

Short Stay Review Guidance on Non-Physician Practitioner Admitting Privileges

August 16, 2017

Dear Colleague,

Thank you again for your participation in and cooperation with the Short Stay Review Program, formerly known as the Two-Midnight Review Program. Recently, Livanta, in its role as BFCC-QIO, has received several inquiries requesting guidance on valid admission orders for hospitals billing Medicare Part A. As a result, we have collaborated with CMS to provide this bulletin for clarification.

CMS has provided the QIOs with the following guidance on valid inpatient admission orders written by non-physician or mid-level practitioners such as nurse practitioners (NPs) and physician assistants (PAs) for the purposes of Medicare Part A payment:

Admitting privileges depend on multiple factors such as state laws and hospital policy, as well as non-physician practitioner education, training, experience, competence, and certification.

- Mid-level practitioners are permitted to admit inpatients without a physician co-signature, provided the following conditions are met. These practitioners must:
 - a. Be licensed by the state to admit inpatients,
 - b. Have been granted privileges by the facility to admit inpatients, **AND**
 - c. Be knowledgeable about the patient's hospital course, medical plan of care, and current condition at the time of admission

- With respect to the third condition, CMS considers only the following practitioners to have sufficient knowledge about the beneficiary's hospital course, medical plan of care, and current condition:
 - a. The admitting physician of record ("attending") or a physician on call for him or her
 - b. Primary or covering hospitalists caring for the patient in the hospital
 - c. The beneficiary's primary care practitioner or a physician on call for the primary care practitioner
 - d. A surgeon responsible for a major surgical procedure on the beneficiary or a surgeon on call for him or her
 - e. Emergency or clinic practitioners caring for the beneficiary at the point of inpatient admission
 - f. Other practitioners qualified to admit inpatients and who are actively treating the beneficiary at the point of the inpatient admission decision

- Mid-level practitioners must meet all three conditions listed above for their inpatient orders to be considered valid for the purpose of billing Medicare Part A. If the practitioner does not meet these criteria, the inpatient admission order requires a physician co-signature to be considered valid.

The burden of proof is on the facility/hospital regarding all three conditions for admission orders signed by mid-level practitioners that are not co-signed by a physician.

References

- CMS guidance released on January 30, 2014 titled [“Hospital Inpatient Admission Order and Certification”](#)
- Medicare Benefit Policy Manual Chapter 1 - Inpatient Hospital Services Covered Under Part A, Section 10.2 – Hospital Inpatient Admission Order and Certification (Rev. 234, Issued: 03-10-17, Effective: 01-01-16, Implementation: 06-12-1742 CFR 482.30(d)(3))

As a reminder, every hospital that has been approved for Medicare is required to annually submit reports of physicians who have been granted admitting privileges. This process is referred to as “Physician Attestation and Acknowledgement” and is conducted by Livanta as part of the BFCC-QIO Program. The process applies only to physicians and does not include others who may have admitting privileges in your facility. For more information about this annual reporting requirement, please visit our website [here](#), select your state, and choose “Find Provider Resources.”

Best Regards,

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