

### Case Study #5 - CMS

Disabled 50yo man presents to ED from home with history of cancer, now with probable metastases and various complaints, including nausea and vomiting, dehydration and renal insufficiency.

1/1/2014

- 10:00 pm -presents to the ED at which time the admitting provider evaluates and orders diagnostic/therapeutic modalities.

1/2/2014

- 4:00 am -Physician writes an order to admit. Patient is formally admitted with the expectation of medically necessary hospital level of care/services for 2 or more midnights.
- 9:00 am -Appropriate designee and the family discuss with the primary physician the desire for hospice care to begin for this patient immediately.
- 3:00 pm –Patient is discharged with home hospice.

**ANSWER: Hospital may bill this claim for inpatient Part A payment. Claim will demonstrate 1 midnight of inpatient services. This represents an unforeseen circumstance interrupting an otherwise reasonable admitting practitioner expectation for hospital care. Upon review, this would be appropriate for inpatient admission and payment so long as the physician expectation and unforeseen circumstance were supported in the medical record.**