



Report of Administrative Days

Please adhere to 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.

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 _____

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.

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

Discharged to _____

Discharge Date _____

Length of Stay _____ Number of Administrative Days Requested _____

Review Coordinator Signature _____ Date Signed _____

Acute Care Hospital Discharge Planning Log

Date	Facility Name	Placement Contact Notes	Name of Medically Necessary Ancillaries for Review – **See Ancillary List

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Named Ancillary services performed on a Denied Acute Day	CPT Code	Revenue Code
Chest X Ray (2 view)	71046	0324
Abdominal X Ray	74018	0320
CT Scan General Classification		0350
CT Scan Abdomen w/ contrast	74150	0352
CT Scan Abdomen w/o contrast	74160	0352
CT Scan Head w/contrast	70460	0351
CT Chest/Thorax w/contrast	71260	0352
Cardio		
EKG (tracing only)/ECG		0730, 0732
Renal		
Dialysis		0801, 0802
Respiratory		
Respiratory Services- General Classification		0410

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

Approved Administrative Date Span _____

Administrative Days Approved _____ Administrative Days Denied _____

Ancillaries approved by UCA (please include date) _____

Ancillaries denied by UCA (please include date) _____

UCA Signature _____ Date Signed _____