

**Inpatient to Outpatient Change-of-Status Form
Condition Code 44**

To be completed by Clinical/Case/Care Management:

Hospital Utilization Review Committee has changed patient, _____, from inpatient admission to outpatient observation on _____ (Month, Day, Year). See the outpatient observation order written on _____ (Date/Time).

1. Reason for change-of-status:

2. Will the change of status affect the patient medically?

Yes No

If yes, please explain:

3. Will the change of status affect the patient financially?

Yes No

If yes, please explain:

4. Has the patient been informed of the change in status and its potential impact on them medically and/or financially?

Yes No

Clinical/Case/Care Management, Date/Time

To be completed by the Chief Medical Officer (CMO):

5. The patient's physician, _____, (First Name, Last Name) has been provided an opportunity to present his/her views to the utilization review committee before the change-of-status determination. The treating physician has been advised of the patient's change-of-status and the physician's recommendations/comments are as follows:

6. After review of this case, it has been determined that this patient does not meet medical necessity guidelines for an inpatient admission. I concur that this patient should be changed to observation using Medicare Condition Code 44.

Utilization Review Committee Member, Date/Time

Patient's Physician, Date/Time

Utilization Review Committee Member, Date/Time

Patient ID

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INSTRUCTIONS

for completion of

Inpatient to Outpatient Change-of-Status Form

Include the name of the patient and the date the patient was changed from inpatient admission to outpatient observation status. Indicate the date and time of the prior existing outpatient observation order or write a new observation order.

1. Document the reason for the change-of-status from inpatient admission to outpatient observation.

2. Determine whether the change from inpatient admission to outpatient observation will affect the patient medically.

If yes, then describe how the change from inpatient admission to outpatient observation will affect the patient medically.

3. Determine whether the change from inpatient admission to outpatient observation will affect the patient financially.

If yes, then describe how the change from inpatient admission to outpatient observation will affect the patient financially.

4. Inform the patient how the change in status will affect them medically and/or financially including any changes in deductibles, co-pays and further care.

5. Indicate whether the patient's physician has been provided an opportunity to present his/her views to the Utilization Review Committee. The patient's physician should sign the form acknowledging that he/she has been advised of the need for the status change and that he/she concurs with the recommendation of the Utilization Review Committee.

6. A physician from the Utilization Review Committee must agree to change the patient from inpatient admission to outpatient observation and sign the form.

If the treating physician does not concur, then a second physician from the Utilization Review Committee **MUST** agree to the change in status and sign the form.

Copies: Original to chart
Copy to patient
Copy to physician