

Case Study # 1 - CMS

68 year-old man presents to the ED with several day history of urinary symptoms, vague intermittent abdominal discomfort, “gassy” and “feverish” feeling over the past several days, and intermittent chills and nausea without vomiting. Patient on oral medications for constipation, hypertension, cholesterol, and diabetes. Patient complains that he is not feeling like himself –no appetite, tired, “maybe a touch of the flu”. No other complaints.

10/1/2013

- 10:00 pm -Patient is triaged.
- 10:10 pm -Urine sample and glucometer reading obtained and patient sent to the waiting room.
- 11:00 pm -MD assesses patient, orders therapeutic/additional diagnostic modalities.
- 12:00 am -Patient with new complaint of chest pain –additional therapeutic/diagnostic modalities ordered.

10/2/2013

- 12:15 am –MD re-evaluates and determines a need for medically necessary hospital services for this patient to beyond midnight #2.
- 12:35 am –Formal order/admission provided.

10/3/2013

- 7:35 am: Patient is discharged home.

ANSWER: Hospital may bill this claim for inpatient Part A payment. Claim will demonstrate 1 midnight of outpatient services and 1 midnight of inpatient services. This claim may be selected for medical review, but will be deemed appropriate for inpatient Part A payment so long as the documentation and other requirements are met.