

Refresh: Medicare Part A Physician Certification and Recertification

Joel VanEaton, EVP Post Acute Regulatory Affairs and Education at Broad River Rehab

ACCREDITED PROVIDER
AMERICAN NURSES CREDENTIALING CENTER

APPROVAL STATEMENT DISCLOSURE

- This nursing continuing professional development activity was approved by Broad River Rehab, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- This course has been approved for 1.5 contact hours.

CONFLICT OF INTEREST DISCLOSURE

- Broad River Rehab is not charging for this educational offering and has no financial or other conflicts of interest regarding this program.

BROAD RIVER

SUCCESSFUL COMPLETION REQUIREMENTS

- In order to obtain nursing contact hours, you must participate in the entire program and complete the entire evaluation.

DISCLOSURE OF THE EXPIRATION DATE FOR AWARDING CONTACT HOURS FOR ENDURING PROGRAMS

- Contact hours for this program will not be awarded after 1 week

BROAD RIVER

Learning Objectives

- Understand the physician certification and recertifications requirements
- Determine the appropriate signatures and timing of each certification and recertification
- Recognize how to collect the data,
- Determine how to apply this knowledge to facility operations

Resources

- **CMS 100-1** Medicare General Information, Eligibility, and Entitlement, **Chapter 4 -** Physician Certification and Recertification of Services
- **CMS 100-2** Medicare Benefit Policy Manual, **Chapter 8 -** Coverage of Extended Care (SNF) Services Under Hospital Insurance
- CMS' PDPM Website

Physician Certification and Recertification of Extended Care Services: What are they?

- 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.

BROAD RIVER

Physician Certification and Recertification of Extended Care Services: Signatures

- 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.

BROAD RIVER

Physician Certification and Recertification of Extended Care Services: Signatures

- 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)**, **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.

BROAD RIVER

Physician Certification and Recertification of Extended Care Services: Signatures

- In this context, when a physician extender has a direct employment relationship with an employing entity other than the facility, **and** the employing entity has an agreement with the facility that includes the provision of general nursing services an "indirect employment relationship" exists between the physician extender and the facility.
- **By contrast**, such an indirect employment relationship **does not exist** if the agreement between the facility and the physician extender's employer solely involves the performance of delegated physician tasks under the regulations at 42 CFR 483.30(e).

BROAD RIVER

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.

BROAD RIVER

Physician Certification and Recertification of Extended Care Services: Signatures

- 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.**

BROAD RIVER

Physician Certification and Recertification of Extended Care Services: Signatures

- For such documentation to be **adequate**, there must be some statement in the facility's records, signed by a physician or a responsible facility official, indicating that the patient's physician or physician extender feels that 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).

BROAD RIVER

Physician Certification and Recertification of Extended Care Services: Contents

- 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.

BROAD RIVER

Physician Certification and Recertification of Extended Care Services: Contents

- The **routine admission procedure** followed by a physician **would also not be sufficient** certification of the necessity for posthospital extended care services for purposes of the program.

Physician Certification and Recertification of Extended Care Services: Contents

- 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).

Physician Certification and Recertification of Extended Care Services: Contents

- **CMS 100-2 Chapter 8** - Care in a SNF is covered if all of the following **four factors** are met:
  - 1. The patient requires skilled nursing services or skilled rehabilitation services, i.e., services that must be performed **by or under the supervision of professional or technical personnel**; are ordered by a physician and the services are rendered for a condition for which the patient received inpatient hospital services or for a condition that arose while receiving care in a SNF for a condition for which he received inpatient hospital services;

BROAD RIVER

Physician Certification and Recertification of Extended Care Services: Contents

- **by or under the supervision of professional or technical personnel**;
  - Require the skills of qualified technical or professional health personnel such as registered nurses, licensed practical (vocational) nurses, physical therapists, occupational therapists, and speech-language pathologists or audiologists; **and**
  - Must be provided directly by or under the general supervision of these skilled nursing or skilled rehabilitation personnel to assure the safety of the patient and to achieve the medically desired result.

BROAD RIVER

Physician Certification and Recertification of Extended Care Services: Contents

- **CMS 100-2 Chapter 8** - Care in a SNF is covered if all of the following **four factors** are met:
  - 2. The patient requires these skilled services on a daily basis.
    - Skilled nursing services or skilled rehabilitation services (or a combination of these services) must be needed and provided on a "daily basis," i.e., on essentially a **7-days-aweek basis**. A patient whose inpatient stay is based solely on the need for skilled rehabilitation services would meet the "daily basis" requirement when they need and receive those services on at least 5 days a week. (If therapy services are provided less than 5 days a week, the "daily" requirement would not be met.)

