

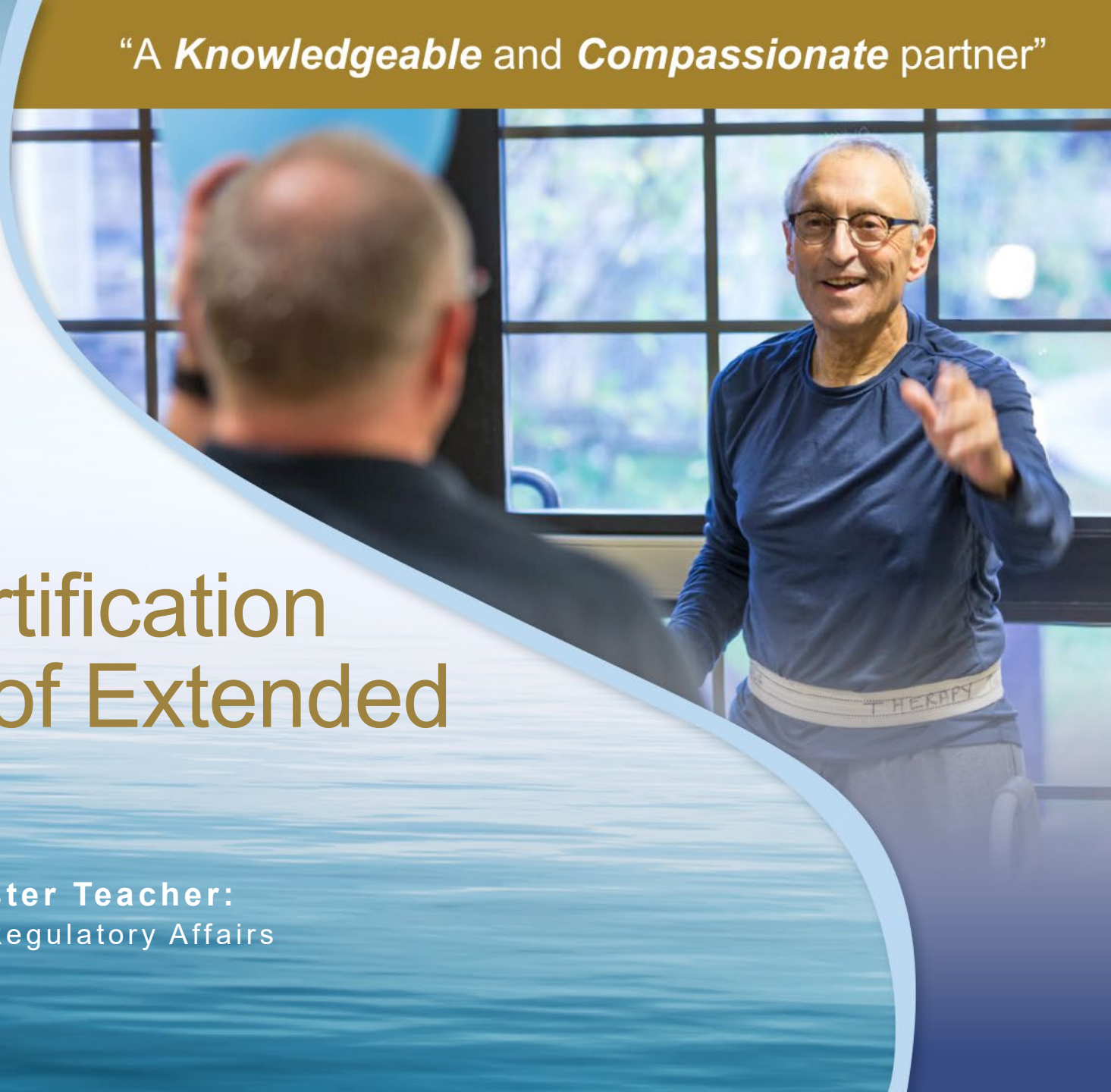
“A Knowledgeable and Compassionate partner”



Part : Physician Certification and Recertification of Extended Care Services

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Physician Certification and Recertification

Agenda

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Physician Certification and Recertification of Extended Care Services: What Are They?

