



Occasionally, it may be necessary to hospitalize patients for falls, weakness, deconditioning, or patient safety concerns when clinical indications for INPT or OBS are not present. This can be challenging for physicians to best understand how to navigate.

**IF** a clinical diagnosis can be identified that warrants hospitalization, based on severity of illness, co-morbidities, and risks for decline, then AdmissionCare should be utilized to assist with proper bed status determination and documentation of clinical indications.

**IF NOT**, the physician may need to consult with utilization review and/or case management for assistance in making the best determination for the patient.

### Scenario 1

78 yo male came to ER today due to recurrent fall. Patient is living alone in an apartment.

Seen in ED yesterday for fall. On workup yesterday was shown to have potential pneumonitis / pneumonia particularly in the right lower lobe. Was discharged home with Augmentin.

#### Medical History

- Parkinson's disease
- Hypertension
- Bipolar 1 disorder
- Neuropathy / Chronic pain syndrome

#### ED Course

- Labs: normal
- CXR: possible pneumonitis right lower lobe

#### At Time of Decision

- Vital Signs: normal
- Orthostatics: patient got dizzy with standing and couldn't complete
- IV hydration with normal saline started
- Continue Augmentin
- PT / OT consulted

Patient may meet OBS criteria for Pneumonia.

- Document need to monitor patient's response to therapy, recurring falls, and possible need to assess Parkinson's medications
- Consult case management to assist with disposition

### Scenario 2

86 yo female brought to the ED by family from Assisted Living Facility after fall. Family requesting long term placement. Denies Loss of consciousness prior to fall

#### Medical History

- Recurrent falls
- Cognitive disorder
- Malnutrition

#### ED Course

- Labs: Normal
- Imaging: CT Head normal, CXR Right hilar fullness
- EKG: NSR

#### At Time of Decision

- Vital Signs: Normal
- Orthostatics: Normal
- TTE Ordered

Patient does NOT meet criteria for INPT or OBS

- Consult utilization review and/or case management for guidance on bed status order
- If available at your hospital, "Outpatient in a Bed" may be most appropriate bed status order



Social admissions in healthcare refer to cases where patients are admitted to a hospital primarily for non-medical reasons, such as custodial care or to avoid inconvenience. These admissions often raise questions about Medicare coverage and reimbursement.

It is essential for physicians to distinguish between genuine medical necessity and social admissions to ensure proper documentation and reimbursement.

### Key Points

1. **Custodial Care and Medicare Coverage:** Medicare typically does not cover custodial care, which involves assisting patients with activities of daily living (ADLs) such as eating, bathing, and using eye drops. These services are considered non-medical and fall outside Medicare coverage.
2. **Documenting Medical Necessity:** Sometimes, what appears to be a social admission may be medically necessary, but the documentation lacks clarity. Physicians must ensure accurate and detailed documentation of the medical condition requiring hospitalization to justify Medicare coverage.
3. **Reimbursement Strategies:** Hospitals have reimbursement options for cases that may not meet strict Medicare criteria. These options include using an Advance Beneficiary Notice (ABN) or a Hospital-Issued Notice of Non-Coverage (HINN), which inform patients that they may need to pay out of pocket if Medicare does not cover the services.
4. **Observation and Outpatient in a Bed:** In cases where medically necessary services have concluded, physicians can give patients an ABN for observation or place them in outpatient care within the hospital's room and board. This allows patients to take financial responsibility while receiving appropriate care.
5. **Examples Illustrating the Distinction:**
  - Example A: A 94-year-old woman with dementia requires care, but it's not medically necessary. While it's not feasible to send her home, Medicare won't cover custodial care. Hospital obligations to the community may come into play here.
  - Example B: A patient who fell and suffered a clavicle fracture. While the initial assessment suggested social admission, further tests revealed the potential for syncope. Proper documentation and a clear medical rationale led to an appropriate inpatient admission.
6. **Managing Falls and Injuries:**
  - Patients with certain fractures, like pelvic fractures, might not require extended hospital stays unless for pain management.
  - Observation for the first midnight is suggested for pain management and evaluation.
  - Patients in a limbo between admission and discharge might be accommodated in discharge lounges or local hotels, depending on hospital facilities.
7. **Ethical Dilemma vs. Payment:** Balancing ethical obligations to patients with financial constraints is challenging. Hospitals should address each case individually and not expect payment for every service provided.

In summary, physicians must carefully evaluate cases to distinguish between social admissions and medically necessary ones. Identification of clinical indications (when present) accurate documentation, and a commitment to patient well-being can help navigate the complexities of Medicare coverage in social admission scenarios.