

Case Study #3 - CMS

73yo male with an accidental environmental toxic exposure presents to the ED. 12/1/2013

- 9:00 am -Patient arrives by ambulance to the ED. Patient is awake and alert.
- 9:03 am -Poison control/POISONINDEX consulted, which advises that patient requires telemetry monitoring; plan to intubate if necessary. Small hospital facility, telemetry monitoring is only available in the intensive care unit.
- 9:07 am -Therapeutic and diagnostic modalities have all been ordered and initiated. Patient airway intact.
- 10:00 am -MD requests transfer to ICU for telemetry monitoring. Unclear to the physician if this patient will need medically necessary hospital level care/services for 2 or more midnights. Determination will be dependent on clinical presentation and results of diagnostic and therapeutic modalities.

12/2/2013

- 10:30am -Medical concerns/ sequelae resolving; airway remained intact absent mechanical intervention.
- 12:00pm -Physician writes orders to discharge home.

ANSWER: Hospital should bill for outpatient services. Location of care in the hospital does not dictate patient status. The patient's expected length of stay was unclear upon presentation and the physician appropriately kept the patient as an outpatient because an expectation of care passing 2 midnights never developed. No other circumstance was applicable.