



Acute Care Management Adjustment Order Guide

July 24, 2025

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Adjustment Order Guide

Adjustment Guide

Overview

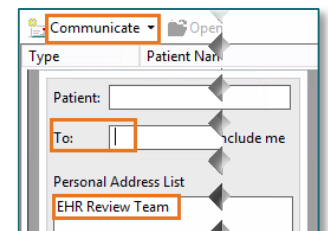
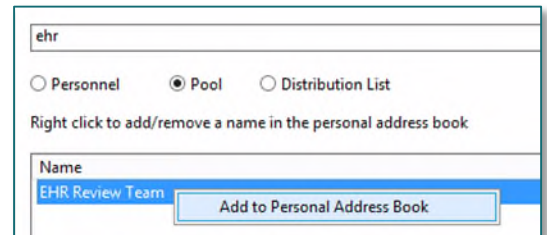
Adjustment Order

- The provider will place a Patient Status Order (PSO) to indicate the level of care and medical service needed for every admitted patient. On occasion, the clinical review will result in a conflicting level of care. The Utilization Management (UM) team for Case Management will discuss clinical review with the provider, and if the provider is unable to make the PSO correction, UM will enter an Adjustment order to reflect the accurate status for the patient.

Clinical Reviews

- The Utilization Management Team complete clinical reviews within InterQual to determine appropriate level of care needed for the patient's stay. If approved by the provider, the UM team can make modifications to the level of care by placing an Adjustment order.

- Message Center – set up EHR Review Team to use with Secondary Reviews
 - Select **Communicate** → **Message** and click the binocular icon.
 - Type: **EHR** in the search window and select **Pool** List.
 - Right-click to **Add to Personal Address Book**.
 - Send future messages to the EHR Review Team by selecting the pool from the Personal Address Book, which will display when the cursor hovers over the **To:** field.
- Secondary Reviews – use Optum Portal to complete.
- Midnight Reconciliation flyer can be accessed [here](#).



Concurrent Reviews

Date and Time Correction for PSO

When a PSO is entered, it will become active when the provider signs the order. In instances where the date/time of the PSO is not accurate, review the below guidance for mitigation strategies.

➤ Active PSO Admit to Inpatient

- **Medicare/Medicaid** – No action needed; payor does not allow adjustments.
- **Commercial/Managed Medicare** – UM places an **Adjustment Inpatient** order and enters the accurate date/time.

➤ **Active PSO Place in Observation**

- **Medicare/Medicaid** – No action needed; payor does not allow adjustments.
- **Commercial/Managed Medicare** – UM places an **Adjustment Observation** order and enters the accurate date/time.

➤ **Active PSO Outpatient in a Bed**

- **Medicare/Medicaid** – No action needed; payor does not allow adjustments.
- **Commercial/Managed Medicare** – UM places an **Adjustment Outpatient in a Bed** order and enters the accurate date/time.

Status Change Required per Clinical Review Results

➤ **Active PSO Admit to Inpatient; encounter needs to be in Observation status.**

- **Medicare/Medicaid** – UM notifies the provider to place **PSO Place in Observation** as soon as possible.
- **Commercial/Managed Medicare** – UM places the **Adjustment Observation** order with a Start Date and Time of one minute prior to the date and time in the PSO Admit to Inpatient.

➤ **Active PSO Admit to Inpatient; Encounter needs to be in Outpatient in a Bed status.**

- **Medicare/Medicaid** – UM notifies the provider to place **PSO Outpatient in a Bed** as soon as possible.
- **Commercial/Managed Medicare** – UM places **Adjustment Outpatient in a Bed** order with a Start Date and Time of one minute prior to the date and time in the PSO Admit to Inpatient.

➤ **Active PSO Place in Observation; Encounter needs to be in Inpatient status.**

- **Medicare/Medicaid** – UM notifies the provider to place **PSO Admit to Inpatient** as soon as possible.
- **Commercial/Managed Medicare** – UM places **Adjustment Inpatient** order with a Start Date and Time of one minute prior to the date and time in the PSO Place in Observation.

Inpatient Only Procedure

- **All Payors** – Provider enters a **PSO Admit to Inpatient**.