BROAD RIVER

Physician Certification and Recertification of Extended Care Services: Contents

- **CMS 100-2 Chapter 8** - Care in a SNF is covered if all of the following four factors are met:
  - 3. As a **practical matter**, considering economy and efficiency, the daily skilled services can be provided only on an **inpatient basis in a SNF**.

BROAD RIVER

Physician Certification and Recertification of Extended Care Services: Contents

- In determining whether the daily skilled care needed by an individual can, as a "**practical matter**," only be provided in a SNF **on an inpatient basis**, the A/B MAC (A) considers the individual's physical condition and the availability and feasibility of using more economical alternative facilities or services.
- As a "practical matter," daily skilled services can be provided only in a SNF if they are not available on an outpatient basis in the area in which the individual resides or transportation to the closest facility would be:
  - An excessive physical hardship;
  - Less economical; **or**
  - Less efficient or effective than an inpatient institutional setting.

BROAD RIVER

Physician Certification and Recertification of Extended Care Services: Contents

- **CMS 100-2 Chapter 8** - Care in a SNF is covered if all of the following four factors are met:
  - 4. The services delivered are **reasonable and necessary** for the treatment of a patient's illness or injury, i.e., are consistent with the nature and severity of the individual's illness or injury, the individual's particular medical needs, and accepted standards of medical practice. The services **must also be reasonable** in terms of duration and quantity.

BROAD RIVER

Physician Certification and Recertification of Extended Care Services: Contents

- The services themselves are shown to be reasonable and necessary for the treatment of a patient's illness or injury, i.e., are consistent with the nature and severity of the individual's illness or injury, the individual's particular medical needs, and accepted standards of medical practice when the documentation shows that the services are appropriate in terms of **duration and quantity**, and that the services promote the **documented therapeutic goals**.

BROAD RIVER

Physician Certification and Recertification of Extended Care Services: Contents

If any one of these four factors is not met, a stay in a SNF, even though it might include the delivery of some skilled services, is not covered.

BROAD RIVER

Physician Certification and Recertification of Extended Care Services: Contents

- 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.
- This presumption recognizes the strong likelihood that those beneficiaries who are assigned one of the designated case-mix classifiers during the immediate post-hospital period would require a covered level of care, which would be less likely for other beneficiaries.

BROAD RIVER

Physician Certification and Recertification of Extended Care Services: Contents

- For services furnished on or after October 1, 2019, the following are the designated case-mix classifiers under the Patient Driven Payment Model (PDPM) relative to the administrative presumption of coverage:
  - Nursing groups encompassed by the Extensive Services, Special Care High, Special Care Low, and Clinically Complex nursing categories;
  - PT and OT groups TA, TB, TC, TD, TE, TF, TG, TJ, TK, TN, and TO;
  - SLP groups SC, SE, SF, SH, SI, SJ, SK, and SL; and
  - NTA component's uppermost (12+) comorbidity group.

BROAD RIVER

Physician Certification and Recertification of Extended Care Services: Contents

- **The recertification statement** must contain:
  - an adequate written record of the reasons for the continued need for extended care services,
  - 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.

BROAD RIVER

Physician Certification and Recertification of Extended Care Services: Contents

- **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.

Physician Certification and Recertification of Extended Care Services: Timing

- **Certifications** must be obtained at the time of admission, or as soon thereafter as is reasonable and practicable.
- **The first recertification** must be made no later than the l4th day of inpatient extended care services.
- A skilled nursing facility can, at its option, provide for the first recertification to be made earlier, i.e., the initial certification and first recertification may be obtained at the same time.
- **Subsequent recertifications** must be made at intervals not exceeding 30 days (from the previous signature date). Such recertifications may be made at shorter intervals as established by the utilization review committee and the skilled nursing facility.

BROAD RIVER

Physician Certification and Recertification of Extended Care Services: Timing

- 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.

BROAD RIVER

Physician Certification and Recertification of Extended Care Services: Timing

- 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.

