DESIGNATED PUBLIC HOSPITAL PROJECT
Medi-Cal Review Tool – Acute Reason Codes
Paid Claims

1. Facility UR Process	**1A:**	No documentation of secondary review by facility Physician, but DHCS agrees with approval
	1B:	No documentation of secondary review by facility Physician **and** DHCS disagrees with approval **(R)**
	1C:	Secondary review with documentation by facility Physician **and** DHCS disagrees with approval **(R)**
	1D-1:	No documentation of daily IQ/MCG review (exclude OB cert days) but DHCS agrees with approval
	1D-2:	No documentation of daily IQ/MCG review (exclude OB cert days) **and** DHCS disagrees with approval **(R)**
	1E:	No documentation of case management notes (exclude OB cert days)
	1F-1:	Observation criteria used but DHCS agrees with approval
	1F-2:	Observation criteria used **and** DHCS disagrees with approval **(R)**
	1G-1:	No documentation of IQ/MCG prior to submitting claim but DHCS agrees with approval
	1G-2:	No documentation of IQ/MCG prior to submitting claim **and** DHCS disagrees with approval **(R)**
	1H:	Insufficient documentation (missing medical records and/or documents) **(R)**
	1J:	IQ/MCG criteria were not met and secondary review by facility physician denied the day(s), but facility billed **(R)**
2. Limited/Restricted Aid Codes	**2A:**	Elective procedure/non-emergent condition (specify) **(R)**
	2B:	Services are not related to the emergent condition **(R)**
	2C:	Does not qualify for acute administrative days **(R)**
	2D:	Services not covered under aid code (examples: aid codes for pregnancy only, BCCTP, etc.) **(R)**
3. Delay	**3A:**	Delay of service **(R)**
	3B:	Delay of discharge/transfer **(R)**
4. Administrative Days	**4A:**	Physician notes that beneficiary can be discharged to NF (LLOC) but facility continued to bill acute days **(R)**
	4B:	TB Admin Days- Beneficiary in isolation with probable TB, requires LLOC **(R)**
	4C:	OB Admin Days- LOC no longer acute but remains in facility for monitoring **(R)**
	4D-1:	No call list for NF placement **(R)**
	4D-2:	Insufficient/Incomplete call list for NF placement **(R)**
	4E:	Discrepancy with type of days billed (acute vs. admin) **(R)**
	4F:	No documentation of intent to discharge to NF but acute administrative days billed **(R)**
	4G:	Enrolled in Hospice- not eligible for acute administrative days **(R)**
	4H:	Documented bed hold day- not eligible for acute administrative days **(R)**
6. Length of Stay	**6B:**	Discrepancy with date of admission- additional days billed **(R)**
	6D:	Discrepancy with date of discharge- additional days billed **(R)**
7. No Review	**7F:**	Hospice: If enrolled in Hospice and no disenrollment doc presented (requires TAR to Hospice) **(R)**
8. Mental Health	**8:**	Psychiatric days- paid by county Mental Health program **(R)**
10. Potential Outpatient	**10:**	**No intent for inpatient overnight stay:** Beneficiary may have had an admission order but documentation did not support intent to admit overnight. Facility may bill as Outpatient **(R)**

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11. Other	**11:**	May use this reason code if the variance does not fit in the above categories **(potential recoupment)**
12. DHCS review using standardized review criteria (for future use)	**12A:**	DHCS used standardized review criteria to determine appropriateness of the admission and level of care and compared this to the decision determined by the facility. DHCS did not agree with the facility's standardized review outcome, however DHCS agrees with the facility's decision to authorize the day(s)
	12B:	DHCS used standardized review criteria to determine appropriateness of the admission and level of care and compared this to the decision determined by the facility. DHCS did not agree with the facility's standardized review outcome. DHCS disagrees with the decision and would have denied the day(s) **(R)**