



Vice President and Chief Executive Officer of the Medical Center

MEDICAL CENTER POLICY NO. 0039

A. SUBJECT: Reservation, Registration, and Admission Requirements for Surgical Procedures and Admissions

B. EFFECTIVE DATE: April 1, 2014 (R)

C. POLICY:

The University of Virginia Medical Center is committed to shortening patient wait times, ensuring proper reimbursement for services provided, meeting federal and state regulations and ensuring data integrity.

To that end, except in the cases of an emergency, the Medical Center's admission/registration processes must be completed for all patients prior to the surgical procedure, admission or bed assignment. Also, the Bed Coordination Center (BCC), Pre-Certification/Pre-Authorization Department (AD), and Hospital Admitting must be notified immediately when procedure or admission dates are changed or canceled.

D. PROCEDURE:

The treating physician is responsible for initiating the pre-admission or pre-registration process at the time the decision to admit or order a surgical procedure is made.

1. Scheduled Outpatient Surgical Procedures:

- a. The employee(s) responsible for scheduling outpatient surgical procedures must enter the scheduling data into the Medical Center's scheduling system at least 72 hours prior to surgery or as soon thereafter as the decision to schedule surgery is made. If the appointment is not being made until the day before the service, the employee(s) must also create a pre-registration (OP) in the Medical Center's registration system.
- b. Once a pre-registration is established, the clinic/physician's office may schedule the surgery in the Medical Center's surgical scheduling system.
- c. When required by the carrier, the clinic/physician's office must ensure that appropriate referrals and out of network authorizations for non participating carriers are in place prior to services being rendered.
- d. The clinic/physician's office provides clinical data to AD at the time the reservation is made when prior authorization or certification is required by the payor for that procedure.

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2. Scheduled Outpatients in a Bed: Along with the appointment/pre-registration described for Outpatient Surgical patients in D1 above, a bed request (OT) must be created in the registration system for patients who will need a bed after their procedure.
3. Scheduled Inpatient Admissions:
 - a. A Patient Access Specialist or designated department staff trained according to the Patient Access procedures creates a pre-admission (IP) in the registration system at least 72 hours prior to admission, or as soon thereafter as the decision to schedule an admission is made.
 - b. Once a pre-admission is established, any associated procedure or surgery may be scheduled in the Medical Center's surgical scheduling system.
 - c. The clinic/physician's office provides clinical data to AD at the time the pre-admission is established when prior authorization or certification is required by the payor for the procedure and/or admission.
 - d. In the event the patient is at the Medical Center or will be seen in the Pre-anesthesia Evaluation and Testing Center (PETC) prior to admission, the clinic/physician's office will direct the patient to the combined waiting room for PETC and the Admitting Office to be pre-admitted.
4. Changes to Scheduled Outpatient Surgical Procedures, Outpatients in a Bed or Inpatient Admissions: Clinic/physician's office staff must immediately enter any changes to dates, insurance carriers or cancellations into the registration system to ensure accurate authorization/certification and to prevent unnecessary holding of beds.
5. Emergent Admissions:
 - a. A bed request for emergent admissions is to be completed by:
 - i. The clinic when patients are admitted from a clinic or home,
 - ii. The Emergency Department (ED) when patients are admitted from the ED; or
 - iii. The BCC when patients are being transferred from other institutions.

Orders cannot be entered into clinical systems until a bed request has been made.
 - b. The BCC staff will review all requests prior to making a bed assignment or creating a pre-admission to ensure the requests contain sufficient information. BCC personnel will use available resources to obtain any missing or incomplete information.
6. In-and Out-patients in a Bed: Based upon clinical information received from either the physician or clinic staff, PCAD and/or Utilization Management Coordinators will determine whether the patient's condition meets current acute care criteria guidelines for an inpatient or observation stay. In the event PCAD and/or Utilization Management Coordinators determine the patient does not meet acute care criteria they will clarify the additional information needed or recommend an alternate level of care.

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7. Admissions to/from Excluded Units: Excluded units are inpatient units, such as Psychiatry and Rehabilitation that are excluded from Medicare's Prospective Payment System. When patients are moved from a non-excluded unit to an excluded unit, from an excluded unit to a non-excluded unit, or from one unrelated excluded unit to another unrelated excluded unit (i.e., Psych to Rehab), they must be formally discharged and readmitted to the hospital. The attending physician from the transferring unit is responsible for the discharge process and the admitting physician from the receiving unit is responsible for the admission process.
8. Canceling an Admission after the Patient is Admitted: When an admitted patient cannot receive treatment because of his or her physical condition or non-availability of hospital resources such as an operating room or specialized equipment, the admission will be canceled.
 - a. A decision to cancel an admission shall be made by a physician and documented in the Medical Record in accordance with Medical Center policy. When the decision is documented, the BCC will be notified by a physician or delegated individual.
 - b. The BCC will confirm the patient's departure and initiate the cancellation.
 - c. Patient Financial Services will bill ancillary services unless the attending physician recommends an adjustment for specific services and Risk Management approves the adjustment in accordance with [Medical Center Policy No. 0010 "Billing Deferrals/Adjustments"](#).
 - d. Admission cancellation data is maintained within the Medical Center data repository and is available as needed to identify trends or patterns for performance improvement opportunities.

SIGNATURE:



R. Edward Howell, CEO, UVA Medical Center

DATE:

3/21/14

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Approved July 1986

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December 2007, March 2011 March 2014

Approved by Associate Vice President for Business Development and Finance

Approved by Medical Center Administration