at least 2 midnights. The expectation of the physician should be based on such complex medical factors as patient history and comorbidities, the severity of signs and symptoms, current medical needs, and the risk of an adverse event. The factors that lead to a particular clinical	when a patient enters a hospital for a surgical procedure not specified by Medicare as inpatient only under § 419.22(n) of this chapter, a diagnostic test, or any other treatment, and the physician expects to keep the patient in the hospital for only a limited period of time that does not cross 2 midnights, the services are generally inappropriate for inpatient admission and inpatient payment under Medicare Part A, regardless of the hour that the patient came to the hospital or whether the patient used a bed. Surgical procedures, diagnostic tests, and other treatment are generally appropriate for inpatient admission and inpatient hospital payment under Medicare Part A when the physician expects the patient to require a				

IPPS Final Rule CY 2014	OPPS Final Rule CY 2015	OPPS Final Rule CY 2016	OPPS Final Rule CY 2019	OPPS Final Rule CY 2021	OPPS Final Rule CY 2022
expectation must be documented in the medical record in order to be granted consideration. (2) If an unforeseen circumstance, such as a beneficiary's death or transfer, results in a shorter beneficiary stay than the physician's expectation of at least 2 midnights, the patient may be considered to be appropriately treated on an inpatient basis, and hospital inpatient payment may be made under Medicare Part A.	stay that crosses at least 2 midnights. The expectation of the physician should be based on such complex medical factors as patient history and comorbidities, the severity of signs and symptoms, current medical needs, and the risk of an adverse event. The factors that lead to a particular clinical expectation must be documented in the medical record in order to be granted consideration. (2) If an unforeseen circumstance, such as a beneficiary's death or transfer, results in a shorter beneficiary stay than the physician's expectation of at least 2 midnights, the patient may be considered to be appropriately treated on an inpatient basis, and hospital inpatient				

IPPS Final Rule CY 2014	OPPS Final Rule CY 2015	OPPS Final Rule CY 2016	OPPS Final Rule CY 2019	OPPS Final Rule CY 2021	OPPS Final Rule CY 2022
	payment may be made under Medicare Part A.				