- CMS 100-2 Chapter 8 - CMS 100-1 Chapter 4
- Payment for covered posthospital extended care services may be made only if a physician or a physician extender makes the required certification, and where services are furnished over a period of time, the required recertification regarding the services furnished.
- The SNF must obtain and retain the required certification and recertification statements. The A/B MAC (A) may request them to assist in determining medical necessity when necessary.
- The SNF will determine how to obtain the required certification and recertification statements. There is no requirement for a specific procedure or form as long as the approach adopted by the facility permits verification that the certification and recertification requirement is met.
- Certification or recertification statements may be entered on or included in forms, notes, or other records that would normally be signed in caring for a patient, or on a separate form. Except as otherwise specified, each certification and recertification is to be separately signed.

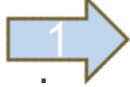

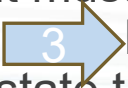


Physician Certification and Recertification of Extended Care Services: Signatures

- The routine admission order established by a physician is not a certification of the necessity for post-hospital extended care services for purposes of the program. There must be a separate signed statement indicating that the patient will require on a daily basis SNF covered care.
- In addition, only physicians may certify outpatient physical therapy and outpatient speech-language pathology services.
- A certification or recertification statement must be signed by the attending physician or a physician on the staff of the skilled nursing facility who has knowledge of the case, or by a physician extender (that is, a nurse practitioner (NP), a clinical nurse specialist (CNS) or a physician assistant (PA)) who does not have a direct or indirect employment relationship with the facility, but who is working in collaboration with the physician.

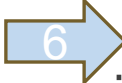

Physician Certification and Recertification of Extended Care Services: Signatures

- If the SNF's failure to obtain a certification or recertification is not due to a question of the necessity for the services, but to the physician's or physician extender's refusal to certify on other grounds (e.g., an objection in principle to the concept of certification and recertification), the SNF cannot charge the beneficiary for covered items or services. Its provider agreement precludes it from doing so.
- If a physician or physician extender refuses to certify, because, in his/her opinion, the patient does not, as a practical matter, require daily skilled care for an ongoing condition for which he/she was receiving inpatient hospital services (or for a new condition that arose while in the SNF for treatment of that ongoing condition), the services are not covered and the facility can bill the patient directly. The reason for the refusal to make the certification must be documented in the SNF's records.
- Certifications must be obtained at the time of admission, or as soon thereafter as is reasonable and practicable. Consider the circumstances surrounding an interrupted stay.

Physician Certification and Recertification of Extended Care Services: Contents/Timing

-  The certification must clearly indicate that posthospital extended care services were required to be given on an inpatient basis because of the individual's need for skilled care on a daily basis for an ongoing condition for which he/she was receiving inpatient hospital services prior to transfer to the SNF (or for a new condition that arose while in the SNF for treatment of that ongoing condition).
- Alternatively, the initial certification can simply affirm that the individual has been correctly assigned one of the case-mix classifiers that CMS designates as representing the required SNF level of care, i.e., the administrative level of care presumption under the SNF PPS.
-  The recertification statement must contain an adequate written record of the reasons for the continued need for extended care services.  If the circumstances require it, the first recertification and any subsequent recertifications must state that the continued need for extended care services is for a condition requiring such services which arose after the transfer from the hospital and while the patient was still in the facility for treatment of the condition(s) for which he/she had received inpatient hospital services.
-  The recertification statement must also contain the estimated period of time required for the patient to remain in the facility,  and any plans, where appropriate, for home care. The recertification statement made by the physician does not have to include this entire statement if, for example, all of the required information is in fact included in progress notes.

Physician Certification and Recertification of Extended Care Services: Contents/Timing

-  The first recertification must be made no later than the 14th day of inpatient extended care services. A skilled nursing facility can, at its option, provide for the first recertification to be made earlier, or it can vary the timing of the first recertification within the 14-day period by diagnostic or clinical categories. Subsequent recertifications must be made at intervals not exceeding 30 days.
-  Skilled nursing facilities are expected to obtain timely certification and recertification statements. However, delayed certifications and recertifications will be honored where, for example, there has been an isolated oversight or lapse. In addition to complying with the content requirements, delayed certifications and recertifications must include an explanation for the delay and any medical or other evidence which the skilled nursing facility considers relevant for purposes of explaining the delay.

PHYSICIAN CERTIFICATION / RE-CERTIFICATION

Last	First	Middle	HCN #:	Admission Date:
Attending Physician:			Room #	Medical Record #

INITIAL

CERTIFICATION
of patient admission
required at time of
admission

I certify that post hospital skilled nursing facility services are required to be given on an inpatient basis because of the above named patient's need for skilled nursing and/or skilled rehabilitation services on a continuing basis, for conditions for which he/she was receiving inpatient hospital services or for a new condition that arose while in the SNF for treatment of that ongoing condition, and that as practical matter can only be provided in a SNF.

