

Patient's Last Name	First	M.I.
Identification Number		Admission Date
Facility		

**UR FINDING  
 ADVERSE DETERMINATION**

Based on the finding of the Admission or Continued Stay Review, patient record documentation does not justify the admission or continued stay of this patient. The ATC is asked to review this case and incorporate additional relevant documentation into the record, or identify documentation which exists but may have been overlooked by the impartial reviewer.

If **no** response is received within three days, a final adverse utilization review decision will rendered, and the patient is to be discharged as soon as appropriate continuing care plans can be made.

If a response is received within three days, the case will again be reviewed and a final decision rendered. If an adverse utilization review is rendered and the patient is found **inappropriate** for admission or continued stay, the patient is to be discharged as soon as appropriate continuing care plans can be made. If a positive utilization review decision is rendered and the patient is found **appropriate** for admission or continued stay, treatment may be continued and the case record will be again reviewed in 14 days to determine the appropriateness of continued stay.

**ATC RESPONSE**

AGREE. We agree with the reviewer's preliminary decision. The admission or continued stay is **not** appropriate. The patient will be discharged as soon as appropriate continuing plans can be finalized.

DISAGREE. We disagree with the reviewer's preliminary decision. The admission or continued stay of this patient is **appropriate** based on the following:

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Dated Signature and Title:

**FINAL UR DETERMINATION**

Based on review of all available patient record documentation, the following determination is made (*check one*):

**The preliminary adverse determination be overturned.** Documentation exists to substantiate the need for admission or continued stay for inpatient treatment at the ATC. Enter date of next review

**The preliminary initial adverse determination is upheld.** Documentation does **not** exist to substantiate the need for admission or continued stay for inpatient treatment at the ATC. Treatment at the ATC is not necessary or appropriate. The patient is to be discharged as soon as appropriate continuing care plans can be finalized.

Signature of Reviewer	Title	Date
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