

2 Midnight Rule for InPatient Admission

On August 2, 2013 the Centers for Medicare & Medicaid Services (CMS) issued a final rule (CMS-1599-F) updating Medicare payment policies which modifies and clarifies CMS's longstanding policy on how Medicare contractors review inpatient hospital admissions for payment purposes. Under this final rule, surgical procedures, diagnostic tests and other treatments (in addition to services designated as inpatient-only), are **generally appropriate for inpatient hospital admission** and payment under Medicare Part A **when (1) the physician expects the beneficiary to require a stay that crosses at least two midnights and (2) admits the beneficiary to the hospital based upon that expectation.** This policy responds to both hospital calls for more guidance about when a beneficiary is appropriately treated—and paid by Medicare—as an inpatient, and beneficiaries' concerns about increasingly long stays as outpatients due to hospital uncertainties about payment.

The final rule clarifies that the timeframe used in determining the expectation of a stay surpassing two midnights begins when care in the hospital begins. This will include outpatient observation services or services in an emergency department, operating room or other treatment area. **While the final rule emphasizes that the time a beneficiary spends as an outpatient before the formal inpatient admission order is not inpatient time, the physician—and the Medicare review contractor—may consider this period when determining if it is reasonable and generally appropriate to expect the patient to stay in the hospital at least two midnights as part of an admission decision.**

Documentation in the medical record must support a reasonable expectation of the need for the beneficiary to require a medically necessary stay lasting at least two midnights.

If the inpatient admission lasts fewer than two midnights due to an unforeseen circumstance (AMA, expires, refuses further treatment), this must also be clearly documented in the medical record.

The Decision to admit as an IP is a complex medical decision that must be made by a physician. Factors that support a reasonable and necessary expectation of the duration of stay to exceed 2 Midnights should include:

- Medical History
- Comorbidities
- Severity of signs/symptoms
- Current medical needs (i.e., IV diuretics)
- Risk of an adverse event during the time period of hospitalization

Inpatient orders and Physician Certification MUST BE authenticated PRIOR to discharge...No EXCEPTIONS.



Allergies:

Date	Time	ORDERS	Nurse's Initials and Time
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Notice SOME MEDICATIONS MAY BE SUBSTITUTED. ONLY THOSE MEDICATIONS APPROVED BY PHARMACY AND THERAPEUTICS COMMITTEE WILL BE SUBSTITUTED.

Register to Dr. _____

Diagnosis: _____

Status (choose one) Inpatient (if selected, **MUST** complete **Part B**)
 Observation Status Outpatient _____

Level of Care (choose one) Critical Care Telemetry Other _____

Part B: Midnight Rule for Inpatient Admission

Physician's Inpatient Certification: If a patient is being placed in INPATIENT status, please fill out the following information (MUST be completed before or at the time of admission)

- Reason for inpatient medical treatment (what are the clinical interventions you are ordering that can only be accomplished in the inpatient setting and why) _____

- Estimated time expected for patient to be in the hospital: (only check one)
 - Less than or equal to (≤) 24 hours (only check box for Medicare INPATIENT Only procedures)
 - Greater than (>) 2 Midnights PLEASE NOTE: if expected LOS is < 2 Midnights (unless it is Medicare Inpatient Only Procedure), then Patient Status should likely be Observation)

I hereby certify that inpatient services were ordered in accordance with Centers for Medicare and Medicaid Services regulations and that these inpatient services are reasonable and necessary in accordance with 42CFR 412.3(e).

Physician's Printed Name: _____

Physician's Signature: _____ Date: _____ Time: _____

DANGEROUS ABBREVIATIONS- DO NOT USE!

DO NOT USE U; u; IU q.d or QD, q.o.d. or QOD MS;MSU4; MGSU4	NEVER use zero after decimal point (1.0mg) ALWAYS use zero before decimal point (0.5mg)
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INITIAL PHYSICIAN ORDERS



- **What is the Centers for Medicare and Medicaid Services (CMS) new ruling regarding Patient Status?**
 - surgical procedures, diagnostic tests and other treatments (in addition to services designated as inpatient-only), are **generally appropriate for INPATIENT hospital admission** and payment under Medicare Part A **when (1) the physician expects the beneficiary to require a stay that crosses at least two midnights and (2) admits the beneficiary to the hospital based upon that expectation.**
 - Social reasons (family can't pick patient up or Nursing Home placement) are **NOT** generally appropriate for Inpatient, even if the stay crosses 2 Midnights.
 - IF the physician does not expect the stay to cross 2 Midnights, then OBSERVATION status is generally appropriate.

- **Who can enter Inpatient Orders in Cerner?**
 - A physician, Resident, Nurse, Nurse Practitioner (NP) can enter Inpatient admit orders in Cerner
 - However, Inpatient orders entered by a Resident, Nurse, or NP **MUST** be co-signed by a physician with admitting privileges who is knowledgeable about the patient's case prior to discharge

- **Can Inpatients be admitted via verbal/telephone orders?**
 - Yes, verbal/telephone orders are acceptable **IF** they meet all of the below:
 - they contain the elements required for physician certification
 - Must be co-signed by a physician with admitting privileges and knowledge of the patient's care
 - Must be co-signed **PRIOR to discharge** or within 10 days (*whichever comes FIRST*)
 - Cerner will provide regular prompts each time a chart is accessed to remind physicians while the admission order remains unsigned.

