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**Consult Information**

Submitted Date:	1/23/2015 3:24:18 AM	Facility Name:	Demo Hospital
Completed Date:	1/23/2015 3:32:57 AM	Facility Code:	DEMO
Submitted By:	LOC, CM	AH Physician Advisor:	L, LOCPHYUSER

**Attending Physician**

Last Name:	LOC_APP	Middle Name	
First Name:	LOC_APP		
Phone Number	9876543210	Phone Extension	

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**Patient Account Information**

Account Number:	112369	Admit Date:	01/16/2015
Last Name:	LOC_APP	Location:	ED - Emergency
First Name:	LOC_APP	Patient Type:	IN - Inpatient
Patient DOB:	01/14/2015	Payer Type:	MEDICAID
MRN:	66662223687io89089		

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**Medical Diagnosis Information**

Primary Diagnosis: Dehydration

Additional Diagnosis:

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**Patient Classification Recommendation**

OutPatient

**Physician Advisor Notes:**

Part A: Summary of Clinical Presentation: LOC\_APP

Part B: Medical Necessity for Level of Care:

Part C: Our Recommendation For Your Physician Is: Outpatient

**Disclaimer**

The sole purpose of this document and the recommendation contained herein(Recommendation) is to help you comply with applicable payor policies regarding the use of observation and inpatient admission classification status. The Recommendation makes no conclusion regarding the appropriateness of the clinical care currently provided to the patient, nor should it be used to limit the future provision of medical services and supplies to the patient. The information and Recommendation in this email are valid for utilization review and claims management objectives only, and any decision regarding patient classification and care should be made by your own qualified clinician. Under no circumstances, is the Recommendation to be construed as reason to withhold medically-necessary care, nor does it mean we will provide any medical care. In order to implement the Recommendation, it may be necessary for you to change the admission classification status. Whether or not to make such a change is a decision to be made only by the appropriately qualified provider in accordance with applicable federal and state law, and hospital policies. Refer to the applicable payor benefits policies and claims processing manuals for clarification of the definitions and billing requirements for Inpatient and Observation Status that were used in the assessment recommendation provided herein.