

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 832	Date: October 5, 2018
	Change Request 10921

SUBJECT: Modification to Chapter 6, Section 6.3 (Medical Review of Certification and Recertification of Residents in SNFs) of Publication (Pub.) 100-08

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to modify language in Chapter 6, Section 6.3 of Pub 100-08, to ensure consistency with the regulations based on changes finalized in the Fiscal Year (FY) 2019 Inpatient Prospective Payment System (IPPS)/Long Term Care Hospital (LTCH) Prospective Payment System (PPS) Final Rule.

EFFECTIVE DATE: November 6, 2018

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

IMPLEMENTATION DATE: November 6, 2018

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/revise 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
R	6/6.3/Medical Review of Certification and Recertification of Residents in SNFs

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**

Attachment - Business Requirements

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I. GENERAL INFORMATION

A. Background: In the FY 2019 IPPS/LTCH PPS Final Rule, two changes were made to 42 Code of Federal Regulation (CFR) § 424.11. First, § 424.11(c) included a requirement that the certification statement must indicate the specific location within the medical record where the information can be found, and this requirement was resulting in unnecessary denials of Medicare claims. As such, this requirement was deleted. In addition, we relocated the second sentence of § 424.11(c) (indicating that supporting information contained elsewhere in the provider’s records need not be repeated in the certification or recertification statement itself) to the end of the immediately preceding paragraph (b), which describes similar kinds of flexibility that are currently afforded in terms of completing the required statement. Reference to the two provisions in § 424.11(c) are referenced in section 6.3 (Medical Review of Certification and Recertification of Residents in SNFs in Chapter 6 (Medicare Contractor Medical Review Guidelines for Specific Services)), Pub. 100-08. Specifically, section 6.3 includes the following language:

“Further, 42 CFR § 424.11(c) states, ‘If that information is contained in other provider records, such as physicians’ progress notes, it need not be repeated. It will suffice for the statement to indicate where the information is to be found.’”

In order to account for the two changes finalized in the FY 2019 IPPS/LTCH PPS Final Rule, we are revising section 6.3, in chapter 6 of Pub. 100-08 as follows:

- Change the reference to § 424.11(c) to § 424.11(b); and
- Strike the sentence, "It will suffice for the statement to indicate where the information is to be found."

B. Policy: This CR does not involve any regulatory, legislative, or statutory changes.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
10921.1	Contractors shall be aware that the reference to 42 CFR § 424.11(c) in Chapter 6, section 6.3 of Pub. 100-08 is changed to § 424.11(b).	X	X							
10921.2	Contractors shall be aware that the following sentence is stricken from Chapter 6, section 6.3 of Pub. 100-08: “It	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	will suffice for the statement to indicate where the information is to be found.”									
10921.3	Contractors shall deny claims for failure to comply with the certification or re-certification content requirements in 42 CFR § 424.20 and not for the failure to use a separate certification form or particular format.	X	X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Thomas Kessler, 410-786-1991 or Thomas.kessler2@cms.hhs.gov , Marissa Petto, 212-616-2354 or Marissa.petto@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

6.3 – Medical Review of Certification and Recertification of Residents in SNFs *(Rev.823; Issued: 10-05-18; Effective: 11-06-18; Implementation: 11-06-18)*

The Medicare conditions of payment require a physician certification and (when specified) recertification for SNF services. This requirement is explicitly stated in §1814(a)(2) of the Social Security Act. 42 CFR 424.20 details the required contents of the certification and re-certifications and 42 CFR 424.11 specifies that "no specific procedures or forms are required for certification and recertification statements," and that "the provider may adopt any method that permits verification. The certification and recertification statements may be entered on forms, notes, or records that the appropriate individual signs, **or** on a special **separate** form" (*emphasis added*). Further, 42 CFR § 424.11(b) *specifies that information contained in other provider records, such as physicians' progress notes, need not be repeated in the certification or recertification statement itself*. Recent decisions by administrative law judges, that CMS believes are fully consistent with law and regulations, reinforce the need for **MACs** to consider documentation in the beneficiary's medical record beyond a discrete certification or recertification form to determine if the required elements for certification are present.

Contractors shall deny claims for failure to comply with the certification or re-certification **content** requirements in 42 CFR 424.20 *and* not for *the* failure to use a *separate* certification form or particular format.