“Providing technologically supported physician advisory and case management services to healthcare providers and payors”

CMS New Standards for Hospital Inpatient Admissions
October 2013

Physician Admission Order Check List Detail
Summary Update CMS Rule Change

• The FY 2014 IPPS Final Rule CMS Final Rules (CMS-1455-F; CMS-1599-F) transitions the rule for an inpatient stay from 24 hours to a “Two-Midnight” provision taking effect October 1, 2013.

• The provision DOES NOT change longstanding CMS requirements for documenting medical necessity
Summary Update CMS Rule Change

• Under the new CMS rule, when considering whether to admit a patient, physicians must assess whether the patient’s stay will, in their judgment at the time they make the admission order decision, likely exceed two midnights.

• If so, inpatient care may be appropriate for Part A billing. However, physicians must document the medical necessity of that anticipated hospital stay and may use objective criteria to support their documentation.
Physician Admission Order Checklist

Physician certification as part of the hospital’s Admission Order for inpatient status, the order needs to include the following information and certifications:

a) **Authentication of the order**: An authorized physician needs to certify that the inpatient services were ordered in accordance with the Medicare regulations governing the order. This includes certification that hospital inpatient services are reasonable and necessary and in the case of services not specified as inpatient-only under 42 CFR 419.22(n), that they are appropriately provided as inpatient services in accordance with the two-midnight benchmark under 42 CFR 412.3(e).

b) **Document the reason for inpatient services**: The reasons for either— (i) Hospitalization of the patient for “inpatient medical treatment” or medically required “inpatient diagnostic study”; or (ii) Special or unusual services for cost outlier cases under the inpatient prospective payment system (IPPS);
Physician Admission Order Checklist

c) Document the time the patient (CMS beneficiary) is expected to be in hospital: Estimate time the beneficiary is expected to be in the hospital and include in the order.
d) Document the plans for post hospital care: if appropriate, and as provided in 42 CFR 424.13.
e) Document the need for Critical Access Hospitals (CAHs): For inpatient CAH services, the physician must certify that the beneficiary may reasonably be expected to be discharged or transferred to a hospital within 96 hours after admission to the CAH.

Timing - When should Physicians complete the Admission Order: Certification begins with the order for inpatient admission. The admission order certification must be completed, signed, dated and documented in the medical record prior to discharge, except for outlier cases which must be certified and recertified as provided in 42 CFR 424.13, and certification of CAH inpatient services which is required no later than 1 day prior to the date on which the claim for payment for the inpatient CAH services is submitted (§ 424.15).
Who is Qualified to Sign?

**Physician Qualification:** The certification or recertification of a hospital Admission Order may be signed only by one of the following:

1. A physician who is a doctor of medicine or osteopathy.


3. A doctor of podiatric medicine if his or her certification is consistent with the functions he or she is authorized to perform under State law.

Certification and recertification of orders must be signed by the physician responsible for the case, or by another physician who has knowledge of the case and who is authorized to do so by the responsible physician or by the hospital’s medical staff.
Who is Authorized to Sign?

Medicare considers only the following physicians, podiatrists or dentists to have sufficient knowledge of the case to serve as the certifying physician:

• **the admitting physician of record** ("attending") or the physician on call;
• **a surgeon** responsible for a major surgical procedure on the beneficiary or a surgeon on call for him or her;
• **a dentist** functioning as the admitting physician of record or as the surgeon responsible for a major dental procedure;
• and who is licensed by the State and has been granted privileges by the facility, **a physician member of the hospital staff** (such as a physician member of the utilization review committee) who has reviewed the case and who also enters into the record a complete certification statement that specifically contains all of the content elements discussed above.
Format For the Admission Order

• As specified in 42 CFR 424.11, **no specific procedures or forms are required for certification and recertification statements.**

• 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 (typically a part of the medical record system).

• Except as provided for delayed certifications, there must be a separate signed statement for each certification or recertification.
Default Method: If Admission Order Form Does Not Meet CMS Guidelines

In the absence of specific certification forms or certification statements, CMS and its contractors will look for the following medical record elements in order to meet the initial inpatient certification requirements:

a) **Certification**: The authentication requirement for the order will be met by the signature or counter signature of the inpatient admission order by the certifying physician.

b) **Medical Necessity**: The requirement to certify the reasons that hospital inpatient services are or were medically required will be met either by the diagnosis and plan documented in the inpatient admission assessment or by the inpatient admitting diagnosis and orders.
Default Method: If Admission Order Form Does Not Meet CMS Guidelines

c) **The estimated time requirement** will be met by the inpatient admission order written in accordance with the two-midnight benchmark, supplemented by the physician notes and discharge planning instructions.

d) **The post hospital care plan** requirement will be met either by physician notes or by discharge planning instructions.

e) **The CAH 96 hour expectation** requirement will be met either by physician notes or by actual discharge within 96 hours.
Who Can Help With The Admission Order?

