

CASE STUDIES - CC44 - PAHUJA

88 year old female presenting from the nursing home to the emergency department at 9 pm Day 1 with one day history of slurring of speech, facial droop and left sided lower extremity weakness. Her past medical history is significant for diabetes and hypertension. Her initial CT scan of the brain is negative for acute bleed. Neurological examination shows expressive aphasia but no motor or sensory deficits. She is hospitalized under Inpatient for acute onset of confusion with concern for acute cerebrovascular accident and is admitted to the neurological floor with orders for IV fluids, aspirin, echocardiogram, carotid ultrasound, MRI of the brain and neurology consultation.

Scenario #1. On day 2, she feels better and is recommended discharge back to the nursing home in the morning with continuation of aspirin. Later that evening, the Hospital's Utilization Review Committee and Attending physician determined that she did not meet Inpatient criteria. Can the provider bill Condition Code 44?

No. The determination was made after patient discharge and thus Condition Code 44 should not be billed

Scenario #2. In an alternate scenario, on day 2, early in the morning the Hospital's Utilization Review Committee and Attending physician determined that she did not meet Inpatient criteria and was changed to Observation. Patient feels better and is recommended discharge back to the nursing home in the evening with continuation of aspirin before being notified of the change in determination. Can the provider bill Condition Code 44?

Yes. Even though the determination was made before patient discharge, she was not notified of determination change prior to discharge. It is a good practice to inform patient of all status changes however is not part of the CMS regulations and thus Condition Code 44 can be billed

Scenario #3. In an alternate scenario, on day 2, early in the morning the Hospital's Utilization Review Committee and Attending physician disagree about the fact that she did not meet Inpatient criteria. Can the provider bill Condition Code 44?

No. Since there is disagreement among the UR committee and attending physicians about change in status, condition code 44 should not be billed

Scenario #1. In our final scenario, on day 2, early in the morning the Hospital's Utilization Review Committee and Attending physician determined that she did not meet Inpatient criteria and was changed to Observation. Patient feels better and is recommended discharge back to the nursing home in the evening with continuation of aspirin and is notified of the change in determination prior to discharge. Can the provider bill Condition Code 44?

Yes since all requirements for use of Condition Code 44 are met