CASE STUDY #1 - Hirsch

Beneficiary is an 85 year old male who presents at 4 pm to the ED with shortness of breath. He is a widower and lives with his daughter who helps him manage his medications and ADLs. The patient has a history of congestive heart failure and is on an ACE Inhibitor, a beta blocker and an aldosterone antagonist. His last ECHO was 3 months ago with systolic dysfunction and an ejection fraction of 38%. In the ED, his pulse ox reading on arrival is 86%, HR 120 and RR 22. He has rales on exam and peripheral edema. Labs with a BNP of 800, CBC normal, Na 127, BUN 32 and Cr 2.2 (last month 20/1.2). EKG with sinus tachycardia and Troponin normal. CXR demonstrates Kerly B lines and small bilateral pleural effusions.

The ED doctor administers IV Lasix and the patient diureses 500 cc but HR remains over 100 and pulse ox under 90%. The ED doctor documents "acute exacerbation of systolic heart failure with tachycardia, hypoxemia and possible acute kidney injury. What is the correct status if the ED doctor determines the patient requires hospitalization?

This patient warrants admission as inpatient. The patient has multiple abnormal vital signs and labs and is unlikely to stabilize in under 2 midnights.

The attending gives a verbal admission order to the ED RN and gives admitting orders including IV Lasix, oxygen, and morning labs.

The next morning the attending rounds and the patient is sitting up in the chair, off oxygen and feeling fine. His HR is now 70 and his pulse ox is 95%. Nursing notes that the patient diuresed 4 liters overnight. His labs have normalized. The doctor would like to discharge the patient but knows there is a 2 midnight rule so he does not know what to do and calls you.

Do you…

Perform a condition code 44 and change the patient's status to outpatient?

This is not correct; the patient was properly admitted based on an expectation of a 2 MN stay.

Tell the attending not to cosign his verbal admission order and that changes the status to outpatient?

This is also not correct as the admission was proper. But note that in the January 30th notice, CMS said that if an attending physician feels that a verbal admission order is not appropriate, the order should not be signed (authenticated) and the patient becomes an outpatient. This direction is problematic in many ways and should be used with caution.

Ask the doctor to sign the admission order and discharge the patient, noting in the record that the patient improved faster than expected?

This is correct; the expectation on admission was appropriate and the admission should be billed as a one day inpatient stay.