

POLICY TITLE	
Certification and Recertification: Medicare	

I. PURPOSE:

- A. To ensure compliance with the Medicare Intermediary program eligibility and entitlement regulatory standards.
- B. To medically certify and document the continuing skilled care needs of residents over a period of time and required recertification for services furnished.
- C. To avoid delays in payment or ensure payment for covered services as ordered by a Physician, by ensuring the accuracy, completeness and appropriate timing of certification in the medical record.

II. POLICY:

- A. It is the policy of **FACILITY NAME** that the required Physician Medicare certification and recertification forms must be obtained and completed accurately and in a timely manner, in order to support the skilled needs of residents.
- B. Each certification and recertification statement is to be separately signed by the attending physician or physician on staff of the skilled nursing facility who has knowledge of the case. .
- C. Medicare General Info manual: Chapter 4: Section 40: Eligibility/Entitlement.

“If the facility's failure to obtain a certification or recertification is not due to a question as to the necessity for the services, but rather to the physician's refusal to certify based on other grounds (e.g., he objects in principle to the concept of certification and recertification), the facility may **not bill** the program or the beneficiary for covered items or services. The provider agreement which the facility files with the Secretary precludes it from charging the patient for covered items and services.”

“If a physician refuses to certify because, in his opinion, the patient does not require skilled nursing care on a continuing basis for a condition for which he was receiving inpatient hospital services, the services are **not** covered and the facility **can bill** the patient directly.
- D. The reason for the physician's refusal to make the certification must be documented in the facility records. 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 feels that the patient does not require skilled nursing care on a continuing basis for any of the conditions for which he was hospitalized.”
- E. **Delayed certifications and re-certifications** will be honored where, for example there has been an oversight or lapse.

- Delayed certifications and re-certifications must include an explanation of the delay and any medical or other evidence which the facility considers relevant for purposes of explaining the delay.
- The delayed certification form must be completed and signed by a Physician and must state the continued need for extended care services which 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 had received inpatient hospital services.
- A statement reciting only that continued extended care services are medically necessary is not, in and of itself, sufficient.

III. SCOPE:

- A. The Administrator/DON will ensure that the implementation of the certification and recertification process will be completed for all Medicare residents on admission and subsequently thereafter.
- B. Monitoring and audit of these forms will occur at least monthly in conjunction with the triple check process.
- C. The members of the SNF team participating in this process includes the following:
 - Director of Nursing
 - Discharge Planner (s) or Case Manager (s)
 - MDS Coordinator
 - Business/Billing office representative, as necessary

IV. DEFINITIONS:

A. CERTIFICATION:

The certification must clearly indicate that post hospital extended care services were required to be given on an inpatient basis because of the individual's need for skilled nursing care on a continuing basis for any of the conditions for which he was receiving inpatient hospital services, including services of an emergency hospital prior to transfer to the SNF.

Certifications must be obtained at **the time of admission, or as soon thereafter** as is reasonable and practicable. The routine admission procedure followed by a physician would not be sufficient certification of the necessity for post hospital extended care services for purposes of the program.

B. RE-CERTIFICATION

The re-certification statement **must** meet the following standards as to its contents:

- it must contain an adequate written record of the reasons for continued need for extended care services,
- the estimated period of time the patient will need to remain in the facility, and
- any plans, where appropriate, for home care.

The re-certification statement made by the physician has to meet the content standards, unless, for example, all of the required information is in fact included in progress notes, in which case the physician's statement could indicate that the individual's medical record contains the required information and that continued post hospital extended care services are medically necessary.

A statement reciting only that continued extended care services are medically necessary is not, in and of itself, sufficient.

If the circumstances require it, the first recertification and any subsequent re-certifications 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 had received inpatient hospital services.

V. PROCEDURE:

- A. The SNF admission packet will include the Certification/Re-certification form.
- B. Upon admission, Discharge Planner/Case Manager services will obtain the initial physicians signature in the certification for the skilled need services.
- C. The first re-certification must be made no later than as of 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 from the date of admission.
- D. Subsequent re-certifications must be made at intervals not exceeding within 30 days from the last recertification review date of the physician.
- E. Delayed certifications: When a certification or recertification form is incomplete or missed, the Discharge planner will notify the Physician as soon as possible and must state and include a detailed explanation of the delay and any other medical evidence which the facility considers relevant for purposes of explaining the delay and/or continued need for SNF services.
- F. Disposition of Certifications and recertification statements:
Skilled nursing facilities do not have to transmit certification and recertification statements to the intermediary or the Administration; 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.
- G. The DON will ensure that the monitoring of the completion and monthly audit results as part of the Triple check process.
- H. QA: Ongoing periodic audit and monitoring will be reported as part of the quarterly SNF CQI committee.

Attachments:

- 1.) Physician Certification and Recertification form
- 2.) Delayed certification and Recertification form

Related Policies: Triple check policy		
References: Medicare General Information, Eligibility and Eligibility and Entitlement Manual, (Chapter 4: Section 40-40.6)		
Original Effective Date:	Last Revision Date:	Last Review Date:
Retired Date:	Replaced by: None	
Resource Person(s):	Approval Process:	
Approved by: Administrator	Approved by: Director of Nursing	Approved by: Medical Director
Name	Name	Name
Title	Title	Title