

Appendix A: Methods for estimating total hospital costs for patients presenting with syncope.

Total estimated costs = Direct costs of tests + Facility costs

Direct costs of tests: Sum of the unadjusted payment rates for tests per Center for Medicare and Medicaid Ambulatory Payment Classifications payments.

Facility costs: Three methods for estimating facility costs (V1, V2, V3):

	Discharged	Admit to Observation	Admit to Inpatient
Source	EM Level 5 APC 616	Extended Assessment & Management (Observation) APC 8009	DRG Syncope & Collapse, Average Medicare Payment
Cost	\$492.69	\$1,234.70	\$5,575.16
V1: Medicare Payment	\$492.69	\$1,234.70	\$5,575.16
V2: Modified Medicare Payment, Prorated by LOS in Calendar Days	\$492.69	\$1,234.70 * total LOS in calendar days	\$1,234.70 * total LOS in calendar days
V3: Modified Medicare Payment, Prorated by LOS in Hours	\$492.69	\$1,234.70/mean total LOS for patients in observation * LOS in hours	\$1,234.70/mean total LOS for patients in observation * LOS in hours

APC: Ambulatory Payment Classifications. DRG: Diagnosis Related Group. LOS: Length Of Stay.