

# SAMPLE FOR CERTIFICATION FORM – use obs and inpt to fix both

**Affix Chart Sticker**

USE FOR ALL PAYERS – EVERY TIME, EVERY TIME

USE THIS SIDE FOR MEDICARE ONLY

Date/ Time	Patient Status	<b>INPATIENT ADMISSION CERTIFICATION/MEDICARE ONLY</b>
	<b>Date of Service:</b> <hr/> <hr/>	<u>Must be completed by provider for Inpatient Admissions</u>
	<b>Check appropriate box for patient status:</b>	<p>This patient is admitted for inpatient services. The patient is medically appropriate and meets medical necessity for inpatient admission in accordance with CMS section 42 C.F.R §412.3. I reasonably expect the patient will require inpatient services that span a period of time over two midnights. My rationale for determining that inpatient admission is necessary is noted in the section below. Additional documentation will be found in progress notes and admission history and physical.</p> <p><b>Primary Diagnosis:</b> _____</p> <p><b>Expected Length of Stay: (MEDICARE ONLY)</b>  <b>Select One:</b>  <input type="checkbox"/> 2 Midnights (MN) Inpatient  <input type="checkbox"/> 1 MN Outpatient (ER , recovery or Obs) and 1MN Inpatient</p> <p><b>For Initial Certification (CAH only)</b>  <input type="checkbox"/> I Expect the Length of Stay to Not Exceed 96 hrs</p> <p><b>For Re-Certification</b>  <input type="checkbox"/> The Length of Stay is Exceeding 96 hrs</p> <p><b>Plans for Post-Hospital Care:</b> See Discharge plan/signed prior to discharge</p> <p><b>Supportive Findings to Primary Diagnosis:</b> [examples: co-morbidities, abnormal findings, diagnostic abnormalities, exacerbations, new onset of disease with _____ (co-morbidities)]</p> <p><b>NOTE: NEED A CLINICAL REASON/CONTINUED PLAN FOR WHY BEYOND 96 HRS?</b></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
	<input type="checkbox"/> <b>Place in Outpatient Observation</b> Diagnosis: _____ <b>Reason</b> for Placement: _____	
	<input type="checkbox"/> <b>Admit to Inpatient Services (Medical)</b> <i>PROVIDER MUST COMPLETE CERTIFICATION</i>	
	<b>Diagnosis:</b> _____ <b>Reason</b> for Admission/PLAN attached to the reason for the 2 MN stay: _____ _____	
	<b>Attending Provider (Print Name)</b> (Note: if the ER provider does not have ‘admitting privileges, only transitional privileges’, important that this include a statement: Spoke with the admitting/attending _____, and we concur with the admission status.” ER provider signs.	
	<b>PCP (Print Name)</b>	
	<b>PCP (Print Name)</b> <b>Provider Signature</b>	
	<b>Provider Signature</b> <b>Date/Time</b>	<b>Certifying Provider Signature (this 2<sup>nd</sup> signature required for inpatient admissions as the provider who is directing care.)</b> <b>Date/Time</b>

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