
CMS Manual System

Pub. 100-08 Medicare Program Integrity

Transmittal 74

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Date: APRIL 23, 2004

CHANGE REQUEST 3150

I. SUMMARY OF CHANGES: This instruction clarifies that a certification need not be a discrete form, and instead, may be reflected in various elements in the medical record.

NEW/REVISED MATERIAL - EFFECTIVE DATE: April 1, 2004

***IMPLEMENTATION DATE: May 24, 2004**

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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:

(R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	6/Table of Contents
N	6/6.3/Medical Review of Certification and Recertification of Residents in SNFs

*III. FUNDING:

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

X	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

*Medicare contractors only

Attachment - Business Requirements

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SUBJECT: SNF Certification and Recertification

I. GENERAL INFORMATION

A. Background:

The Medicare conditions of payment require a physician certification and (when specified) recertification for SNF services.

B. Policy:

This requirement is explicitly stated in section 1814(a)(2) of the Social Security Act. 42CFR 424.20 details the required contents of the certification and recertifications.

C. Provider Education: None.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
3150.1	Fiscal intermediaries should consider documentation in the beneficiary's medical record to determine if the required elements for certification are present. A discrete form is not necessary.	Intermediaries
3150.2	Claim denials should be made for failure to comply with the certification or recertification requirements. Claims denials may not be made for failure to use a certification form or particular format.	Intermediaries.

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: None

X-Ref Requirement #	Instructions

B. Design Considerations: None

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: None

D. Contractor Financial Reporting /Workload Impact: None

E. Dependencies: None

F. Testing Considerations: None

IV. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date: April 1, 2004</p> <p>Implementation Date: May 24, 2004</p> <p>Pre-Implementation Contact(s): Debbie Skinner, 410-786-7480, Dskinner2@cms.hhs.gov</p> <p>Post-Implementation Contact(s): Debbie Skinner, 410-786-7480, Dskinner2@cms.hhs.gov</p>	<p>These instructions shall be implemented within your current operating budget.</p>
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Medicare Program Integrity Manual

Chapter 6 - Intermediary MR Guidelines for Specific Services

Table of Contents
(Rev. 74, 04-23-04)

6.3 – Medical Review of Certification and Recertification of Residents in SNFs

6.3 – Medical Review of Certification and Recertification of Residents in SNFs

(Rev. 74, 04-23-04)

The Medicare conditions of payment require a physician certification and (when specified) recertification for SNF services. This requirement is explicitly stated in §1814(a)(2) of the Social Security Act. 42 CFR 424.20 details the required contents of the certification and re-certifications and 42 CFR 424.11 specifies that "no specific procedures or forms are required for certification and recertification statements," and that "the provider may adopt any method that permits verification. The certification and recertification statements may be entered on forms, notes, or records that the appropriate individual signs, or on a special separate form." Further, 42 CFR § 424.11(c) states, "If that information is contained in other provider records, such as physicians' progress notes, it need not be repeated. It will suffice for the statement to indicate where the information is to be found." Recent decisions by administrative law judges, that CMS believes are fully consistent with law and regulations, reinforce the need for fiscal intermediaries to consider documentation in the beneficiary's medical record beyond a discrete certification or recertification form to determine if the required elements for certification are present.

Claim denials should be made for failure to comply with the certification or re-certification requirements as described in 42 CFR 424.20. Claim denials may not be made for failure to use a certification form or particular format.