

**Medicare Inpatient Physician Certification Checklist 7.1**

Patient Name: \_\_\_\_\_

Date Checklist Completed: \_\_\_\_\_

Account #: \_\_\_\_\_

Inpatient Admission Date: \_\_\_\_\_

<b>CMS EXCEPTION - SELECT ONE ONLY IF INDICATED</b>	<b>YES</b>	<b>NO</b>
1. Check CMS Exception List (Select Applicable Exception from list below) <ul style="list-style-type: none"> <li>a. Patient Expired</li> <li>b. Left AMA</li> <li>c. Start Hospice care</li> <li>d. Initiation of Mechanical Ventilation</li> <li>e. Transferred TO another acute facility</li> <li>f. Inpatient transfer FROM another acute facility</li> </ul>		
<b>Case Management:</b> If "Exception Case" section is checked as "Yes," STOP. Document "UM Phys Cert Checklist – Met" in Allscripts/MIDAS. Complete CASE MANAGEMENT VALIDATION as "Met" with signature name and date at the bottom of the form. If "Yes" there is no additional information needed on this form.		
<b>PHYSICIAN ORDER – MUST INDICATE WITH CHECKMARK EITHER "MET" OR "NOT MET"</b>	<b>Met</b>	<b>Not Met</b>
2. <b>Presence of an Inpatient Status Order.</b> CMS requires a valid inpatient order by a provider with admitting privileges prior to discharge. <b>Case Management:</b> If "Not Met," contact Physician ASAP to document admission status order. If still not met after discharge, document "UM Physician Cert Checklist – Not Met, Admit Order" in Allscripts/MIDAS. Complete CASE MANAGEMENT VALIDATION as "Not Met" with signature and date at the bottom of the form. If "Not Met" there is no additional information needed on this form.		
<b>MEDICARE LENGTH OF STAY</b>	<b>YES</b>	<b>NO</b>
3. Confirm patient has a length of stay $\geq 2$ midnights from onset of care, select "Yes" and complete validation "Met" at the bottom of the form.	3.	
4. Confirm patient has a length of stay $< 2$ midnights from onset of care, select "Yes" and continue completing the steps outlined on the form below.	4.	
	<b>YES</b>	<b>NO</b>
5. Inpatient Only Procedure	5.	
6. Psych Physician Certification of Medical Necessity for Inpatient Services	6.	
<b>If 2 and 4 "Yes" with a "Yes" in 5 or 6 - Case Management Validation Indicate "MET"</b> Document CASE MANAGEMENT VALIDATION "Met" with signature and date at the bottom of the form and document "Met" in Allscripts/MIDAS		
<b>If "ONLY" 2 and 4 are "YES" - Send for Secondary Medical Review before completing Physician Certification Checklist</b>		
<b>LOS &lt; 2 MN SECONDARY MEDICAL REVIEW DETERMINATION - SELECT ONLY ONE BELOW</b>	<b>MET</b>	<b>NOT MET</b>
Select one outcome for Secondary Medical Review Determination: <ul style="list-style-type: none"> <li>A. Recommendation Inpatient – <b>Certification Met</b></li> <li>B. Recommendation Outpatient – <b>Certification Not Met</b></li> <li>C. Recommendation NOTA – <b>Certification Not Met</b></li> </ul>		
<b>CASE MANAGEMENT VALIDATION – MUST INDICATE "MET" OR "NOT MET"</b>	<b>MET</b>	<b>NOT MET</b>
<b>Coding:</b> If CASE MANAGEMENT VALIDATION is "Not Met": Add "Z" Code <b>Case Management Documentation in CM System:</b> <b>MET - UM Physician Cert Checklist – "Met" in Allscripts/MIDAS.</b> <b>NOT MET - UM Physician Cert Checklist – "Not Met" in Allscripts/MIDAS</b>		
<b>CHECKLIST COMPLETION</b>		
Name _____		
Date _____		