CMS Allows for Exceptions to the 2 Midnight Rule

“For stays for which the physician expects the patient to need less than 2 midnights of hospital care, an inpatient admission is payable under Medicare Part A on a case-by-case basis if the documentation in the medical record supports the admitting physician’s determination that the patient requires inpatient hospital care.”


CMS Defers to Specialty Societies to Determine Documentation That Justifies TKA Admission Status

“We expect providers to carefully develop evidence-based patient selection criteria to identify patients who are appropriate candidates for an outpatient TKA procedure as well as exclusionary criteria that would disqualify a patient from receiving an outpatient TKA procedure. We believe that the subset of Medicare beneficiaries who meet patient selection criteria for performance of the TKA procedure on an outpatient basis may have the procedure performed safely in the outpatient setting . . . the medical specialty societies who perform Outpatient TKA and possess specialized clinical knowledge and experience are most suited to create such guidelines.”


In response to this call from CMS, AAHKS offers the following evidence-based patient selection criteria to identify, on the day of surgery, those patients who are appropriate candidates for outpatient TKA and who may be discharged to home safely.

1. **Appropriate TKA Outpatient Admission** - An outpatient stay is deemed safe when the patient may be discharged to home on the day of surgery based on the presence of the following factors:
   - The patient’s ability to ambulate independently
   - The patient has adequate pain control on oral pain medications
   - The patient tolerates oral intake
   - The patient has the ability to void freely
   - The patient is hemodynamically stable
   - In the opinion of the physician the patient does not require laboratory monitoring
   - The patient does not have a medical condition that requires management in a hospital setting

2. **Appropriate TKA Inpatient Admission** - An inpatient stay is deemed medically necessary when the patient may not be discharged to home safely after recovering from anesthesia on the day of surgery based on the presence of at least one of the following factors:
- The patient needs for physical therapy to safely ambulate with an assist device independently in the home environment
- There is a need to assess the patient’s electrolytes or hematologic parameters via laboratory testing
- There is a need to monitor a medical condition such as diabetes or high blood pressure
- The inability of the patient to understand postoperative instructions regarding precautions, medication adherence, or safety
- The patient’s home environment is inadequately conducive to a safe recovery

Or the existence of any one of the following factors:
- The patient has inadequate pain control on oral pain medication
- The patient is unable to tolerate oral intake
- The patient is unable to void freely
- The patient is hemodynamically unstable
- The presence of any other condition or status that is likely to require a level of support, intervention, or monitoring not readily available outside of the hospital inpatient setting

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