

CASE STUDY #2 - 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? The patient is admitted because he has multiple abnormal vital signs and labs and is unlikely to stabilize in under 2 midnights.

The attending rounds on the day after admission and the patient remains short of breath and has not yet diuresed significantly. The Lasix is increased and cardiology called. Medications are adjusted, an ECHO is performed with an ejection fraction is now at 36%. Because of the risk of sudden death, the cardiologist schedules the patient for placement of a defibrillator. Your astute CV case manager notes this order and calls you since you review all device implants on inpatients. What do you do?

This patient does not meet the NCD criteria for a defibrillator. You should talk to the doctor and if he insists upon placing it, the patient should be given a HINN 11, a non-covered service during a covered stay.

Scenario #2- The patient spends two midnights in the hospital and improves. He diureses and feels better and his labs improve. The patient tells the attending that while he feels better, he would like to go to a SNF for some therapy as he has been having increasing trouble getting around his home and he hates being dependent on his daughter to get around. The attending, knowing the patient requires 3 nights in the hospital to qualify for SNF calls you for advice. What do you tell him?

Medicare rules require that a patient stay three medically necessary days in an acute care hospital in order to access their part A SNF benefit. Fortunately CMS uses a "broad definition" of medical necessity for this determination so unless the stay is a substantial departure from normal medical practice, three days will qualify. You should tell the doctor that if there is a medically justified reason to keep the patient the third night, they should document that and the patient will have access to their part A SNF benefit.