- **Can paper forms be used for verbal orders?**
 - No. All orders must be entered in Cerner, unless we are in downtime mode.

- **What do I do if I encounter a "Hard Stop" in Cerner?**
 - PHYSICIANS:
 - If you get a Hard Stop alert when entering a Discharge order, please go to your Inbox and sign all outstanding orders requiring a co-signature.
 - If you continue to get the Hard Stop after co-signing all your orders, please call ext. 6666 for assistance.

- **What do I do if Patient Status orders are not entered?**
 - **BED ASSIGNMENT STAFF:**
 - **DO NOT** assign a bed until the Patient Status orders **AND** Physician Certification are COMPLETE.
 - Physician Certification is required for Inpatient orders only and is attached to the order set.
 - **PATIENT ACCESS STAFF:**
 - Please contact the House Supervisor to contact the physician immediately to obtain an order for admission AND the Physician Certification.
 - If you receive a Direct Admit and the patient is in imminent danger, please send the patient to the Emergency Room for treatment.

- **What do I do if the Patient Status is changing from Observation to Inpatient?**
 - **PATIENT ACCESS STAFF:**
 - DO NOT roll the patient to Inpatient unless the IP order AND the Physician Certification is COMPLETE.
 - If it is not COMPLETE, please contact the House Supervisor/Nurse/Case Manager to contact the physician immediately to obtain an order for admission AND the Physician Certification.
 - **CASE MANAGEMENT STAFF:**
 - **ONLY** Nurses can enter verbal/telephone orders for admission
 - All elements of the Physician Certification **MUST** be completed and read back to the physician when entering the order.
 - **PHYSICIANS:**
 - Inpatient Order **AND** Physician Certification **MUST** be COMPLETE
 - If the IP order and Physician Certification was given as a verbal/telephone order, you **MUST** co-sign the order PRIOR to Discharge or within 10 days (whichever comes **FIRST**).
 - **Co-signature is required** for all Inpatient orders entered by a **Resident or Nurse**.
 - **NURSING:**
 - All elements of the Physician Certification **MUST** be completed and read back to the physician when entering the order.

- **What happens if a patient arrives to a Bed without an Inpatient admission order?**
 - PAS will NOT enter a patient in a bed until the IP order and Physician Certification is COMPLETE, therefore you will not be able to see your patient in Cerner until this is received.
 - NURSING:
 - Please call the Physician immediately to get the IP admission order and Physician Certification entered so that PAS can place the patient in the bed.
 - If the patient is in imminent danger, please utilize downtime procedures until the Inpatient order and Physician Certification can be COMPLETED
 - In the rare instance that this should happen, an event report should be completed and the Chief Medical Officer is to be notified.

- **What if my patient has been in the hospital for 10 days or more under verbal/telephone Inpatient orders?**
 - All verbal/telephone Inpatient admission orders MUST be signed by a physician with admitting privileges who is knowledgeable about the patient's care PRIOR to discharge or within 10 days, whichever occurs FIRST... **Otherwise, the hospital can not bill for this hospital stay.**
 - **Noncompliance with authentication of orders/physician certification will be tracked via reports generated from Cerner.**

- **What is the difference between the “diagnosis” and “reason for admit” elements of the Physician Certification?**
 - “Diagnosis” explains the patient's medical condition
 - “Reason for admit” describes the patient's need for Inpatient care.
 - For example: a “diagnosis” may be “GI bleed” but the “reason for admit” could be “low H&H, blood transfusions, GI Consult” ***(think of what you are going to do that will require the patient's stay to exceed 2 Midnights)***

- **What if I am filling out the Certification criteria and I'm not sure about a patient's length of stay or plans for post acute care?**
 - Both of these components of the Physician Certification should be based on the Physician's best expectation at the time of Inpatient Orders.

- **Does the new rule apply to Surgeries and Procedural (cath lab, Endoscopy, etc) patients as well?**
 - Yes! For Medicare Inpatient Only Procedures: the INPATIENT admission order **MUST** be placed before or at the time of admission **PRIOR** to the procedure being performed.
 - Post procedure, if the physician plans to keep the patient overnight and discharge in the morning, then Inpatient is **NOT appropriate**.

- **What if I have a patient who will be admitted under INPATIENT status but the estimated LOS is under 24hours?**
 - Unless the procedure is listed as a Medicare Inpatient Only Procedure, an estimated LOS <24hrs will generally **NOT be appropriate** for Inpatient status.

- **Do I need to do anything differently to admit a patient to Observation status?**
 - The physician should **FIRST** decide if they anticipate that the patients stay will exceed 2 Midnights.
 - If the answer is Yes, the stay is expected to exceed 2 Midnights, then admit the patient as INPATIENT and complete the Physician Certification.
 - If the answer is No, the stay is expected to be < 2 Midnights, then proceed as usual. Physician Certification is only required for Inpatient Status.

- **Can patients be discharged with IP admission orders signed ONLY by a Resident or Nurse?**
 - No, Inpatient admission orders signed by a Resident or Nurse **MUST be co-signed** by a physician with admitting privileges who is knowledgeable about the patients care **PRIOR** to discharge.

For any questions regarding Cerner, please contact the CPOE team at ext. 6666

General questions can be sent to admitorder@wjmc.org