



## Report of Administrative Days

Patient First Name \_\_\_\_\_ Patient Last Name \_\_\_\_\_

Medical Assistance # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Hospital Name \_\_\_\_\_ MA Provider Number \_\_\_\_\_

Diagnosis (Admission) \_\_\_\_\_

Diagnosis (Discharge) \_\_\_\_\_

Patient Admission Date \_\_\_\_\_

Begin Date for Administrative Days \_\_\_\_\_

UCA Case ID(s) Associated with Patient \_\_\_\_\_

Reason for Extended Stay \_\_\_\_\_

Please adhere to the program requirements listed below as well as Hospital Transmittal 258. Failure to provide the MDH 1288 form timely will result in a denial of administrative payment.

### Acute Care Hospitals Only: Other Level of Care Requests and Discharge Planning Log

For patients in an acute hospital, a minimum of two calls per day showing placement efforts are required, excluding weekends and holidays. Please see COMAR 10.09.92.07 for more information.

Discharged to \_\_\_\_\_

Discharged Date \_\_\_\_\_

Length of Stay \_\_\_\_\_

Number of Administrative Days Requested \_\_\_\_\_

Review Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Please note all efforts to seek placement, the date of contact, and the result of that contact in the Discharge Planning Log.







# Maryland Medicaid Administration

\*\* Ancillary services to be considered for medical necessity on an administrative day are the following revenue codes:

Named Ancillary Services Performed on a Denied Acute Day	CPT Code	Revenue Code
<b>Labs</b>		
Basic Metabolic Panel (BMP)	80048	0301
Comprehensive Metabolic Panel (CMP)	80053	0301
Complete Blood Count (CBC) with or without White Blood Cell (WBC) Differential	85025	0305
Prothrombin Time (PT) with INR	85610	0305
Magnesium	83735	0301
Phosphate	84100	0301
Calcium	82310	0301
<b>Radiology</b>		
Chest X Ray (2 view)	71046	0324
Abdominal X Ray	74018	0320
CT Scan General Classification	----	0350
CT Scan Abdomen with Contrast	74150	0352
CT Scan Abdomen without Contrast	74160	0352
CT Scan Head with Contrast	70460	0351
CT Chest/Thorax with Contrast	71260	0352
<b>Cardiology</b>		
EKG (tracking only)/ ECG		0730; 0732
<b>Renal</b>		
Dialysis		0801; 0802
<b>Respiratory</b>		
Respiratory Services General Classification		0410

-----**For Utilization Control Agent (UCA) Use Only**-----

Approved Administrative Days Span \_\_\_\_\_

Administrative Days Approved \_\_\_\_\_

Administrative Days Denied \_\_\_\_\_

Ancillaries Approved by the UCA (please include date) \_\_\_\_\_

Ancillaries Denied by UCA (please include date) \_\_\_\_\_

UCA Signature \_\_\_\_\_ Date \_\_\_\_\_