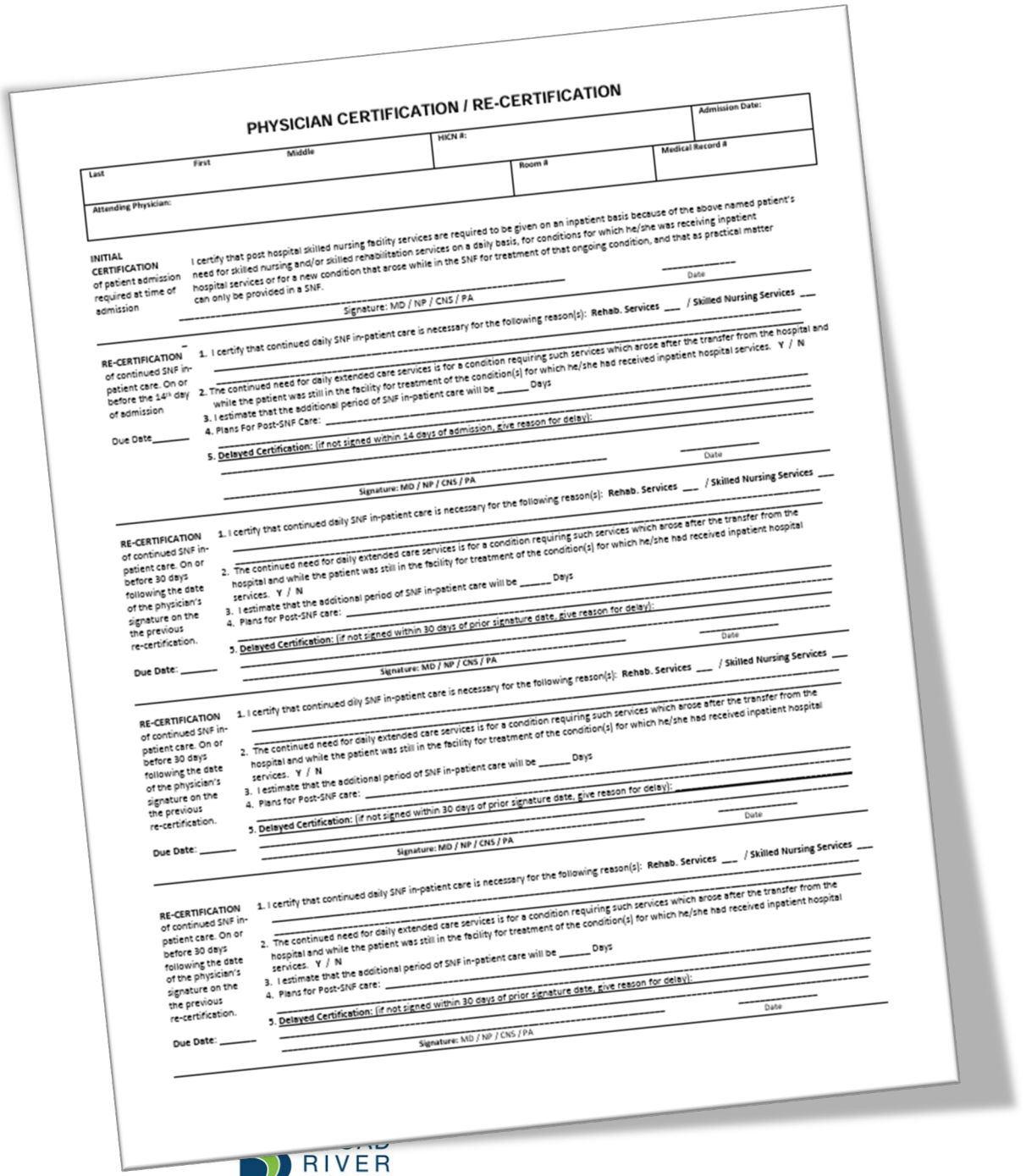
Physician Certification and Recertification of Extended Care Services: Timing

- **Interrupted Stay (PDPM FAQ)**
- Q 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.

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

BROAD RIVER

Physician Certification and Recertification of Extended Care Services: **Example Form**



PHYSICIAN CERTIFICATION / RE-CERTIFICATION

Last	First	Middle	HICN #:	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 daily 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

Due Date_____

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

Due Date: _____

1. I certify that continued daily SNF in-patient care is necessary for the following reason(s): **Rehab. Services** ___ / **Skilled Nursing Services** ___
2. The continued need for daily 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: _____
5. **Delayed Certification:** (if not signed within 30 days of prior signature date, 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.

