



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

1. Hospital UR Process	<p>1A: No documentation of secondary review by hospital Physician, but DHCS agrees with approval</p> <p>1B: No documentation of secondary review by hospital Physician and DHCS disagrees with approval (R)</p> <p>1C: Secondary review with documentation by hospital Physician and DHCS disagrees with approval (R)</p> <p>1D-1: No documentation of daily IQ/MCG review (exclude OB cert days) but DHCS agrees with approval</p> <p>1D-2: No documentation of daily IQ/MCG review (exclude OB cert days) and DHCS disagrees with approval (R)</p> <p>1E: No documentation of case management notes (exclude OB cert days)</p> <p>1F-1: Observation criteria used but DHCS agrees with approval</p> <p>1F-2: Observation criteria used and DHCS disagrees with approval (R)</p> <p>1G-1: No documentation of IQ/MCG prior to submitting claim but DHCS agrees with approval</p> <p>1G-2: No documentation of IQ/MCG prior to submitting claim and DHCS disagrees with approval (R)</p> <p>1H-1: Insufficient documentation (missing medical records and/or documents) but DHCS agrees with approval</p> <p>1H-2: Insufficient documentation (missing medical records and/or documents) and DHCS disagrees with approval (R)</p> <p>1J: IQ/MCG criteria were not met and secondary review by hospital physician denied the day(s), but hospital billed(R)</p>
2. Limited/Restricted Aid Codes	<p>2A: Elective procedure/non-emergent condition (specify) (R)</p> <p>2B: Services are not related to the emergent condition (R)</p> <p>2C: Does not qualify for acute administrative days (R)</p> <p>2D: Services not covered under aid code (examples: aid codes for ambulatory prenatal care only, BCCTP, etc.) (R)</p>
3. Delay	<p>3A: Delay of service (R)</p> <p>3B: Delay of discharge/transfer (R)</p>



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4. Administrative Days	4A: Physician notes that beneficiary can be discharged to NF (LLOC) but hospital continued to bill acute days (R) 4B: TB/COVID Admin Days- Beneficiary in isolation with probable TB or COVID related, requires LLOC (R) 4C: OB Admin Days- LOC no longer acute but remains in hospital for monitoring (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) 4G: Enrolled in Hospice - not eligible for acute administrative days (R) 4H: Documented bed hold day- not eligible for acute administrative days (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)
7. Hospice	7F: Hospice: (exception-review if diagnosis not related to terminal illness or pt. elected out of hospice) (R) If enrolled in Hospice and no disenrollment doc presented (requires TAR to Hospice)
8. Mental Health	8: Psychiatric days- paid by county Mental Health program (R)
10. Potential Outpatient	10: No intent for inpatient overnight stay: Beneficiary may have had an admission order but documentation did not support intent to admit overnight. Hospital may bill as Outpatient (R)
11. Other	11: May use this reason code if the variance does not fit in the above categories (potential recoupment)