



CDI Topic: CMS Three Day Rule

History

Pre-Admission Documentation

The Centers for Medicare/Medicaid Services (CMS) 3 day rule necessitates that all outpatient diagnoses and treatments are pertinent to the inpatient admission for 72 hours prior to admission.

The three-day rule allows inpatient diagnoses to be made using clinical data (vital signs, labs, imaging, provider documentation, etc.) gathered from EMS services as well as the initial ER evaluation

- On June 25, 2010, President Obama signed into law the “Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010,”.
- Section 102 of the law pertains to Medicare’s policy for payment of outpatient services...
- Under the payment window policy, a hospital must include on the claim for the beneficiary’s inpatient stay, the diagnoses, procedures, and charges for all outpatient diagnostic services and admission-related outpatient nondiagnostic services that are furnished to the beneficiary during the 3-day payment window.