

*“A Knowledgeable and Compassionate partner”*



# Physician Cerification/Recertification Requirements for SNF



# 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 0.5 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.

# SUCCESSFUL COMPLETION REQUIREMENTS

- **Live, in-person**
  - In order to obtain nursing contact hours, you must attend the entire activity, participate in case study analysis, and complete the evaluation.
- **Live, virtual**
  - In order to obtain nursing contact hours, you must participate in the entire program, participate in audience polling and/or Q&A and complete the evaluation.
- **Web-Based/On-Demand**
  - In order to obtain nursing contact hours, you must view the entire program, and complete the evaluation.

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

- Contact hours for this program will not be awarded after 30 days





# Learning Objectives

Overview of  
SNF services  
under Medicare

Why physician  
certification  
matters

The role of  
recertification in  
ensuring  
continued care

# Skilled Nursing Facility Coverage

Must be a Medicare participating facility

Physician must document that patient needs and receives daily skilled care (nursing or therapy).

Prior inpatient hospitalization of 3 days or more.

Break in skilled care that lasts for more than 30 days will require another 3-night qualifying stay.

Can be admitted to facility within 30 days of discharge from hospital.

# What is Certification and Recertification

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Certification serves as the foundation for confirming a patient's need for skilled nursing care under Medicare. It verifies that the facility is delivering essential, daily medical services that cannot be effectively provided in a less intensive setting.

Recertification, meanwhile, ensures continued approval for care. Medicare does not automatically assume an ongoing need—it requires periodic updates. The first recertification must be completed by the 14th day of the patient's stay, with subsequent recertifications required at intervals of no more than 30 days following the previous one.





**Initial  
certification** at  
admission

**First  
recertification** by  
day 14

**Subsequent  
recertifications** at  
intervals no longer  
than 30 days

# Timing of Certifications/Recertifications



## MEDICARE CERTIFICATION AND RECERTIFICATION

Patient: \_\_\_\_\_ Admit Date: \_\_\_\_\_ Medicare # \_\_\_\_\_

<b>CERTIFICATION:</b> Due at the time of admission or as soon thereafter as is reasonable and practicable.	<p>I certify that SNF services are required to be given on an inpatient basis because of the above named patient's needs for skilled nursing care and/or skilled rehabilitation are required on a daily basis, and such services can only practically be provided in a SNF and are for an ongoing condition for which the individual received inpatient care in a hospital.</p> <p>If not signed timely: Explanation for delay: _____</p> <p>_____ Certifying Physician or NPP Signature</p> <p>_____ Physician/NPP - **Signature Date</p>
<b>1<sup>st</sup> RECERTIFICATION:</b> Of continued need for daily inpatient skilled care.  Due no later than the 14 <sup>th</sup> day of admission.  DUE: _____	<p>I certify that continued inpatient skilled care is necessary on a daily basis per RUG level for the following:</p> <p><input type="checkbox"/> Physical Therapy      <input type="checkbox"/> Occupational Therapy      <input type="checkbox"/> Speech Therapy</p> <p><input type="checkbox"/> Nursing Observations: _____</p> <p><input type="checkbox"/> Wound/Skin Care      <input type="checkbox"/> IV      <input type="checkbox"/> Tube Feeding</p> <p><input type="checkbox"/> Aftercare following surgery      <input type="checkbox"/> Pulmonary Care      <input type="checkbox"/> Chemotherapy</p> <p><input type="checkbox"/> Dialysis      <input type="checkbox"/> Special Catheter      <input type="checkbox"/> Radiation Therapy</p> <p><input type="checkbox"/> Other: _____</p> <p>I estimate that the duration of inpatient skilled care will be _____ days.</p> <p>Plans for post skilled care: <input type="checkbox"/> Home Health Agency      <input type="checkbox"/> Office Care</p> <p><input type="checkbox"/> Continued SNF care      <input type="checkbox"/> Other: _____</p> <p>Continued SNF care is for conditions for which patient received inpatient hospital services or arose while being treated in the SNF for that condition.</p> <p>If not signed timely: Explanation for delay: _____</p> <p>_____ Certifying Physician or NPP Signature</p> <p>_____ Physician/NPP - **Signature Date</p>
<b>2<sup>nd</sup> RECERTIFICATION:</b> Of continued need for daily inpatient skilled care.  Due no later than the 30 <sup>th</sup> day from the **previous recertification signature date.  DUE: _____	<p>I certify that continued inpatient skilled care is necessary on a daily basis per RUG level for the following:</p> <p><input type="checkbox"/> Physical Therapy      <input type="checkbox"/> Occupational Therapy      <input type="checkbox"/> Speech Therapy</p> <p><input type="checkbox"/> Nursing Observations: _____</p> <p><input type="checkbox"/> Wound/Skin Care      <input type="checkbox"/> IV      <input type="checkbox"/> Tube Feeding</p> <p><input type="checkbox"/> Aftercare following surgery      <input type="checkbox"/> Pulmonary Care      <input type="checkbox"/> Chemotherapy</p> <p><input type="checkbox"/> Dialysis      <input type="checkbox"/> Special Catheter      <input type="checkbox"/> Radiation Therapy</p> <p><input type="checkbox"/> Other: _____</p> <p>I estimate that the duration of inpatient skilled care will be _____ days.</p> <p>Plans for post skilled care: <input type="checkbox"/> Home Health Agency      <input type="checkbox"/> Office Care</p> <p><input type="checkbox"/> Continued SNF care      <input type="checkbox"/> Other: _____</p> <p>Continued SNF care is for conditions for which patient received inpatient hospital services or arose while being treated in the SNF for that condition.</p> <p>If not signed timely: Explanation for delay: _____</p> <p>_____ Certifying Physician or NPP Signature</p> <p>_____ Physician/NPP - **Signature Date</p>

