

## DESIGNATED PUBLIC HOSPITAL PROJECT

### Medi-Cal Review Tool – Acute Rehab 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>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>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>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>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>12. DHCS review using standardized review criteria (for future use)</b>	<p><b>12A:</b> 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)</p> <p><b>12B:</b> 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) <b>(R)</b></p>
<b>13. Admission</b>	<p><b>13A:</b> No completed pre-admission screening</p> <p><b>13B:</b> No admission orders for acute rehabilitation</p> <p><b>13C:</b> No completed post-admission evaluation</p> <p><b>13D:</b> No documentation of a Plan of Care</p>

## DESIGNATED PUBLIC HOSPITAL PROJECT

### Medi-Cal Review Tool – Acute Rehab Reason Codes

<b>14. Standardized Criteria</b>	<p><b>14A-1:</b> The facility did not use the age appropriate criteria (Peds up to age 18 or Adult), but DHCS agrees with approval</p> <p><b>14A-2:</b> The facility did not use the age appropriate criteria (Peds up to age 18 or Adult) <b>and</b> DHCS disagrees with approval <b>(R)</b></p> <p><b>14B-1:</b> InterQual or MCG criteria were not documented at least weekly, but DHCS agrees with approval</p> <p><b>14B-2:</b> InterQual or MCG criteria were not documented at least weekly <b>and</b> DHCS disagrees with approval <b>(R)</b></p>
<b>15. IDT Conferences</b>	<b>15:</b> Weekly Interdisciplinary Team Conferences were not documented for one or more weeks
<b>16. Rehab Physician Visits/Week</b>	<b>16:</b> Face-to-face physician visits were documented less than 3 times per week
<b>17. Therapy Documentation</b>	<p><b>17A:</b> No physician orders for at least two therapies (one therapy must be PT or OT)</p> <p><b>17B:</b> No initial evaluation for some/all ordered therapies</p> <p><b>17C-1:</b> The total therapy hours were less than 15 hours per week (7 days) without medical justification <b>(R)</b></p> <p><b>17C-2:</b> The total therapy hours were less than 15 hours per week (7 days) – Part of the rehabilitation trial period with documented efforts for 15 or more hours of therapy</p> <p><b>17C-3:</b> The total therapy hours were less than 15 hours per week (7 days) – Medical reason</p> <p><b>17C-4:</b> The total therapy hours were less than 15 hours per week (7 days) – Rehabilitation week was less than 7 days</p> <p><b>17D:</b> The individual and group therapy hours were not separately documented</p> <p><b>17E-1:</b> The individual therapy hours were less than 11.25 hours per week (7 days) without medical justification <b>(R)</b></p> <p><b>17E-2:</b> The individual therapy hours were less than 11.25 hours per week (7 days) – Part of the rehabilitation trial period with documented efforts for 11.25 or more hours of individual therapy</p> <p><b>17E-3:</b> The individual therapy hours were less than 11.25 hours per week (7 days) – Medical reason</p> <p><b>17E-4:</b> The individual therapy hours were less than 11.25 hours per week (7 days) – Rehabilitation week was less than 7 days</p> <p><b>17F:</b> The beneficiary was non-compliant with therapy for greater than 3 days during the post-trial period <b>(R)</b></p> <p><b>17G:</b> The beneficiary plateaued during the post-trial period for greater than 3 days <b>(R)</b></p>
<b>18. Off-Site Pass</b>	<b>18:</b> The beneficiary was out on pass (off-site) from the rehab facility overnight <b>(R)</b>
<b>19. Other</b>	<b>19:</b> May be used when the variance does not fit the other acute rehab categories <b>(potential recoupment)</b>