The hospital Admission Order must be furnished by a physician or other practitioner (“ordering practitioner”) who is:

a) licensed by the State to admit inpatients to hospitals,
b) granted privileges by the hospital to admit inpatients to that specific facility, and
c) knowledgeable about the patient’s hospital course, medical plan of care, and current condition at the time of admission.
d) The ordering practitioner makes the determination of medical necessity for inpatient care and renders the admission decision.
e) The ordering practitioner may be, but is not required to be, the physician who signs the certification. For example, a Nurse could help create the Admission Order, however they will need a qualified physician to certify the order.
Illustrative Scenario:
Create Order by a Nurse or Resident

Example for a Nurse Creating an Admission Order: Defined in the hospital Admission order “Admit to inpatient v.o. (vocal order) Dr. Smith” and “Admit to inpatient per Dr. Smith” would be considered acceptable methods of identifying the ordering practitioner and would meet the order requirement if they are appropriately authenticated by Dr. Smith.

Residents: This method is also acceptable for residents and students who are not licensed or do not have privileges to admit inpatients, and may be used by all residents and fellows working within their Graduate Medical Education (GME) program. If Dr. Smith meets the qualifications for a certifying physician, then the authentication of Resident’s created order also meets the requirement for the order component of the certification.
Verbal Admission Orders

In accordance with 42 CFR 482.24(c), the inpatient order to admit may also be directly communicated to staff as a verbal (not standing) hospital Admission Order.

**EMR Documentation**: A verbal inpatient admission order may be initially documented in the medical record by the staff receiving the order as provided above, including identification of the ordering practitioner.

**Authentication**: A verbal or telephone inpatient admission order must be authenticated (signed, dated and timed) by the ordering practitioner (or by another practitioner with the required admitting qualifications in his or her own right) in the medical record prior to discharge, unless the hospital or the State requires an earlier timeframe. An authenticated verbal order also satisfies the order part of the physician
Who Has Knowledge Of the Patient and How Does That Apply To the Admission Order?

Medicare considers only the following practitioners to have sufficient knowledge about the beneficiary’s hospital course, medical plan of care, and current condition to serve as the ordering practitioner:

- **the admitting physician of record** (“attending”) or a physician on call for him or her, primary or covering hospitalists caring for the patient in the hospital,
- **the beneficiary’s primary care practitioner** or a physician on call for the primary care practitioner,
- **a surgeon responsible for a major surgical procedure** on the beneficiary or a surgeon on call for him or her,
- **emergency or clinic practitioners** caring for the beneficiary at the point of inpatient admission,
- **and other practitioners qualified to admit inpatients** and actively treating the beneficiary at the point of the inpatient admission decision.
Who Has Knowledge Of the Patient and How Does That Apply To the Admission Order?

Although a utilization review committee physician may sign the certification on behalf of a non-physician admitting practitioner, a practitioner functioning in that role does not have direct responsibility for the care of the patient and is therefore not considered to be sufficiently knowledgeable to order the inpatient admission.

The order must be written by one of the practitioners directly involved with the care of the beneficiary, and a utilization committee physician may only write the order to admit if he or she also fulfills one of the direct patient care roles, such as the admitting physician of record.
What Rules Define the Timing of the Admission Order?

• The hospital Admission Order must be furnished at or before the time of the inpatient admission.

• The order can be written in advance of the formal admission (e.g., for a pre-scheduled surgery), but the inpatient admission does not occur until formal admission by the hospital.

• Conversely, in the unusual case in which a patient is formally admitted as an inpatient prior to an order to admit, the inpatient stay should not be considered to commence until the inpatient admission order is fully documented.

• Medicare does not permit retroactive orders or the inference of orders. Authentication of the order is required prior to discharge and may be performed and documented as part of the physician certification.
What Rules Define the Medical Record?

The regulations at 42 CFR 412.3 require that, as a condition of payment, **an order for inpatient admission must be present in the medical record**.

The preamble of the FY 2014 IPPS Final Rule at 78 FR 50942 specifies that, “the order must specify the admitting practitioner’s recommendation to admit “to inpatient,” “as an inpatient,” “for inpatient services,” or similar language specifying his or her recommendation for inpatient care.”

**The purposes of this requirement** are to reinforce the policy that the physician should be involved in the determination of patient status and to improve clarity among hospitals, beneficiaries, and ordering practitioners regarding whether the beneficiary is being treated as a hospital inpatient or hospital outpatient.
Accommodations for Poor Documentation

In the event that explicit identification of the admission as “inpatient” is not specified, the admission order may still be consistent with 42 CFR 412.3 provided that the intent to admit as an inpatient is clear. Orders that specify admission to an inpatient unit such as:

• (“Admit to 7W”, “Admit to ICU”), admission for a service that is typically provided on an inpatient basis
• (“Admit to Medicine”), or admission under the care of an admitting practitioner
• (“Admit to Dr. Smith”),
• and orders that do not specify beyond the word “Admit,”

will be considered to specify admission to an inpatient status provided that this interpretation is consistent with the remainder of the medical record.
Assumption of Outpatient Services

If the Admission Order is ambiguous with regard to specifying inpatient or outpatient status, the hospital is encouraged to obtain and document clarification from the physician before initial Medicare billing (ideally before the beneficiary is discharged).

Under this policy, CMS will continue to treat orders that specify a typically outpatient or other limited service (e.g., admit “to ER,” “to Observation,” “to Recovery,” “to Outpatient Surgery,” “to Day Surgery,” or “to Short Stay Surgery”) as defining a non-inpatient service, and such orders will NOT be treated as meeting the inpatient admission requirements.
Reference Material

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Hospital Inpatient Admission Order and Certification

Questions?

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