

<b>DEPARTMENT:</b> Regulatory Compliance Support	<b>POLICY DESCRIPTION:</b> Certification and Recertification for Post Acute Services
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<b>EFFECTIVE DATE:</b> January 25, 2023	<b>REFERENCE NUMBER:</b> REGS.APS.001
<b>APPROVED BY:</b> Ethics and Compliance Policy Committee	

<p><b>SCOPE:</b> All Company-affiliated facilities, Corporate Departments, Groups and Divisions, and particularly the following Departments and individuals:</p> <p style="padding-left: 40px;">Post Acute Services (including Outpatient Rehabilitation) Shared Services Centers Health Information Management                      Revenue Integrity Business Office    Medical Staff Nursing    Non-physician Practitioners Utilization/Case Management</p>
<p><b>PURPOSE:</b> To outline the Medicare requirements for certification and recertification for post acute services.</p> <p><b>Definition:</b> For purposes of this policy, “Post Acute Services” shall include Inpatient Psychiatric Facilities (IPF) (includes hospitals and distinct part units), Inpatient Rehabilitation Facilities (IRF) (includes hospitals and distinct part units), Skilled Nursing Facilities (SNF), Swing Bed Facilities, Outpatient Physical Therapy (PT), Occupational Therapy (OT) and Speech-Language Pathology (SLP) Services and Partial Hospitalization Programs (PHP).</p>
<p><b>POLICY:</b> The medical necessity of post acute services must be certified and, if applicable, recertified as required by the applicable statutes, regulations, and manual provisions in order to obtain Medicare reimbursement.</p> <p>Certification and recertification statements are not submitted to the Medicare program. By submitting the UB claim electronically, the facility attests that the certification and recertification(s) have been obtained and are on file pursuant to applicable regulatory requirements. The hospital must retain each certification and recertification for verification, if needed. Failure to obtain the appropriate certification and recertification(s) may result in denial of payment in that case.</p> <p><b>Inpatient Psychiatric Facilities and Distinct Part Units (excluded psychiatric units of an IPPS hospital of CAH)</b></p> <ol style="list-style-type: none"> <li>1. Certification begins with the order for inpatient admission.</li> <li>2. Certifications must be obtained at the time of admission, or as soon thereafter as reasonable and practicable. The certification must be completed and documented in the medical record prior to the patient’s discharge.</li> <li>3. The initial certification must state that inpatient psychiatric services were required: <ol style="list-style-type: none"> <li>a. For treatment that could reasonably be expected to improve the patient’s condition; or</li> <li>b. For diagnostic study; and</li> <li>c. Were provided in accordance to CMS’ Two Midnight Rule cited at 42 CFR §412.3 (See REGS.GEN.014 for additional information).</li> </ol> </li> </ol>

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4. The first recertification is required no later than the 12<sup>th</sup> day of hospitalization. Subsequent recertifications must be made at intervals established by the hospital's Utilization Review (UR) committee, but in no event may the interval exceed 30 days. Recertification for inpatient psychiatric services must include the following:
- a. Inpatient psychiatric services furnished since the previous certification or recertification were, and continue to be, medically necessary for either treatment that could reasonably be expected to improve the patient's condition, or for diagnostic study;
  - b. The hospital records must show that the services furnished were either intensive treatment services, admission and related services necessary for diagnostic study, or equivalent services; and
  - c. Documentation that the patient continues to need, on a daily basis, active treatment furnished directly by, or requiring the supervision of, inpatient psychiatric facility personnel.

Certifications and recertifications for inpatient psychiatric facilities must be signed by a physician who is either the admitting physician or a medical staff member with knowledge of the case. Note: Your facility Medicare Administrative Contractor may have additional certification and/or recertification requirements outlined in their Local Coverage Determinations (LCD) or Local Coverage Articles (LCA).

**Inpatient Rehabilitation Facilities and Distinct Part Units**

An inpatient rehabilitation facilities (IRF) and Distinct Part Units must meet certain requirements in order to be excluded from the Inpatient Prospective Payment System prospective payment system. The following serve as the certification and recertification procedures for IRFs.

1. The unit must have a preadmission screening process in effect under which each prospective patient's condition and medical history are reviewed to determine whether the patient is likely to benefit significantly from an intensive inpatient rehabilitative hospital program. The rehabilitation physician must document that he or she has reviewed and concurs with the findings and results of the preadmission screening prior to the IRF admission. The rehabilitation physician's signature concurring with the preadmission screening assessment qualifies as the initial certification.
2. IRFs must have an individualized overall plan of care for each inpatient that is reviewed at least weekly during the interdisciplinary team meeting and revised as needed by a physician in consultation with other professional personnel who provide rehabilitative services to the patient. The recertification requirement can be met with a physician's statement on the weekly team meeting documentation that justifies appropriateness of treatment.
3. Certification and recertification for inpatient rehabilitation facilities must be signed by a physician who is either the rehabilitation physician or a medical staff member with knowledge of the case.

