Two Midnight Inpatient Admission Checklist
Transient Ischemic Attack (TIA) & Seizures

Effective October 1, 2013, the Centers for Medicare & Medicaid Services (CMS) now applies a two-midnight rule for inpatient status (i.e. hospitalizations). In other words, physicians should admit as inpatients, patients they expect will require two or more midnights of hospital services, and should treat most other beneficiaries on an outpatient basis. The two-midnight definition applies to inpatient claims (Medicare Part A). Physician payment is not affected.

For purposes of the two-midnight benchmark, CMS “starts the clock” from the time the first outpatient service is delivered, including observation time and emergency services.

AAN developed this checklist as a tool that neurologists can use in determining whether a patient with TIA or seizures should be admitted to the hospital or placed in observation status (outpatient) based on the medical documentation and information available when the patient presents to the hospital. The final decision to admit rests with the admitting physician. This checklist does not include all scenarios for which it may be appropriate to admit a patient. The examples below are provided by the AAN and are not provided by CMS. The AAN does not guarantee that CMS will approve an admission based on these examples.

For questions related to the two-midnight provision for admission and medical review, you are encouraged to contact CMS at IPPSadmissions@cms.hhs.gov. You can also contact, Daneen Grooms, AAN’s Regulatory Affairs Manager, for assistance.
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**TIA**
Once symptoms resolve, why would a patient require hospitalization?
A patient could be at a high risk for stroke in short term due to:

- □ Carotid Bruit
- □ Recent Multiple TIAs
- □ Atrial Fibrillation
- □ Known Cardiac Thrombosis
- □ Crescendo TIAs
- □ Requires Initiation of Anti-Coagulation

**Seizures**
When may a patient with seizures require hospitalization?

- □ First Onset of Seizure + a Negative Imaging Scan
- □ Positive Findings on Imaging Scan + Multiple Seizures
- □ Prolonged Confusion or Drowsiness (Not waking up well from a seizure; appears confused/disoriented)
- □ History of Multiple Seizures
- □ Closed Head Injury
- □ Side Effects from Medication

The following situations are currently exempted from meeting the two-midnight definition:
- Unforeseen Transfers
- Unforeseen Clinical Improvement
- Unforeseen Patient Departure
- Death
- Election of Hospice Care

*This checklist is a reference guide only and should not be construed as medical or legal advice.*