Due Date: _____

1. I certify that continued daily SNF in-patient care is necessary for the following reason(s): **Rehab. Services** ___ / **Skilled Nursing Services** ___
2. The continued need for daily 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: _____
5. **Delayed Certification:** (if not signed within 30 days of prior signature date, 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.

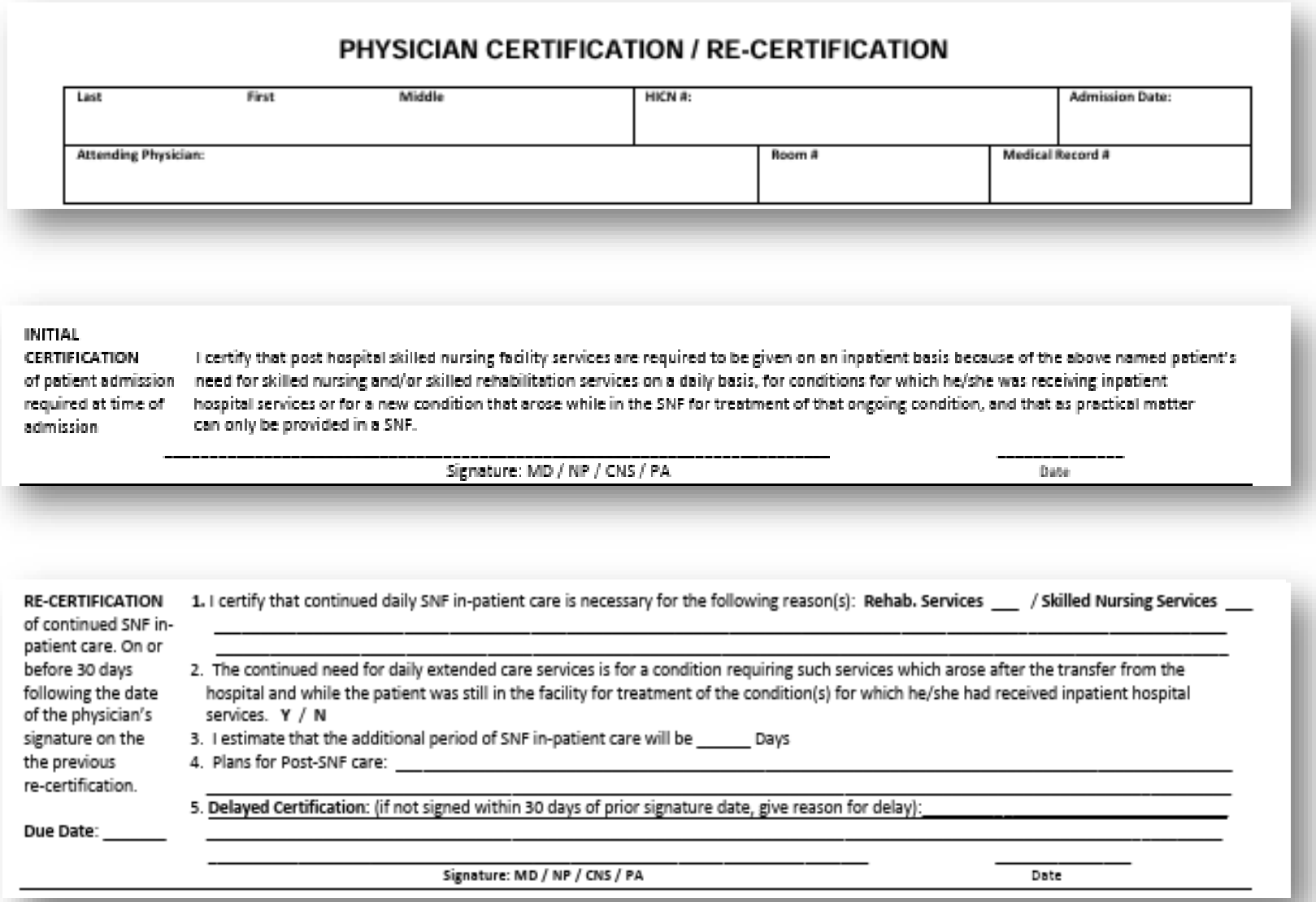
Due Date: _____

1. I certify that continued daily SNF in-patient care is necessary for the following reason(s): **Rehab. Services** ___ / **Skilled Nursing Services** ___
2. The continued need for daily 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: _____
5. **Delayed Certification:** (if not signed within 30 days of prior signature date, give reason for delay): _____

Signature: MD / NP / CNS / PA _____ Date _____

RIVER

Physician Certification and Recertification of Extended Care Services: **Example Form**



PHYSICIAN CERTIFICATION / RE-CERTIFICATION

Last	First	Middle	HICN #:	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 daily 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 30 days following the date of the physician's signature on the the previous re-certification.

