

Transcript from December 19, 2013 Open Door Forum Call

Ronald Hirsch: Oh, OK, I didn't give my name; this is Ronald Hirsch with Accretive. We have a disagreement amongst us, the MACs about what to do with a patient who spends two midnights in the hospital under observation because the physician forgot to write the admission orders prior to the second midnight.

The patient is now on that third day or past the second midnight ready to go home. Two MACs instruct us it is proper to admit the patient and then discharge them since they did meet the benchmark. One other MAC says, no that is not proper that the patient must require another midnight or you could admit them. And I've submitted this question to you guys, probably four times to try and get clarification.

Marc Hartstein: So, this is Marc Hartstein, I'm the director of the Hospital and Ambulatory Policy Group. If the physician admits the patient then the patient – I mean – this patient has met the two midnight benchmark because the patient's been in the hospital more than two midnights.

The physician may write an order to admit and the patient could also be discharged that same day. However – (inaudible) – the patient would only be considered an inpatient for the time they spent from the time of the order until the time of discharge if that would be one inpatient day.

Ronald Hirsch: That's correct. Well, we would see that the zero inpatient, it would have them the occurrence code 72 – so, but we would get the (DRG) and the patient would be responsible for the inpatient's deductible.

Personal email correspondence from me

From: Ronald Hirsch [<mailto:RHirsch@accretivehealth.com>]

Sent: Thursday, March 20, 2014 2:35 PM

To: CMS IPPSadmissions

Subject: 2 MN rule

As I mentioned in a previous email, FCSO said that if the doctor forget to admit prior to the second midnight, the admission order can be written on the day of discharge after two medically necessary midnights in observation but there must be an unspecified period of time between the admit order and the discharge, somewhere between 5 minutes and 7 hours. Cahaba did an excellent presentation today and when asked the same question said that the admit and discharge order can be written at the same time. It is very difficult when MACs give conflicting information. Please clarify the "right" answer.

Dr. Hirsch,

Thank you for your email. While we have never defined the need for some span of time between the admission and discharge orders, we remind stakeholders that the regulation requires that the certification (and therefore the order which is included as part of the physician's certification) be signed before discharge. As such, we anticipate

that authenticated admission orders will precede the beneficiary's formal discharge from the facility.

Jennifer Phillips

From the 2016 OPPS Final Rule

With respect to the 2-midnight benchmark, the starting point is when the beneficiary begins receiving hospital care either as a registered outpatient or after inpatient admission. That is, for purposes of determining whether the 2-midnight benchmark is met and, therefore, whether an inpatient admission is appropriate for Medicare Part A payment, we consider the physician's expectation including the total time spent receiving hospital care – not only the expected duration of care after inpatient admission, but also any time the beneficiary has spent (before inpatient admission) receiving outpatient services, such as observation services, treatments in the emergency department, and procedures provided in the operating room or other treatment area.

From the medical review perspective, while the time the beneficiary spent as an outpatient before the admission order is written is not considered inpatient time, it is considered during the medical review process for purposes of determining whether the 2-midnight benchmark was met and, therefore, whether payment is appropriate under Medicare Part A.