Signature: MD / NP / CNS / PA

Date

RE-CERTIFICATION
of continued SNF in-
patient care. On or
before the 14th day
of admission

1. I certify that continued SNF in-patient care is necessary for the following reason(s): Rehab. Services ___ / Skilled Nursing Services ___
2. The continued need for extended care services is for a condition requiring such services which arose after the transfer from the hospital and while the patient was still in the facility for treatment of the condition(s) for which he/she had received inpatient hospital services. Y / N
3. I estimate that the additional period of SNF in-patient care will be ___ Days
4. Plans For Post-SNF Care: _____

Due Date: _____

5. Delayed Certification: (if not signed within 14 days of admission, give reason for delay): _____

Signature: MD / NP / CNS / PA

Date

RE-CERTIFICATION
of continued SNF in-
patient care. On or
before 30 days
following the date
of the physician's
signature on the
the previous
re-certification.

1. I certify that continued SNF in-patient care is necessary for the following reason(s): Rehab. Services ___ / Skilled Nursing Services ___
2. The continued need for extended care services is for a condition requiring such services which arose after the transfer from the hospital and while the patient was still in the facility for treatment of the condition(s) for which he/she had received inpatient hospital services. Y / N
3. I estimate that the additional period of SNF in-patient care will be ___ Days
4. Plans for Post-SNF care: _____

Due Date: _____

Signature: MD / NP / CNS / PA

Date

RE-CERTIFICATION
of continued SNF in-
patient care. On or
before 30 days
following the date
of the physician's
signature on the
the previous
re-certification.

1. I certify that continued SNF in-patient care is necessary for the following reason(s): Rehab. Services ___ / Skilled Nursing Services ___
2. The continued need for extended care services is for a condition requiring such services which arose after the transfer from the hospital and while the patient was still in the facility for treatment of the condition(s) for which he/she had received inpatient hospital services. Y / N
3. I estimate that the additional period of SNF in-patient care will be ___ Days
4. Plans for Post-SNF care: _____

Due Date: _____

Signature: MD / NP / CNS / PA

Date

RE-CERTIFICATION
of continued SNF in-
patient care. On or
before 30 days
following the date
of the physician's
signature on the
the previous
re-certification.

1. I certify that continued SNF in-patient care is necessary for the following reason(s): Rehab. Services ___ / Skilled Nursing Services ___
2. The continued need for extended care services is for a condition requiring such services which arose after the transfer from the hospital and while the patient was still in the facility for treatment of the condition(s) for which he/she had received inpatient hospital services. Y / N
3. I estimate that the additional period of SNF in-patient care will be ___ Days
4. Plans for Post-SNF care: _____

Due Date: _____

Signature: MD / NP / CNS / PA

Date

Physician Certification and Recertification of Extended Care Services: Example

INITIAL CERTIFICATION

I certify that post hospital skilled nursing facility services are required to be given on an inpatient basis because of the above named patient's need for skilled nursing and/or skilled rehabilitation services on a continuing basis, for conditions for which he/she was receiving inpatient hospital services or for a new condition that arose while in the SNF for treatment of that ongoing condition, and that as piratical matter can only be provided in a SNF.

I certify that post hospital skilled nursing facility services are required to be given on an inpatient basis because of the above named patient's need for skilled nursing and/or skilled rehabilitation services on a continuing basis, for conditions for which he/she was receiving inpatient hospital services or for a new condition that arose while in the SNF for treatment of that ongoing condition, and that as piratical matter can only be provided in a SNF.

Signature: MD / NP / CNS / PA

Date

RE-CERTIFICATION

I certify that continued SNF in-patient care is necessary for the following reason(s):

1. I certify that continued SNF in-patient care is necessary for the following reason(s): **Rehab. Services** ___ / **Skilled Nursing Services** ___

before the 14th day of admission

2. The continued need for extended care services is for a condition requiring such services which arose after the transfer from the hospital and while the patient was still in the facility for treatment of the condition(s) for which he/she had received inpatient hospital services. Y / N

Due Date

3. I estimate that the additional period of SNF in-patient care will be _____ Days

4. Plans For Post-SNF Care: _____

5. **Delayed Certification:** (if not signed within 14 days of admission, give reason for delay): _____

Signature: MD / NP / CNS / PA

Date

Physician Certification and Recertification of Extended Care Services: Interrupted Stay