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**Skilled Nursing Facility and Swing Bed Services**

1. Certification must be obtained at the time of admission or as soon thereafter as is reasonable and practicable. The certification must state that post-hospital skilled nursing care is or was required because:
  - a. The individual needs or needed, on a daily basis, skilled nursing care (furnished directly by or requiring the supervision of skilled nursing personnel) or other skilled rehabilitation services that, as a practical matter, can only be provided in a SNF or a swing-bed hospital on an inpatient basis;
  - b. The skilled nursing care is or was needed for a condition for which the individual received inpatient care in a participating hospital or a qualified hospital, as defined in 42 CFR. §409.3; or
  - c. The individual has been correctly assigned to one of the Resource Utilization Groups (RUGs) designated as representing the level of care, as provided in 42 CFR. §409.30.
2. The first recertification is required no later than the 14<sup>th</sup> day of the post-hospital SNF care. Subsequent recertifications are required at least every 30 days after the first recertification.
3. Recertifications must include:
  - a. The reasons for the continued need for post-hospital services;
  - b. The estimated time the individual will need to remain in the SNF;
  - c. Plans for home care, if any; and
  - d. If appropriate, the fact that the continued services are needed for a condition that arose after admission to the SNF and while the individual was still under treatment for the condition for which he or she had received inpatient hospital services.
4. Certifications and recertifications for SNF and swing bed services must be signed by one of the following:
  - a. The physician responsible for the case;
  - b. A physician on the SNF staff or a physician who is available in case of an emergency and has knowledge of the case, and who acts with the authorization of the physician responsible for the case; or
  - c. A nurse practitioner, a clinical nurse specialist or a physician assistant, who does not have a direct or indirect employment relationship with the facility, but who is working in collaboration with a physician.

**Outpatient Physical Therapy, Occupational Therapy and Speech-Language Pathology Services**

1. A certification is the physician or advanced practice professional (APP) approval of the plan of care. Certification requires a dated signature on the plan of care or some other document that indicates approval of the plan of care. The certification statement must be obtained at the time

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- the plan of care is established, or as soon thereafter as possible. The certification statement may be incorporated with the plan of care and should indicate the time frame being certified.
2. No payment will be made for outpatient therapy services unless the physician or APP certifies that:
    - a. The individual needs outpatient physical therapy, speech-language pathology, or occupational therapy services
    - b. The services were furnished while the individual is or was under the care of a physician or APP; and
    - c. The services were furnished under a written plan of treatment as defined in 42 CFR §410.61.
    - d. The services are or were reasonable and necessary for the treatment of the patient's condition.
  3. If a signed physician/APP order includes all the requirements of the plan of care, no further certification of the plan is required.
  4. Recertification statements are required at least every 90 calendar days and must be signed by the physician/APP who is responsible for the patient's care at that time. It is not required that the same physician/APP order, certify, and/or recertify the plans. Recertification statements should indicate the time frame being recertified.
  5. If a physician or APP establishes the plan of care, that physician or APP must sign the certification. If a physical therapist, occupational therapist, or speech-language pathologist establishes the plan of care, the physician/APP who is responsible for that patient's care at that time should review and certify the plan of care.
  6. When an evaluation is the only service provided, the physician/APP order is the certification that the evaluation was needed and that the patient is under the care of a physician/APP. The evaluation will serve as the plan of care if it includes a diagnosis or a description of the patient's condition from which a diagnosis could be determined by the referring physician/APP. The goal, frequency, intensity, and duration are implied in the diagnosis and one-time service.
- Partial Hospitalization Program Services**
1. The initial certification establishing the need for partial hospitalization program (PHP) services must be received upon admission into the program.
  2. Coverage of partial hospitalization services is dependent on a physician certification that:
    - a. The individual would require inpatient psychiatric care if the partial hospitalization services were not provided;
    - b. An individualized, written plan of care for furnishing such service has been established by a physician and periodically reviewed by a physician; and
    - c. Such services are or were furnished while the individual is or was under the care of a physician.

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3. The first recertification is required as of the 18<sup>th</sup> calendar day of service and subsequent recertifications are required no less frequently than every 30 calendar days.
4. The recertification must specify that the patient would otherwise require inpatient psychiatric care in the absence of continued stay in the PHP and describe the following:
  - a. The patient’s response to the therapeutic interventions provided by the PHP;
  - b. The patient’s psychiatric symptoms that continue to place the patient at risk of hospitalization; and
  - c. Treatment goals for coordination of services to facilitate discharge from the PHP.
5. Certifications and recertifications for partial hospitalization services must be signed by a physician who is treating the patient and has knowledge of the patient’s response to treatment.

**PROCEDURE:**

1. The facility must designate an appropriate person to obtain the certification/recertification(s) within the timelines defined by the Centers for Medicare and Medicaid Services (CMS) and/or Local Coverage Determinations (LCD) and Local Coverage Articles (LCA).
2. A facility-designated person must monitor that certification/recertification(s) are obtained concurrently and are completed within the timelines defined by CMS and/or LCD/LCA.
3. The certification and recertification(s) must be completed, signed, and dated by a physician or applicable APP for all post acute services.
4. The certification and recertification(s) must be part of the permanent post acute medical record.
5. The facility must conduct self-monitoring to determine whether certifications and recertifications have been obtained according to this policy. The results of the self-monitoring must be reviewed by an Oversight Group. The Oversight Group can be a separate committee such as a “Facility Billing Compliance Committee” or a sub-committee of the Facility Ethics and Compliance Committee (FECC).

The FECC is responsible for the implementation of this policy within the facility.

**REFERENCES:**

1. 42 U.S.C. §§ 1395f(a)(3), 1395f(a)(2), 1395n(a)(2)(F)
2. 42 CFR. §§ 409.3, 409.30, 412.3, 412.29(d-i), 424.1(b)(1), 424.10, 424.11, 424.13, 424.14, 424.20, 424.24, 424.5(a)(4), 410.61
3. CMS Manual System, Pub. 100-01, Chapter 4
4. CMS Manual System, Pub. 100-02, Chapter 2, Sections 30.2.1, 30.2.1.1, 30.2.1.2
5. CMS Manual System, Pub. 100-02, Chapter 6, Section 70.3
6. CMS Manual System, Pub. 100-02, Chapter 1, Section 110
7. CMS Manual System, Pub. 100-02, Chapter 8, Section 40
8. CMS Manual System, Pub. 100-02, Chapter 15, Sections 220 and 230



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