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You propose to eliminate the inpatient only list. We see many Medicare patients who have surgery where the in-hospital recovery is expected to last a day or two but due to their medical conditions and/or living situation will require rehabilitation in a skilled nursing facility to receive skilled care. But because of the regulation requiring a 3 day inpatient admission to access the part A SNF benefit, these patients do not seem to qualify for inpatient admission or would be admitted as inpatient but not accrue the required 3 inpatient days. Can such patients be admitted as inpatient and hospitalized for 3 days so that they can access that crucial part A benefit? If so, what documentation is required to justify such action?

Please address the proper application of the case-by-case exception for inpatient admission for patients whose physician determines the expected length of stay is one midnight but that they are at higher risk due to the severity of signs and symptoms or at higher risk of an adverse event. How is “higher risk” determined? Must the physician’s judgment be accepted if clinically reasonable and documented or can an auditor state “the physician said that but we think the risk is not high enough to justify inpatient admission”? This is especially important clarification since many inpatient only surgeries that have a short hospital course will no longer be inpatient only and will be subject not only to short stay audits by the Medicare Administrative Contractors but also by the Medicare Advantage plans who are required to follow the two midnight rule, including the case-by-case exception.