STAR 2000™

STAR PATIENT CARE REFERENCE GUIDE
Utilization Management Worksheets
Volume

Release 17.0
October 2011

C17000191

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Chapter 1 - UM WORKSHEETS

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UM ALC CODE (ALTERNATE LEVEL OF CARE)

Code	3 AN
Description	25 AN
Screen	Alternate Level of Care Information
Report	

Code:__ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
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ALC Type:__

ALC Rate:__ __ __ __

Code:__ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
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ALC Type:__

ALC Rate:__ __ __ __

Code:__ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
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ALC Type:__

ALC Rate:__ __ __ __

Code:__ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
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ALC Type:__

ALC Rate:__ __ __ __

Code:__ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __
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ALC Type:__

ALC Rate:__ __ __ __

Code:__ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __
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ALC Type:__

ALC Rate:__ __ __ __

Code:__ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __
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ALC Type:__

ALC Rate:__ __ __ __

Code:__ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __
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ALC Type:__

ALC Rate:__ __ __ __

UM APPROVAL INDICATORS

Code	1 AN
Description	19 AN
Screen	UB Non-Covered Days Summary
Report	

Code:__

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Code:__

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Code:__

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

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Code:__

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __

UM AVOIDABLE DAY TYPE

Code	3 AN
Description	15 AN
Screen	UM Avoidable/Non-Covered Days
Report	UM Avoidable/Non-Covered Days

Code:__ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __

Code:__ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __

Code:__ __ __

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Code:__ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __

UM CASE ACTION/DETERMINATION

Code	4 AN
Description	20 AN
Screen	UM Contact to Physician, UM Contact to Advisor
Report	UM Contact to Physician, UM Contact to Advisor

Code:__ __ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Code:__ __ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

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Code:__ __ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

UM CONTACT REASON

Code	2 AN
Description	18 AN
Screen	UM Contact to Physician, UM Contact to Advisor
Report	UM Contact to Physician, UM Contact to Advisor

Code:__ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Code:__ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

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Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Code:__ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

UM CO-PAY EXCEPTION CODE (NJ/NY)

Code	2 AN
Description	25 AN
Screen	Alternate Level of Care Information
Report	

Code:__ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
—— —— —— —— —— —— —— ——

Code:__ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
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Code:__ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
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Code:__ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
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UM CRITERIA MET

Code	4 AN
Description	19 AN
Screen	UM Add/Edit Review, required
Report	UM Worksheet

Code:__ __ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Code:__ __ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Code:__ __ __ __

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Code:__ __ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

UM DISCHARGE PLANNING CODES

Code	4 AN
Description	33 AN
Screen	UM Discharge Planning, required
Report	UM Discharge Planning, UM Worksheet

Code:__ __ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __

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Code:__ __ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __

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Code:__ __ __ __

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Code:__ __ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __

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Code:__ __ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __

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Code:__ __ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __

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Code:__ __ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __

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Code:__ __ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __

   __ __ __ __ __ __ __ __ __ __ __ __ __

UM NON-COVERED DAY TYPE

Code	3 AN
Description	33 AN
Screen	UM Avoidable/Non-Covered Days
Report	UM Avoidable/Non-Covered Days

Code:__ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __

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Code:__ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __

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Code:__ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __

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UM PHYSICIAN ADVISORS

Code	6 AN
Description	19 AN
Screen	UM Contact to Advisor
Report	UM Contact to Advisor

Code:__ __ __ __ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Code:__ __ __ __ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

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Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

UM REASON REFERRED

Code	2 AN
Description	18 AN
Screen	UM Miscellaneous Review Information
Report	

Code:__ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Code:__ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

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Code:__ __

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UM REVIEW AGENCY

Code	2 AN
Description	25 AN
Screen	UM Miscellaneous Review Information
Report	UM Worksheet

Code:__ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
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Code:__ __

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Code:__ __

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Code:__ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __
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UM REVIEW REASON

Code	4 AN
Description	33 AN
Screen	UM Add/Edit Review
Report	UM Worksheet

Code:__ __ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __

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Code:__ __ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __

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Code:__ __ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __

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Code:__ __ __ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __

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UM REVIEW TYPE

Code	1 AN
Description	18 AN
Screen	UM Add/Edit Review
Report	UM Worksheet, UM Review Summary

Code:__

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Code:__

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Code:__

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

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Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Code:__

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __

UM SEVERITY LEVEL

Code	2 AN
Description	19 AN
Screen	UM Add/Edit Review
Report	

Code:__ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Code:__ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Code:__ __

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UM SPECIAL STUDY

Code	4 AN
Description	15 AN
Screen	UM Special Studies
Report	UM Special Studies

Code:__ __ __ __

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Description:__ __ __ __ __ __ __ __ __ __ __ __ __

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Description:__ __ __ __ __ __ __ __ __ __ __ __ __

URO STATUS

Code	2 AN
Description	18 AN
Screen	UM Miscellaneous Review Information
Report	

Code:__ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Code:__ __

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Code:__ __

Description:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

UTILIZATION MANAGEMENT ELEMENT/COMPONENT SELECTION

NOTE: Patients must meet only one element to be included.

Element	Include	Exclude
Age		
DRG		
DRG Payor		
Diagnosis		
Employer		
Financial Class		
Insurance Carrier		
Insurance Plan		
Nursing Station		
Patient Type		
Physician		
Procedure		
Service		

Inclusion Exception

NOTE: Patient will not be in census.

Element	Component	&	Element	Component

Exclusion Exception

NOTE: Patient will be in census.

Element	Component	& Element	Component

Readmission Criteria

Current Patient Type	Previous Patient Type	Days Between

PARAMETER MAINTENANCE

UM Abstract Retention (Days):

Special Study Retention (Days):

Fax Audit Retention (Days):

Automatic Worksheet (Y/N):

Next Review Date (Y/N):

(Certified Days controls Next Review Date)

Complete on Discharge (Y/N):

Report Parameters

UM Worksheet Sort Option:

(Nurse Station, Patient Type, Insurance Carrier)

One patient per page (Y/N):

Readm. Report Sort Option:

(Nurse Station, Patient Name, Attending, Financial Class)

Page Breaks (Y/N):

(Readm. Report)

Chapter 2 - TABLES

TABLES

The following STAR Patient Care tables may be of assistance when completing your Utilization Management Worksheets. These tables can be found in the *STAR Patient Care Reference Guide, Tables Volume.*

Table	Department
Admission Source	Admission Department
Admission Type	Admission Department
Discharge Status/Disposition	Admission Department
Physician Type (Physician Table)	Medical Staff Office
Referring Institution/Facility	Admission Department
Special Program Codes	Admission Department, Business Office
UB Conditions	Admission Department, Business Office
UB Condition Indicators	Admission Department, Business Office
UB Occurrence Span Codes	Admission Department, Business Office
UB Occurrence Codes	Admission Department, Business Office

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■ R e a d e r   C o m m e n t   F o r m ■

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Topic	Poor	Fair	Good	Excellent
Organization of information	❑	❑	❑	❑
Accuracy of information	❑	❑	❑	❑
Completeness of information	❑	❑	❑	❑
Clarity of information	❑	❑	❑	❑
Amount of overview information	❑	❑	❑	❑
Explanation of processes	❑	❑	❑	❑

Are there parts of this manual that could be made more helpful to you? Please explain.

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