JWA, LLC: Revised 04/2015

SNF-1005 (Rev. 4/2015) SNF Forms (600) 643-6499

# Certification Requirements

There are no specific procedures or required forms for certification and recertification statements. Provider may use any method that allows for verification.

# Exclusive Tools for BRR Customers— Always Available!

Insiders



## ***EXCLUSIVE TOOLS***

- [Discharge Function Score Calculator](#)
- [2025 SNF Consolidated billing Major Category Descriptions and Categories Excluded HCPCS List](#)
- [Color-Coded MDS 3.0 v1.19.1 \(updated 01\\_01\\_25\)](#)
- [CAT Specifications MDS 3.0 v1.19.1](#)
- [Cue Cards MDS 3.0 v1.19.1](#)
- [NOMNC Cheatsheet](#)
- [Recertification Form \(Example 1\)](#)
- [Recertification Form \(Example 2\)](#)
- [SNF Consolidated Billing HCPCS](#)
- [IDT Clinical Pathways](#)
- [Social Determinants of Health](#)
- [ANCC CEU / Insider Post Course Form](#)
- [Section GG Training \(password is 179942\)](#)
- [Section GG IDT Tools](#)
- [TN MCD CMI Nursing Category Checklist](#)
- [KY MCD CMI Nursing Category](#)
- [GA MCD CMI Nursing Category Checklist](#)

## What matters is that your documentation includes:

A statement confirming the need for daily skilled nursing or rehabilitation services.

Confirmation that services can only be provided in a skilled nursing facility or swing-bed hospital.

For recertifications: the reasons for ongoing SNF care, estimated length of stay, and any plans for home care.

A signed and dated statement from the certifying physician or qualified practitioner.

## Documentation requirements

# Compliance

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**Signature Requirements:** Must be signed by an attending physician or SNF staff physician.



**Authorized Signers:** Nurse practitioners (NPs), clinical nurse specialists (CNSs), and physician assistants (PAs) can certify if collaborating with a physician.



**Audit Preparedness:** Maintain accurate records to avoid claim denials

# Common Challenges

**Incomplete documentation of services:** It's not enough to provide care — you have to document every element clearly. If a patient receives physical therapy, for example, your records need to show that therapy was medically necessary and provided under a qualified plan of care.

**Overlooking the three-day hospital stay requirement:** Medicare is strict here. Time spent in observation or the emergency room doesn't count. Facilities that skip verifying this detail risk non-payment.

**Missing physician certifications:** Remember, routine admission orders don't meet Medicare's definition of certification. You need a separate, signed statement confirming the patient needs daily skilled care.



# Delayed Certifications

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While Medicare does allow for delayed recertifications in certain situations (like an isolated oversight), they expect a full explanation. **You'll need to document:**

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The reason for the delay

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Any medical or administrative evidence to support your explanation

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A completed, signed, and dated recertification statement

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# Best Practices

Utilize a consistent process.

Keep a calendar of when certifications are due and completed.

Ensure provider is educated on documentation required.



# Thank you for attending BRR Summer Series #3

**July 25<sup>th</sup>** – Denial of Payment for New Admissions  
Criteria (**Joel VanEaton**)

**August 8<sup>th</sup>** – Consolidated Billing (**Joel VanEaton**)

**August 22<sup>nd</sup>** – Direct Nursing Skilled Services and  
Indirect Nursing Skilled Services (**Shannon Hayes**)