

CASE STUDY #2 - Meyerson

A 68 year old man with a history of hyperlipidemia and hypertension arrives at the ED at a rural hospital with chest pain on a **Monday**. He has a history of coronary artery disease but no recent exertional angina with moderate activity. Vital signs are stable and exam is unremarkable. His troponin is normal on arrival and does not rise; EKG shows sinus rhythm and an old RBBB. He is pain free in the ED and is placed in observation. On **Tuesday** the referral hospital calls you to request transfer for cardiac catheterization.

Scenario #1.

What status is appropriate on arrival at 11 AM on Tuesday?

Assuming that you will be doing a diagnostic cath on Tuesday, observation is appropriate because the patient will be released after the cath if there is no intervention.

Scenario #2

Cardiac cath is performed on Tuesday afternoon and an 80% LAD stenosis is stented. The cardiologist writes orders for overnight recovery and routine monitoring per usual post-PCI protocol. What status is appropriate for the patient?

Inpatient. The patient will have a one midnight stay in your hospital but the first night in observation at the referring hospital counts toward the two midnight benchmark.

Scenario #3

Assume that a treadmill test on **Tuesday** morning day at the referring hospital showed anterior/apical ischemia. How would that affect your status decision on arrival?

With history of CAD and evidence of significant exertional ischemia, it is likely that the patient will require a stent and the cardiologist expects him to remain in the hospital overnight. Since the first night as an outpatient at the referring hospital counts toward the two midnight benchmark, this expectation should be documented and the patient should be admitted as inpatient on arrival.

Scenario #4

After he is admitted and told about the plan for catheterization and possible stent, the patient says he wants to discuss it with his wife. After supper he decides he wants to see his PCP and doesn't want to have the cath. He signs out AMA. Should the admission be canceled with Condition Code 44?

No. The two midnight expectation was appropriate at the time the order was given. CMS has said that when a patient signs out AMA after an appropriate admission, the hospital may still bill inpatient Part A.