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Medicare Wheelchair Requirements with the AAP and CTF EM Guidelines 95 and 97 — Evaluation and Management Coding Examples  
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claims are supported as billed. For more information, please refer to [Complying With Medical Record Documentation Requirements Fact Sheet \(PDF\)](#) and the [CERT Outreach & Education Task Forces](#) webpage.

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## Medical Records Documentation | CMS

Effective October 1, 2013, Medicare will implement the following new guidelines and documentation requirements for inpatient admissions. [Admission Guidelines – Two Midnight Benchmark](#) Medicare’s admission guidelines state that when a physician expects a patient to remain in the hospital for at least two midnights, the patient should generally be considered inpatient.

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## Understanding the “Two Midnight Rule” | On The Spot

But many physicians and other healthcare providers do worry their coding might not fare better when auditors scrutinize their compliance with Medicare documentation guidelines. After all, Medicare inappropriately paid \$6.7 billion for E/M claims in 2010, according to the HHS OIG’s major report on the subject—a full 21% of Medicare E/M payments that year.

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