Reference for Certification and Recertification from the Medicare Intermediary Manual.

§3333. CERTIFICATION AND RECERTIFICATION BY PHYSICIANS--EXTENDED CARE SERVICES.,
Medicare Intermediary Manual, Part 3 (CMS-Pub. 13-3)

Payment for covered posthospital extended care services may be made only if a physician makes the required certification and, where services are furnished over a period of time, the required recertification regarding the services furnished.

The skilled nursing facility is responsible for obtaining the required physician certification and recertification statements and for retaining them in file for verifications, if needed, by the intermediary (or by the Health Care Financing Administration, if the skilled nursing facility deals directly with the government). The skilled nursing facility determines the method by which the physician certification and recertification statements are to be obtained. There is no requirement that a specific procedure or specific forms be used, as long as the approach adopted by the facility permits a verification to be made that the certification and recertification requirement is in fact met. Certification and recertification statements may be entered on or included in forms, notes, or other records a physician normally signs in caring for a patient, or a separate form may be used. Except as otherwise specified (see §3338), each certification and recertification statement is to be separately signed by a physician.

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. 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.

§3334. WHO MAY SIGN CERTIFICATION OR RECERTIFICATION,
Medicare Intermediary Manual, Part 3 (CMS-Pub. 13-3)

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.

Ordinarily, for purposes of certification and recertification, a "physician" must meet the definition contained in §3030.3.

§3335. CERTIFICATION,
Medicare Intermediary Manual, Part 3 (CMS-Pub. 13-3)

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 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 (§30l2) 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 posthospital extended care services for purposes of the program.

If ambulance service is furnished by a skilled nursing facility, an additional certification is required. It may be furnished by any physician who has sufficient knowledge of the patient's case including the physician who requested the ambulance or the physician who examines the patient upon his arrival at the facility. The physician must certify that the ambulance service was medically required.

§3336. RECERTIFICATIONS,
Medicare Intermediary Manual, Part 3 (CMS-Pub. 13-3)

The recertification 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 recertification 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 posthospital 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 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 had received inpatient hospital services.

Where the requirements for the second or a subsequent recertification are satisfied by review of a stay of extended duration, pursuant to the utilization review plan, a separate recertification statement is not required. It is sufficient if the records of the utilization review committee show consideration was given to the recertification content standards.

§3337. TIMING OF RECERTIFICATIONS,
Medicare Intermediary Manual, Part 3 (CMS-Pub. 13-3)

The first recertification must be made no later than as of the l4th day of inpatient extended care services. An skilled nursing faciltiy 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 l4-day period by diagnostic or clinical categories. Subsequent recertifications must be made at intervals not exceeding 30 days. Such recertifications may be made at shorter intervals as established by the utilization review committee and the skilled nursing facility.

At the option of the skilled nursing facility, review of a stay of extended duration, pursuant to the facility's utilization review plan, may take the place of the second and any subsequent physician recertifications. The skilled nursing facility should have available in its files a written description of the procedure it adopts with respect to the timing of recertifications. The procedure should specify the intervals at which recertifications are required, and whether review of long-stay cases by the utilization review committee serves as an alternative to recertification by a physician in the case of the second or subsequent recertifications.

§3338. DELAYED CERTIFICATIONS AND RECERTIFICATIONS,
Medicare Intermediary Manual, Part 3 (CMS-Pub. 13-3)

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 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. 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.

§3339. DISPOSITION OF CERTIFICATION AND RECERTIFICATION STATEMENTS,
Medicare Intermediary Manual, Part 3 (CMS-Pub. 13-3)

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.

Centinela Hospital
Skilled Nursing Unit
Delayed Physician Certification

Patient Name: _____
Medical Record Number: _____
Admission Date: _____
Discharge Date:_____
Reason for Delayed Certification / Recertification: *(* *Oversight; Form inadvertently not flagged for physician signature / completion.)*

Certification: Inpatient skilled nursing services were required for _____ _____ during the period_____ through _____ because of his/her need for continuing treatment for _____.
This is a condition for which this patient was treated or which arose in a hospital stay that ended on _____.
This patient was discharged[1] to _____/expired on _____.
Details of the patient's condition, skilled services, need for continuing care, and the discharge summary can be found in the patient's medical record. I have reviewed that record and attest that the medical record supports the need for continuing care in the Centinela Hospital Skilled Nursing and/or Subacute Care Unit and contains plans for home care if appropriate.

Signed_____

Title_____

Date_____

[1] Strike through "expired" or discharged to" depending on which circumstance applies. For discharges show whether discharged to home health, another facility, or home care.

Centinela Hospital
Skilled Nursing Unit
Delayed Physician Certification

Patient Name:
Medical Record Number:
Admission Date:
Discharge Date: *(Note that discharge date is not always the "through" date for the recertification.)*
Reason for Delayed Certification / Recertification: *(Oversight; form inadvertently omitted from medical record.)*

Certification: Inpatient skilled nursing services were required for _____*(Patient Name)*_____ during the period ___*(admit)*____*through* _*(end of recertification period)*___because of his/her need for continuing treatment for _____*(the condition which was being treated in the SNF)*_____. This is a condition for which this patient was treated or which arose in a hospital stay that ended on _____*(hospital discharge date)*_____.

This patient [1] *(was discharged to home care/ was transferred to another health care facility/ was transferred to home health care/ expired* _____ *on* __*(date)*_____.
Details of the patient's condition, skilled services, need for continuing care, and the discharge summary, including plans for post-SNF care, can be found in the patient's medical record. I have reviewed that record and attest that the medical record supports the need for continuing care in the Centinela Hospital Skilled Nursing and/or Subacute Care Unit and contains plans for home care if appropriate.

Signed_____

Title_____

Date_____

[1] Strike through "expired" or "transferred/discharged to" depending on which circumstance applies. For discharges and
transfers show destination: another facility, h