

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-02 Medicare Benefit Policy</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 223</b>	<b>Date: May 13, 2016</b>
	<b>Change Request 9522</b>

**SUBJECT: Clarification of Inpatient Psychiatric Facilities (IPF) Requirements for Certification, Recertification and Delayed/Lapsed Certification and Recertification**

**I. SUMMARY OF CHANGES:** This Change Request is to clarify physician certification, recertification and delayed//lapsed certification and recertification with respect to IPF services in Medicare Benefit Policy Manual, Chapter 2, §30.2.1.

**EFFECTIVE DATE: August 15, 2016**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: August 15, 2016**

*Transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/ revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	2/Table of Contents
R	2/30.2.1.1/Certification
R	2/30.2.1.2/Recertification
N	2/30.2.1.3/Delayed/Lapsed Certification and Recertification

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Business Requirements  
Manual Instruction**

# Attachment - Business Requirements

Pub. 100-02	Transmittal: 223	Date: May 13 2016	Change Request: 9522
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**SUBJECT: Clarification of Inpatient Psychiatric Facilities (IPF) Requirements for Certification, Recertification and Delayed/Lapsed Certification and Recertification**

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## I. GENERAL INFORMATION

**A. Background:** A physician or other specified providers need to certify the medical necessity of inpatient services. This is required at admission, and if the service is needed for an extended period of time, a recertification is necessary. Currently, the IPF PPS (Inpatient Psychiatric Facilities) (Prospective Payment System) requires facilities to provide a statement "that the patient continues to need, on a daily basis, active treatment furnished directly by or requiring the supervision of inpatient psychiatric facility personnel" for recertification. As a result, payments to providers whose documentation validates all the necessary requirements to continue care were being denied because they did not use "the statement." This Change Request is to clarify the documentation for physician certification, recertification, and delayed/lapsed certification and recertification with respect to IPF services in Pub. 100-02, Medicare Benefit Policy Manual, Chapter 2, §30.2.1.

**B. Policy:** As a condition of payment for hospital inpatient services under Medicare Part A, section 1814(a) of the Social Security Act requires a physician or other specified providers to certify the medical necessity of services provided on an inpatient basis. This is required at admission, and if the service is needed for a longer period of time (time specified), a recertification is necessary.

The guidelines for physician certification, recertification and delayed/lapsed certification and recertification with respect to IPF services is in Pub. 100-02, Medicare Benefit Policy Manual, Chapter 2, §30.2.1.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility							
		A/B MAC		D M E	Shared- System Maintainers				Other
		A	B		H H H	F I S S	M C S	V M S	
9522 - 02.1	Contractors shall cease denials of IPF providers that do not use the statement "that the patient continues to need, on a daily basis, active treatment furnished directly by or requiring the supervision of inpatient psychiatric facility personnel" for recertification when, documentation is present that validates (not in any particular words) that the patient continues to need	X							



Number	Requirement	Responsibility								Other
		A/B MAC		D M E M A C	Shared- System Maintainers					
		A	B		H H H	F I S S	M C S	V M S	C W F	
9522 - 02.5	Contractors shall review provider explanations/reasons of delayed certification and recertification. The submission of documents must include an explanation for the delay and any medical or other evidence which the IPF considers relevant for purposes of explaining the delay.	X								
9522 - 02.5.1	Contractors shall allow the IPF to determine the format of delayed certification and recertification statements, and the method by which they are obtained. A delayed certification may be included with one or more recertifications on a single signed statement. Separate signed statements for each delayed certification and recertification are not required, as they would be if timely certification and recertification had been completed. For all IPF services, a delayed certification may not extend past discharge. An IPF certification or recertification statement may only be signed by a physician.	X								

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
9522 - 02.6	MLN Article: A provider education article related to this instruction will be available at <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be	X				

Number	Requirement	Responsibility				
		A/B MAC			D M E	C D I
		A	B	H H H	M A C	
	included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.					