Outpatient/Same Day Surgery

- **Same Day Surgery and Outpatient encounters do not require PSOs.** The system will automatically discharge these encounters.
- **If the plan of care changes and the patient requires admission, the provider will enter a PSO.**

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Patient Admitted and Discharged on Same Day

- **All Payors** – Confirm **PSO Outpatient in a Bed** is active on the patient encounter to prevent charges from dropping at midnight.

PSO Placed in Error

- **Medicare/Medicaid** – Provider enters accurate PSO as soon as possible.
- **Commercial/Managed Medicare** – UM enters **Adjustment Outpatient in a Bed** order with a Start Date and Time of one minute prior to the date and time in the PSO entered in error.

NOTE: See [Appendix](#) for special considerations.

Change Level of Care

- **Change Level of Care orders are utilized to reflect a change in patient acuity.**
 - Placement of the **Change Level of Care** order will automatically update the patient's status.
 - Regardless of payor, providers may place **Change Level of Care** orders.
 - **Change Level of Care** orders are active upon signing of the order.
 - Users cannot modify the date and time on **Change Level of Care** orders.

Delayed Entry of Discharge Date

- **All Payors** – UM should back date the discharge date and time to reflect the accurate date and time of patient discharge.
 - See the Adjustment Orders [flyer](#) for more information.

Appendix

Special Considerations

Concurrent Correction: PSO Outpatient in a Bed; Encounter needs Swing or Hospice status.

- **Medicare/Medicaid** – If the provider placed a PSO Outpatient in a Bed and intended to place a PSO Admit to Swing Bed, the provider should place the **PSO Admit to Swing Bed** or **PSO Admit to Hospice** as soon as possible.
- **Commercial/Managed Medicare** – If the provider placed a PSO Outpatient in a Bed and intended to place a PSO Admit to Swing Bed, the Utilization Review Team will place the **Adjustment Inpatient Swing Bed** or **Adjustment Inpatient Hospice** order one minute prior to the PSO Outpatient in a Bed.

Concurrent Correction: PSO Placed on Patient who Left AMA.

- **Medicare/Medicaid** – Prior to midnight, place **PSO Outpatient in a Bed**.
- **Commercial/Managed Medicare** – Place **Adjustment Outpatient in a Bed**.

Retrospective & Concurrent Correction: Clerical Error

- **Provider has made a true clerical error and enters a PSO with the incorrect level of care.**
 - **Situation:** Provider entered incorrect PSO with clearly documented evidence of intent.
 - **Example:** Provider entered PSO Admit to Observation but indicated in notes the patient qualified for inpatient admission to the ICU.
 - **Mitigation:** Review of situation with Compliance, Rev Cycle, Care Management, and Provider to discuss potentially placing an adjustment order and clerical error documentation to correct error.

Obstetrics**PSO Considerations**

- **At MCH, OB and GYN patients receive different PSOs.**
- **For OB patients, three encounter types are appropriate: Outpatient, Outpatient in a Bed, or Inpatient.**
 - If a patient is still early pregnancy, they are treated as a GYN patient.
 - Patient stays exceeding the typical length of an office visit should be considered for status progression from Outpatient to Outpatient in a Bed by placing a PSO Outpatient in a Bed.
- **For GYN patients, two encounter types are appropriate: Observation or Inpatient.**

Type of Encounter	Possible Scenarios	PSO Required?	Discharge Order Required?
Outpatient	Straightforward labor evals, outpatient circumcision, hearing test, scheduled NST, weight check, Rhogam	No	No
Outpatient in a Bed	Extended NST's, extensive or prolonged labor evaluation, multiple cervical examinations	Yes	Yes
Inpatient	Admission to inpatient; delivering either C-section or vaginally.	Yes	Yes
Place in Observation	OB patient <20 weeks, hysterectomy, any GYN patient.	Yes	Yes

For questions regarding process and/or policies, please contact your unit's Clinical Educator. For questions regarding workflow, please [place a ticket](#) to Health Informatics. For any other questions please contact the Customer Support Center at: 207-973-7728 or 1-888-827-7728.