

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

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

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<b>8. Mental Health</b>	<b>8:</b> Psychiatric days- paid by county Mental Health program <b>(R)</b>
<b>10. Potential Outpatient</b>	<b>10:</b> <b>No intent for inpatient overnight stay:</b> Beneficiary may have had an admission order but documentation did not support intent to admit overnight. Facility may bill as Outpatient <b>(R)</b>
<b>11. Other</b>	<b>11:</b> May use this reason code if the variance does not fit in the above categories <b>(potential recoupment)</b>