**OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES**

**Resolution No. 24 – 2020**

**Introduced by:** Kenneth Christman, MD

**Subject:** Determination of Inpatient/Outpatient Hospital Status

**Referred to:** Resolutions Committee No. 2

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**WHEREAS**, Certain third-party payors are refusing to pay for care rendered to hospitalized patients based solely on novel definitions of “Outpatient” or “Inpatient”; and

**WHEREAS**, Reliance on hospital face sheet information is often unreliable, as patients can arbitrarily be switched back and forth from inpatient to outpatient observation status; and

**WHEREAS**, Some physician offices are spending an inordinate amount of time with denied payments based upon arbitrary inpatient vs. outpatient hospital status; and

**WHEREAS**, These arbitrary changes in hospital status are requiring some physician offices to take time-consuming steps to determine hospital inpatient vs. outpatient hospital status; and

**WHEREAS**, Under 42 CFR 410.2, CMS defines OUTPATIENT—“means a person who has not been admitted as an inpatient but who is registered on the hospital or CAH records as an outpatient and receives services (rather than supplies alone) from the hospital or CAH.”; and

**WHEREAS**, Under 42 CFR 489.24, CMS defines “INPATIENT”—“means an individual who is admitted to a hospital for bed occupancy for purposes of receiving inpatient hospital services as described in 409.10 of this chapter with the expectation that he or she will remain at least overnight and occupy a bed even though the situation later develops that the individual can be discharged or transferred to another hospital and does not actually use a hospital bed overnight.” Furthermore, 42 CFR 409.10 clearly includes Bed and Board as defining “inpatient.”; and

**WHEREAS**, Webster’s Ninth New Collegiate Dictionary definition of “inpatient” is “a hospital patient who receives lodging and food as well as treatment”; and

**WHEREAS**, Webster’s Ninth New Collegiate Dictionary definition of “outpatient” is “a patient who is not an inmate of a hospital but who visits a clinic or dispensary connected with it for diagnosis or treatment; and

**WHEREAS**, Our AMA’s 2016 Current Procedural Terminology (CPT Standard Edition) page xv states “Some codes have specified places of service (e.g., evaluation and management codes are specific to a setting,”; **therefore be it**

**RESOLVED**, That the OSMA adopt a position that requires physicians and payors to follow CMS definitions and Webster’s Dictionary definition of “outpatient” vs. “inpatient” medical care (whether or not a patient is receiving food AND/OR lodging), and that payors and physicians follow these definitions when submitting or paying for services rendered; and, **be it further**

**RESOLVED**, That the OSMA request the OSMA delegation to the AMA request that our AMA adopt a position that requires physicians and payors to follow CMS definitions and Webster’s Dictionary definition of “outpatient” vs. “inpatient” medical care (whether or not a patient is receiving food AND/OR lodging), and that payors and physicians be required to follow these definitions when submitting or paying for services rendered.

**Fiscal Note:** $ 0 (Sponsor)

$ 100 (Staff)