



2014 Hospital Admission Criteria

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Agenda

- Inpatient vs. observation
- 2-midnight benchmark and presumption
- Admission order
- Physician certification



Medicare Levels of Payment

- Inpatient
 - Part A
 - Part B
- Outpatient
 - Part B



Observation

- **DEFINITION** - Set of specific, clinically appropriate services which include ongoing short term treatment, assessment and reassessment before a decision can be made regarding whether patients will require further treatment as hospital inpatients or if they are able to be discharged from the hospital



Observation stays may last up to 2
midnights

Observation Services

- Consider when:
 - Stable/improving patients requiring short term hospital care or “monitoring”
 - “Rule out” diagnosis and unsure of clinical course
- Not appropriate for
 - Social reasons
 - Physician or patient convenience
 - Routine preparation for diagnostic testing
 - Routine recovery from outpatient procedures
 - Procedures designated as “inpatient only”

Inpatient Admission

- The term “admit” refers to the decision to provide inpatient care
- Inpatient admission is based on:
 - Information available at the time
 - Medical history
 - Severity of illness
 - Current medical needs
 - Predictability of complications
 - Expected length of stay



Medical Necessity

- Physician expects the beneficiary to require hospital care that crosses the 2-midnight benchmark
 - Based on medical factors
 - Physician judgment
- Admits the beneficiary based upon that expectation
 - Formal admission order & certification required for Part A payment

Important Note

- As an outpatient stay approaches the second midnight, the decision to admit becomes easier



The order to admit should be written prior to the second midnight if the beneficiary still requires hospital care

Admission Order

- Part of required certification
- Furnished at or before the time of the inpatient admission



Retroactive Orders



Never accepted

Best Practice

Use the word “inpatient”

- Assumed inpatient
 - “Admit to Dr. Smith”
 - “Admit to 5th floor”
- Assumed outpatient
 - “Admit to Observation”
 - “Admit to Recovery”
 - “Admit to Day Surgery”



Make it clear from the start!

Who Can Admit?

- Qualified physician or other practitioner
 - Licensed by the state to admit
 - Granted privileges by the hospital
 - Knowledgeable about the patient
- Includes non-physician practitioners



Knowledgeable About the Patient

- Hospitalist
- Admitting physician of record (“attending”)
- Beneficiary’s primary care practitioner
- Surgeon responsible for a major surgical procedure
- Emergency or clinic practitioner at beneficiary’s point of inpatient admission

Other Knowledgeable Provider

- Physician “on call” for one of the prior
- Another provider actively treating patient at time of admission



Does not include utilization review committee physician unless actively treating patient at time of admission

Verbal/Telephone Orders

- 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



Physician Certification

- Required for Part A payment
- Content of certification
 - Reason for admission
 - Estimated time in hospital
 - Plans for post-hospital care, if appropriate
 - Contain physician signature
- Additional component for critical access hospitals
 - Reasonable expectation of discharge within 96 hours

Timing of Certification

- Timing of certification
 - Begins with the order for admission
 - Completed, signed, dated and documented in the medical record prior to discharge



Who Can Sign?

- MD or DO
- Dentist
 - In circumstances specified in 42 CFR 424.13(d)
- Doctor of podiatric medicine
 - If consistent with state law
- UR committee physician
 - For non-physician, non-dentist, admitting practitioner

Patient Status Reviews

- Includes dates of admission from October 1, 2013 – March 31, 2014
 - “Probe and Educate” period
- Excludes claims from
 - Critical Access Hospital (CAH)
 - Inpatient Rehabilitation Facility (IRF)
- Current reviews not affected
 - Coding
 - Procedure medical necessity
 - Admissions prior to 10/01/13

Claims Spanning 2 or More Midnights

- Presumed to be reasonable & necessary for inpatient status as long as the stay at the hospital is medically necessary
- Excluded during Probe and Educate period
- After the Probe and Educate period - Medicare Administrative Contractors (MACs) medical review will not focus on these claims unless there is evidence of systematic gaming or abuse

Claims Spanning 0-1Midnights

- May be selected for review
 - Excluding inpatient-only procedures
- MACs will assess compliance with
 - Admission order
 - <http://www.cms.gov/Center/Provider-Type/Hospital-Center.html>
 - Certification
 - <http://www.cms.gov/Center/Provider-Type/Hospital-Center.html>
 - 2 midnight benchmark

2-Midnight Benchmark

- Clarification of prior 24 hour benchmark
- Intent is to provide consistent application of Part A benefits
 - Time, not level of hospital services, used as benchmark



Time Included in Benchmark

- Starts when beneficiary begins to receive hospital services
- Including outpatient services
 - Observation
 - Emergency department
 - Operating room
- Excludes
 - Pre-hospital services (simple triage)
 - Ambulance
 - Delays in care



Shorter Than Expected Stays

- Unforeseen circumstances
 - Death, transfer, against medical advice (AMA), unexpected recovery
 - Clearly document in medical record



Do not convert
to an outpatient stay for billing
purposes

Thank You!

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