Due Date: _____

1. I certify that continued daily SNF in-patient care is necessary for the following reason(s): **Rehab. Services** ___ **/ Skilled Nursing Services** ___
   _____
   _____
2. The continued need for daily 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: _____
   _____
5. **Delayed Certification:** (if not signed within 30 days of prior signature date, give reason for delay): _____
   _____
   _____

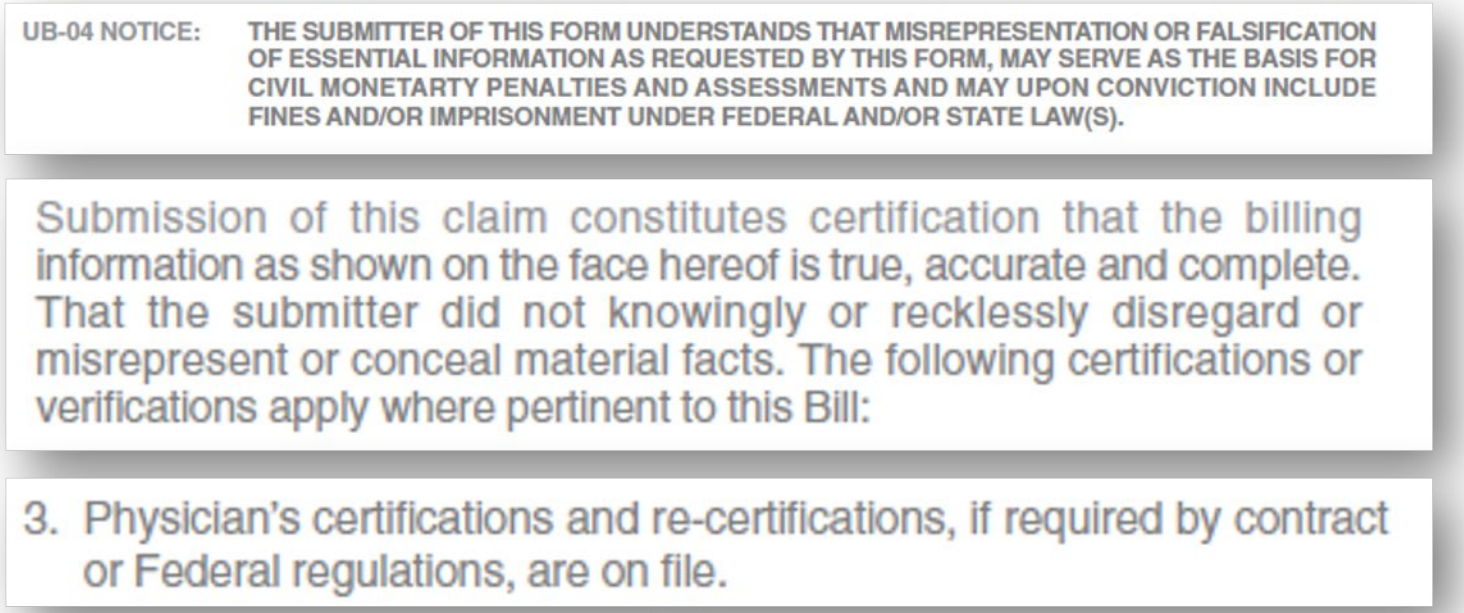
_____ _____

Signature: MD / NP / CNS / PA **Date**

BROAD RIVER

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 (UB-04) that the required physician certification and recertification statements have been obtained and are on file.



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 MONETARTY 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.

BROAD RIVER

Next Steps

- Understand how the physician certification and recertification affect your SNF population.
- Develop a consistent and accurate tracking process.
- Don’t assume that it is being done correctly. Have an auditing system in place.
- Daily skilled services provision decisions are essential
- Complete the certifications and recertifications completely. NO BLANKS.
- Consistent communication is a must. It should be clear that the signing provider understands the circumstances surrounding what he or she is signing

BROAD RIVER

QUESTIONS?

BROAD RIVER