

## SHORT STAY / 2 MIDNIGHT RULE

### Scope

This policy applies to:

- |   |   |                                   |
|---|---|-----------------------------------|
| <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington | <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington Options, Inc. | <input type="checkbox"/> Medicaid |
| <input checked="" type="checkbox"/> Commercial                                  | <input checked="" type="checkbox"/> Medicare  |                                   |

### Policy

Original Effective Date: 12/01/2023

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will reimburse a provider for an inpatient admission if the medical records support inpatient admission and if, at time of or before admission, the admitting physician reasonably expects the patient's hospital care would cross two midnights.

### Billing/Coding Guidelines

All claims must be billed according to Centers for Medicare & Medicaid Services (CMS) guidelines.

Exceptions to the Short Stay rule:

- Unforeseen circumstances, such as the patient's death or transfer, that will result in a shorter patient stay than what the admitting physician expected.
- For admissions not meeting the Short Stay Rule, inpatient admission less than 2 days will be considered on a case-by-case basis where the medical records support the physician's determination that the patient required inpatient care despite the lack of a two-midnight expectation.
- An inpatient admission for a surgical procedure specified by Medicare as inpatient only.

### Policy Definitions

**2 Midnight rule** – inpatient hospital admissions where the patient is reasonably expected to stay at least two midnights

### Prerequisite(s)

Not applicable

## References

[Fact Sheet: Two-Midnight Rule](#)

[CMS FAQ - 2 Midnight Inpatient Admission Guidance & Patient Status Reviews for Admissions on or after October 1, 2013](#)

## Frequently Asked Questions

Not applicable

## Revision History

07/10/2023 – New policy

Note: This information is intended to serve only as a general reference resource regarding reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to our enrollees as legislative mandates, the provider contracts, the enrollee's benefit coverage documents, and the Provider Manual all may supplement or in some cases supersede this policy. This policy may be modified from time to time by publishing a new version of the policy on Kaiser Permanente provider website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.