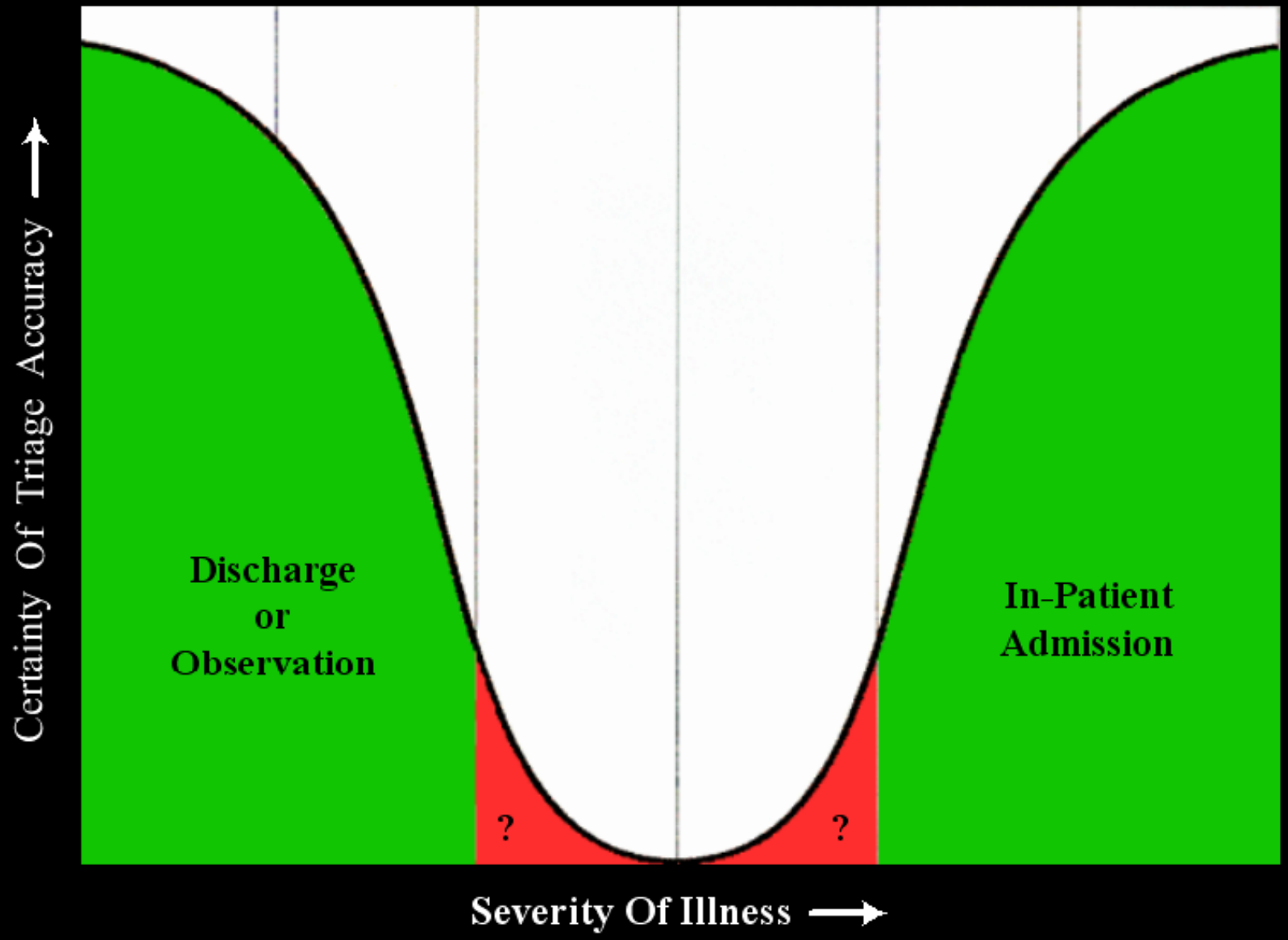
Observation Status vs In-Patient Admission: Making the Call

A Special Case Of The Sorites Paradox: Applying A Categorical Standard To A Continuously Variable Phenomenon

The "Indeterminate Zone" Can Be Managed



InterQual Examples of Possible Diagnoses for Observation Services:

- **Chest pain**
- **Asthma**
- **CHF (mild)**
- **Syncope**
- **Atrial arrhythmias**
- **Weakness**
- **Dehydration**
- **Anemia**
- **Back pain**
- **Renal colic**
- **Transient Ischemic Attack (TIA)**
- **Rule Out for any condition**
- **Abdominal pain**
- **HTN**

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- Services that are provided for the convenience of the patient, the patient's family, or a physician, (i.e., following an uncomplicated treatment or out-patient procedure, physician busy when patient is physically ready for discharge, patient awaiting placement in a long term care facility)

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• The need for diagnostic studies, and the availability of diagnostic procedures at the time when and at the location the patient presents."

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•Recovery audit contractors (RAC) paid by Medicare will be looking at hospitals' one-day admissions to determine whether patients were appropriately admitted or should have been under observation status. Short stays with symptom codes are a major problem.

Be Painstaking, Not Cautious

If hospitals implement a compliant, concurrent process for certifying patient status, they will achieve defensible determinations that maintain regulatory compliance and ensure that reimbursement received by hospitals and physicians will be correct and not subsequently lost on audit.

When In Doubt

1. Contact a Case Manager. (Milliman Criteria)
2. Case Manager may contact the hospital's compliance advisor, EHR. ($)
3. EHR reviews the case, provides a letter.
4. If need be, EHR will pay for an appeal, with likely success.

Exactly how tough is this?


NBA TV


THANK YOU