#### IV. SUPPORTING INFORMATION

##### Section A: Recommendations and supporting information associated with listed requirements:

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: All other recommendations and supporting information: N/A**

#### V. CONTACTS

**Pre-Implementation Contact(s):** Sherlene Jacques, 410-786-0510 or sherlene.jacques@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

#### VI. FUNDING

##### Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 0**

# Medicare Benefit Policy Manual

## Chapter 2 - Inpatient Psychiatric Hospital Services

Table of Contents

*(Rev. 223, Issued: 05-13-16)*

### [Transmittals for Chapter 2](#)

*30.2.1.3- Delayed/Lapsed Certification and Recertification*

### **30.2.1 - Certification and Recertification Requirements**

*(Rev. 223, Issued: 05-13-16, Effective: 08-15-16, Implementation: 08-13-16)*

#### **30.2.1.1 - Certification**

*(Rev. 223, Issued: 05-13-16, Effective: 08-15-16, Implementation: 08-13-16)*

The certification that a physician must provide, with respect to IPF services, is *documentation* that the services furnished can reasonably be expected to improve the patient's condition or for diagnostic study. The certification is required at the time of admission or as soon thereafter that is reasonable and practicable. See Pub.100-01, Medicare General Information, Eligibility and Entitlement Manual, chapter 4, §10.9, for certification requirements.

#### **30.2.1.2 - Recertification**

*(Rev. 223, Issued: 05-13-16, Effective: 08-15-16, Implementation: 08-13-16)*

If the patient continues to require active inpatient psychiatric treatment, then a physician must recertify as of the 12th day of hospitalization (with subsequent recertifications required at intervals established by the IPF's Utilization Review committee on a case-by-case basis, but no less frequently than every 30 days) that the services were and continue to be required for treatment that could reasonably be expected to improve the patient's condition, or for diagnostic study, and that the patient continues to need, on a daily basis, active treatment furnished directly by or requiring the supervision of inpatient psychiatric facility personnel. In addition, the hospital records should show that services furnished were intensive treatment services, admission or related services, or equivalent services. See Pub.100-01, Medicare General Information, Eligibility and Entitlement Manual, chapter 4, §10.9, for recertification requirements.

*The format of all certifications and recertifications and the method by which they are obtained is determined by the individual facility. No specific procedures or forms are required. The provider may adopt any method that permits verification of all the IPF's requirements to continue treatment. For example, the recertification may be entered on provider generated forms, in progress notes, or in the records (relating to the stay in question) and must be signed by a physician.*

*Claim denials may not be made for failure to use a certification or recertification form or failure to use particular language or format, provided that the medical record demonstrates the content requirements given at §30.2.1 are met.*

#### **30.2.1.3- Delayed/Lapsed Certification and Recertification**

*(Rev. 223, Issued: 05-13-16, Effective: 08-15-16, Implementation: 08-13-16)*

*IPFs are expected to obtain timely certifications and recertifications. However, delayed certifications and recertifications will be honored where, for instance, there have been an oversight or lapse, and a legitimate reason for the delay as noted in Pub. 100-01, §20.1. Denial of payment for lack of the required certification and recertification is considered a technical denial, which means a statutory requirement has not been met. Consequently, if an appropriate certification is later produced, the denial shall be overturned. Reopenings of technical denial decisions may be initiated by the contractor or the provider.*

*In addition to compliance with the appropriate certification and recertification content requirements, delayed certification and recertification must include an explanation for the delay and any medical or other evidence which the IPF considers relevant for purposes of explaining the delay. The IPF will determine the format of the*

*delayed certifications and recertifications, and the method by which they are obtained. A delayed certification may be included with one or more recertifications on a single signed document. Separate signed documents for each delayed certification and recertification are not required as they would be if timely certification and recertification had been completed. For all IPF services, a delayed certification may not extend past discharge. IPF certification or recertification documentation may only be signed by a physician.*