- Physician Certification and Interrupted Stay: [PDPM FAQ](#)

13.21 How does the interrupted stay policy affect Medicare physician certification?

The existing requirements governing level of care certification and recertification timeframes are tied to a beneficiary's SNF admission. If a beneficiary is discharged from the SNF (or from the covered Part A stay) and then resumes covered SNF care within the interruption window, **the subsequent resumption would not be considered a new admission and, thus, would not trigger a new certification/recertification schedule.**

- In these circumstances [counting Medicare days NOT calendar days is appropriate for recertification timing.](#)

SNF Days	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>			<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>
LOC	SNF	SNF	SNF	SNF	SNF	SNF	X (IS)	X (IS)	SNF	SNF	SNF	SNF	SNF	SNF	SNF	SNF
Cert Count	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>			<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>

Physician Certification and Recertification of Extended Care Services: More Detail

- Skilled nursing facilities do not have to transmit certification and recertification statements to the A/B MAC (A); instead, the facility must itself certify, in the admission and billing form that the required physician certification and recertification statements have been obtained and are on file.

UB-04 (Back)

UB-04 NOTICE: THE SUBMITTER OF THIS FORM UNDERSTANDS THAT MISREPRESENTATION OR FALSIFICATION OF ESSENTIAL INFORMATION AS REQUESTED BY THIS FORM, MAY SERVE AS THE BASIS FOR CIVIL MONETARY PENALTIES AND ASSESSMENTS AND MAY UPON CONVICTION INCLUDE FINES AND/OR IMPRISONMENT UNDER FEDERAL AND/OR STATE LAW(S).

Submission of this claim constitutes certification that the billing information as shown on the face hereof is true, accurate and complete. That the submitter did not knowingly or recklessly disregard or misrepresent or conceal material facts. The following certifications or verifications apply where pertinent to this Bill:

3. Physician's certifications and re-certifications, if required by contract or Federal regulations, are on file.

Physician Certification and Recertification of Extended Care Services: More Detail

- The facility will determine the format of delayed certification and recertification statements, and the method by which they are obtained. A delayed certification and recertification may appear in one statement; separate signed statements for each certification and recertification would not be required as they would if timely certification and recertification had been made.

Medicare A/Medicare B Delayed Certification

Medicare Pub. 100.01 Chapter 4, § 20.1 Delayed Certification and Recertifications

Hospitals (Skilled nursing facilities) are expected to obtain timely certification and recertification statements. However, delayed certification and recertification will be honored where, for example, there has been an oversight or lapse. In addition to complying with the content requirements, delayed certifications and recertifications must include an explanation for the delay and any medical or other evidence which the SNF considers relevant for purpose of explaining the delay. The facility will determine the format . . . and method by which they are obtained. A delayed certification and recertification may appear in one statement; separate signed statements for each certification and recertification would not be required as they would if timely certification and recertification had been made

Medicare Pub. 100.02 Chapter 15, § 220.13 D. Delayed Certification and Recertifications

...Delayed certification and recertification requirements shall be deemed satisfied where, at any later date, a physician/NPP makes a certification accompanied by a reason for the delay... Delayed certification should include one or more certifications or recertifications on a single signed and dated document.

PROVIDER COMPLETES THE FOLLOWING:

Date MD Notified _____

Dr. _____
Physician Name

The Medicare certification and/or recertification on your patient, was not completed or not completed correctly.

Beneficiary Name _____
Medicare number _____
Certification/Recertification period PT OT ST
Circle discipline

The Medicare regulations at the top of the page state that delayed certification/recertifications will be honored in a delayed certification statement.

Please sign and date with today's date the certification form enclosed for the certification/recertification dates listed for continued skilled therapy services and initial any corrections to the form. Also, please sign and date in the area provided at the bottom of this letter.

The certification/recertification was delayed because of:

- Oversight: certification/recertification was signed but not dated when services were approved at the start of certification/recertification period
- Oversight: certification/recertification was not signed/dated when services were approved at the start of the certification/recertification period
- Misplaced or lost in mail
- Other

PHYSICIAN COMPLETES THE FOLLOWING:

DELAYED CERTIFICATION/RECERTIFICATION

I ordered all the services that were delivered to my patient and I believe s/he required skilled therapy services.

PHYSICIAN SIGNATURE

TODAY'S DATE

A decorative graphic of light blue water ripples, centered horizontally and extending across the lower half of the slide. The ripples are concentric and create a sense of movement and depth.

QUESTIONS?

Find Out More

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