

**WPS Medicare Presents:
Monday Mornings with Medicare: 2014 Hospital Admission Criteria
November 11, 2013**

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Agenda

- Physician certification
- 2 midnight rule
- Inpatient-only procedures

Physician Certification

- Required for Part A payment
- Components for all inpatient hospitals
 - Authentication of the order
 - Reason for inpatient services
 - Estimated length of stay
 - Plans for post hospital care
- Additional component for critical access hospitals
 - Reasonable expectation of discharge within 96 hours
- Timing of certification
 - Begins with the order for admission
 - Completed, signed, dated and documented in the medical record prior to discharge
 - Except for outlier cases requiring certification and recertification
 - CAH – no later than 1 day prior to the date the claim is submitted
- Authorization to sign
 - MD or DO
 - Dentist
 - In circumstances specified in 42 CFR 424.13(d)
 - Doctor of podiatric medicine
 - If consistent with state law
- Format
 - None specified

Physician Order

- Part of required certification
- Furnished at or before the time of the inpatient admission
- Specify admission for inpatient services
 - Best practice – use word “inpatient”
 - Assumed to mean inpatient if consistent with the rest of record
 - “Admit to Dr. Smith”
 - “Admit to 5th floor”
 - “Admit to ICU”
 - Assumed to mean outpatient
 - “Admit to ER”

- “Admit to Observation”
 - “Admit to Recovery”
 - Admit to Day Surgery”
- Written by a qualified physician or other practitioner
 - Licensed by the state to admit
 - Granted privileges by the hospital
 - Knowledgeable about the patient
 - Admitting physician of record (“attending”)
 - Or physician/practitioner on call
 - Primary or covering hospitalists
 - Beneficiary’s primary care practitioner
 - Or physician/practitioner on call for
 - Surgeon responsible for a major surgical procedure
 - Or physician/practitioner on call for
 - Emergency or clinic practitioner at beneficiary’s point of inpatient admission
 - Other
 - With admitting privileges
 - Actively treating patient at time of admission
 - Does not include utilization review committee physician
 - If not actively treating patient at time of admission
 - Can be different than certifying physician
- Verbal/telephone order allowed
 - Must identify the ordering physician/practitioner
 - Authenticated by ordering physician/practitioner (or another practitioner with admitting privileges prior to discharge)
 - Or sooner if State requires

2 Midnight Rule

- Intent is to provide consistency in application of Part A benefits
 - Time, not level of hospital services, used as benchmark
- Criteria
 - Physician expects the beneficiary to require hospital care that crosses 2 midnights
 - Based on medical factors
 - Physician judgment
 - Documented in medical record
 - Admits the beneficiary based upon that expectation
 - Formal admission order required for Part A payment
- Determining total time
 - Begins when beneficiary begins to receive hospital services
 - Including outpatient services
 - Observation
 - Emergency department
 - Operating room
 - As an outpatient stay approaches the second midnight, the decision to admit becomes easier

- Order to admit should be written prior to the second midnight if beneficiary still requires hospital care of any level

Inpatient-Only Procedures

- Billing criteria found in Outpatient Prospective Payment System rules
 - Excluded from 2 midnight benchmark
 - Always medically necessary for inpatient Part A
 - Regardless of length of stay
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Shorter Than Expected Stays

- Unforeseen circumstances
 - Death
 - Transfer
 - AMA
 - Clearly document in medical record
- Unexpected recovery
 - Clearly document in medical record
 - Do not use condition code 44
 - Only for when the utilization review committee determines a mistake in admission decision and physician concurs
 - Not for use in unanticipated rapid recovery

References

- Fiscal Year (FY) 2014 Inpatient Prospective Payment System (IPPS) Final Rule
 - <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY-2014-IPPS-Final-Rule-Home-Page-Items/FY-2014-IPPS-Final-Rule-CMS-1599-F-Regulations.html>
- CMS Website
 - *Hospital Inpatient Admission Order and Certification*
 - <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Downloads/IP-Certification-and-Order-09-05-13.pdf>
 - *FY 2014 IPPS Rule Outreach (CMS 1599-F) – 8-12-13*
 - <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Downloads/FY-2014-IPPS-Rule-Outreach.pdf>
 - Transcript of September 26, 2013 Special Open Door Forum
 - <http://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/Downloads/092613FinalRuleCMS1599FDiscussionoftheHospitalInpatientAdmissionOrderandCertification.pdf>
 - *CMS Finalizes FY 2014 Policy And Payment Changes For Inpatient Stays In Acute-Care and Long-Term Care Hospitals – Fact Sheet*
 - <http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-Sheets/2013-Fact-Sheets-Items/2013-08-02-2.html>