

Hospital Payment Monitoring Program Fact Sheet

The Medicare Payment Error Prevention Program (PEPP) Compliance Workbook for hospitals was originally published and distributed in April 2000. This workbook is still considered a valid resource for payment error prevention guidance and may be used in conjunction with the Medicare Hospital Manual, Chapters 2&4, as guidance in planning internal education/intervention. In Chapter 6, page 70, *Specific Action That Can Be Taken by Medical Staff and Medical Professionals to Enhance Medicare Record Documentation*, second bullet, we find these statements:

“Ensure that the initial orders for care of a patient reflect the level of care to be provided. When placing a patient in outpatient observation, clearly state the level of care to be provided. Simply using the word ‘Admit’ can be confusing. State, ‘Place in outpatient observation’ or ‘admit to outpatient observation’ rather than simply stating, ‘Admit’, and note the date and time. If the patient is ultimately admitted, be certain to write the order to ‘admit as inpatient’ and note the date and time.”

On the following pages, North Dakota Health Care Review, Inc., has provided examples of admission care setting orders for your reference.

Examples of Unambiguous Admitting Orders
(Accepted by Nurse Reviewer without Question)

Example 1: Some facilities use checkboxes on the Physician Order Sheet to designate the intent of the admitting physician. It is essential that these checkboxes be clearly visible/carefully placed on the Physician Order Sheet.

Physician Order Sheet		
Admission Care Setting (check one):		
<input type="checkbox"/> Inpatient	<input type="checkbox"/> Outpatient Observation	<input type="checkbox"/> Outpatient

Example 2: Some facilities may provide a place for admission care setting orders on the Emergency Department record. (NOT to be confused with “disposition of patient.”)

Emergency Department Bed Request Form	
<input type="checkbox"/> Admit	<input type="checkbox"/> Place in Outpatient Observation

OR

Adult Admission Request Form	
Admit to:	<input type="checkbox"/> Inpatient Unit <input type="checkbox"/> Outpatient Observation <input type="checkbox"/> Outpatient

Example 3: Clearly written physician orders. Examples include:

04/15/04 @ 2:00 p.m. Admit as Inpatient for Dr. Smith to 6th floor
03/29/04 @ 8:30 a.m. Place in Outpatient Observation
03/31/04 @ 4:00 p.m. Make patient full admit

Example 4: There is an order to admit the patient to the outpatient observation care setting on the first day of the hospital stay. The following day, a physician order is written to state that the patient’s care setting is being changed to “inpatient.”

01/09/04 @ 1:00 p.m. Patient admitted to Outpatient Observation
01/10/04 @ 9:00 a.m. Make patient full admit

Examples of Vague Admitting Orders
(Requires Clarification/May Not be Accepted)

Example 1: Vague handwritten orders in which the intent of the admitting physician is unclear, and could refer to Inpatient or Outpatient Observation. The order is not dated or timed.

Admit
ATSO Dr. Smith
Admit to Observe Patient
Admit to Dr. Smith
Admit to 4 East

Example 2: The facility has a pre-printed admission Physician Order Sheet, but the admitting order doesn't specify whether the admission is for the outpatient observation or inpatient care setting. The admission care setting order is not dated or timed.

Physician Order Sheet	
<input type="checkbox"/> Telemetry	
<input type="checkbox"/> Admit to: <u>Dr. Smith</u>	(fill in unit or physician's name)
<input type="checkbox"/> Admit to: <u>4th Floor</u>	(Fill in unit or physician's name)

Example 3: No admission care setting order is present on the Physician Order Form, although there are treatment orders.

Physician Order Sheet	
01/09/04	Meds: Celexa, 10 mg hs, Dilantin 300 mg qd, depakote, 500 mg am and 100hs Valproic acid level CO q30"/seizure precautions

Physician Order Sheet	
01/09/04	IV 22/hr. Rocephin 250 mg IV q12 hrs. albuterol nebs q 3 hrs.