ER to OBS to INPT: Jumping Over the 2nd Midnight
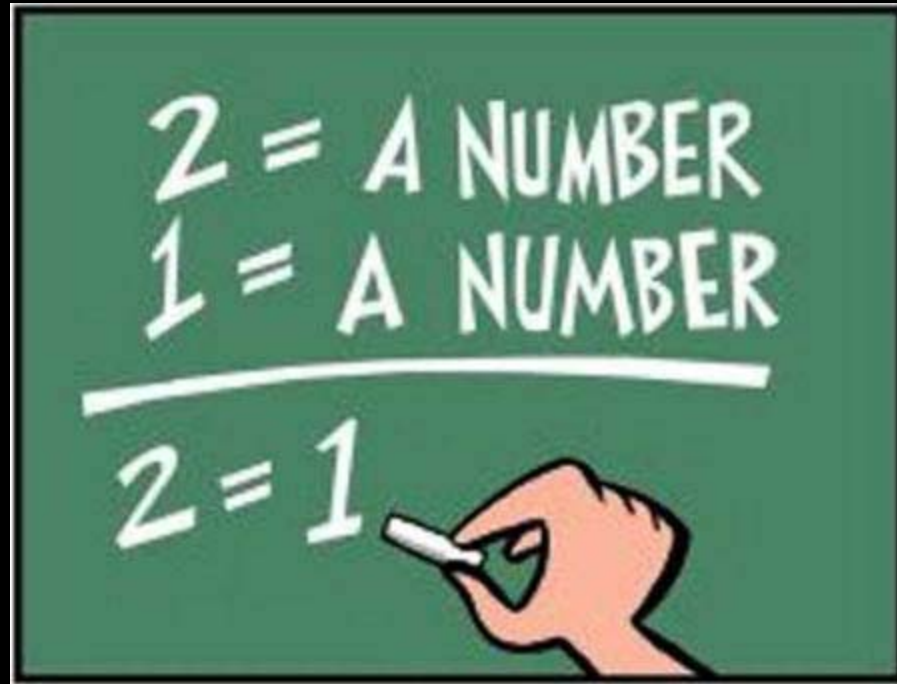

2nd MN

Michael Salvatore, MD, FACP

Beebe Healthcare, Lewes, DE

msalvatore@bbmc.org   302-542-4515

Midnight Math

2 INPT MINs = INPT

1 INPT MN = INPT

1 OBS MN + 1 INPT MN = INPT

1 ER MN + 1 INPT MN = INPT

2ⁿᵈ MN Fortune Telling

Hospital services

Social reasons

Convenience

Unavailability

Advancing Social OBS to INPT: Is the 2ⁿᵈ MN a Bad MN?

"I see a bad moon rising, I see trouble on the way"

Credence Clearwater Revival, 1969

Social Observation

Cannot be released but lacks any need for hospital services

Moving OBS to INPT

And the cow jumped over the moon

Documentation:
1. Hospital services needed
2. Time services needed

2nd Midnight Documentation

Documentation NOT Incantation:

"Requires a 2nd MN" is

not just *"abracadabra"*

The medical necessity requiring hospital services and a 2nd MN in the hospital <u>must be documented</u>.

Documentation: 5 Ws

1. **W**hat are we treating?

   Diagnosis

2. **W**here is treatment needed?

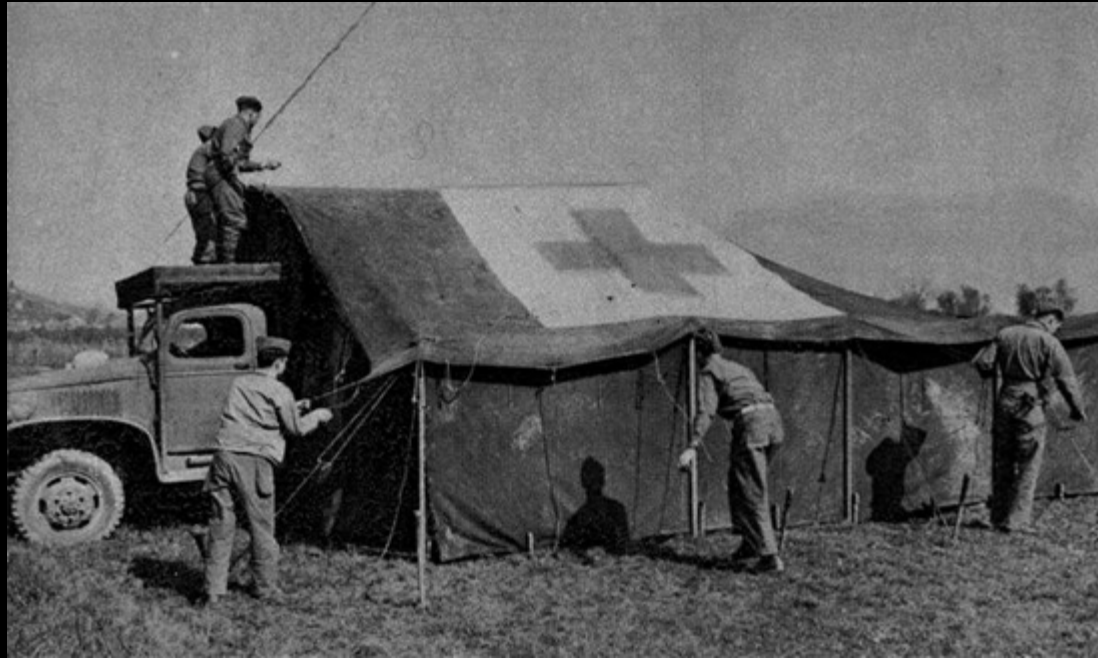   **Hospital**

3. **W**hy is treatment needed?

   Acute/Chronic/Risk

4. Ho**W** are we treating it?

   What & Why Active RX

5. **W**hen do you think they'll get better?

   After another MN

Surgery: IPO vs. OP

IPO must be medically necessary

Does the code = the surgery?

An IPO in OBS = free surgery

Unsigned Admit Order = free surgery

2 MN Certification

Documenting the need for a
2nd MN does not turn an OBS to
INPT you still need:

1) Signed order

2) Signed H&P or PN

3) Discharge plan

Role of IQ/MCG?

Criteria now are the need for hospital services and the time these services are needed

Self- Auditing All 1 MN INPT

- **These are the target of the MAC P&E**
- **All 1 MN stays should be screened before discharge or before billing**

MAC P&E Denials:
The Cow that Didn't Jump....

- **Poor documentation**
- **Unsigned orders & notes**
- **Incorrect Surgery code**
- **2MN of convenience**

The Cow Had it Easy:
It only had to Jump Over 1 Moon

OBS

INPT

We have to jump over two!

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