DHCS

Clinical Assurance Division
Designated Public Hospital TAR-Free Program
Acute Rehab Variances

1. Hospital UR Process	**1G-1:**	No documentation of IQ/MCG prior to submitting claim, but DHCS agrees with approval
	1G-2:	No documentation of IQ/MCG prior to submitting claim **and** DHCS disagrees with approval **(R)**
	1H-1:	Insufficient documentation (missing medical records and/or documents) but DHCS agrees with approval
	1H-2:	Insufficient documentation (missing medical records and/or documents) **and** DHCS disagrees with approval **(R)**
	1K-1:	No documentation of weekly IQ/MCG, but DHCS agrees with approval
	1K-2:	No documentation of weekly IQ/MCG **and** DHCS disagrees with approval **(R)**
	1L-1:	No documentation of secondary review by hospital Physician, but DHCS agrees with approval
	1L-2:	No documentation of secondary review by hospital Physician **and** DHCS disagrees with approval **(R)**
	1M:	Secondary review with documentation by hospital Physician **and** DHCS disagrees with approval **(R)**
	1N:	IQ/MCG acute rehab criteria not met and secondary review by hospital physician denied the day(s), but hospital billed **(R)**
2. Limited/Restricted Aid Codes	**2D:**	Services not covered under aid code (examples: aid codes for ambulatory prenatal care only, BCCTP, etc.) **(R)**
3. Delay	**3A:**	Delay of service **(R)**
	3B:	Delay of discharge/transfer **(R)**
4. Administrative Days	**4A:**	Physician notes that beneficiary can be discharged to NF (LLOC) but hospital continued to bill acute days **(R)**
	4D-1:	No call list for NF placement **(R)**
	4D-2:	Incomplete call list for NF placement (< 10 NF calls with responses per day) **(R)**
	4E:	Discrepancy with type of days billed (acute vs. admin) **(R)**
	4F:	No documentation of intent to discharge to NF but acute administrative days billed **(R)**
	4J:	Delay of transfer to NF **(R)**

6. Length of Stay	**6B:** Discrepancy with date of admission- additional days billed **(R)** **6D:** Discrepancy with date of discharge- additional days billed **(R)**
11. Other	**11:** May use this reason code if the variance does not fit in the above categories **(potential recoupment)**
13. Admission Documentation	**13A:** No completed pre-admission screening **13D:** No documentation of a Plan of Care **13E:** No completed IRF-PAI
14. Active Participation	**14C:** The beneficiary was not expected to actively participate in intensive rehab therapy **and** DHCS disagrees with approval **(R)**
15. IDT Conferences	**15A-1:** Weekly Interdisciplinary Team Conferences were not documented but DHCS agrees with approval **15A-2:** Weekly Interdisciplinary Team Conferences were not documented **and** DHCS disagrees with approval **(R)**
16. Rehab Physician Visits/Week	**16A-1:** Face-to-face physician visits were documented less than 3 times per week but DHCS agrees with approval **16A-2:** Face-to-face physician visits were documented less than 3 times per week **and** DHCS disagrees with approval **(R)**
17. Therapy Documentation	**17A:** Active and ongoing therapeutic intervention of multiple therapy disciplines (one therapy must be PT or OT)**(R)** **17C-1:** The total therapy hours were less than 15 hours per week (7 days) without medical justification **(R)** **17D:** The individual and group therapy hours were not separately documented **17E-1:** The individual therapy hours were less than 11.25 hours per week (7 days) without medical justification **(R)** **17F:** The beneficiary was non-compliant with therapy for more than 3 consecutive days **(R)** **17G:** The beneficiary plateaued for more than 3 consecutive days **(R)**