

TYPE OF ACUTE	DESIGNATED PUBLIC HOSPITALS (DPH) TAR-FREE PROGRAM	NON-DESIGNATED PUBLIC HOSPITALS (NDPHs) & PRIVATE HOSPITALS <sup>1</sup> TAR-FREE PROGRAM
<b>General acute care inpatient stay – Full Scope Aid Code</b>	Hospital UR for each acute day utilizing InterQual®/MCG® – DHCS to review a statistically valid sample	Hospital UR for the admission utilizing InterQual®/MCG® – DHCS to review a statistically valid claim sample
<b>General acute care inpatient stay – Restricted Aid Code</b>	Hospital UR for each acute day utilizing InterQual®/MCG® and Medi-Cal restricted aid code coverage policy – DHCS to review a statistically valid sample	TAR for admission
<b>OB admission with delivery that falls within state authority<sup>2</sup> Normal vaginal delivery with a minimum inpatient stay of 48 hours or a caesarean section delivery with a minimum inpatient stay of 96 hours.</b>	No TAR or InterQual®/MCG® required <sup>3</sup>	No TAR or InterQual®/MCG® required <sup>3</sup>
<b>OB prolonged stays with delivery exceeding timeframe within <a href="#">state authority</a></b>	Hospital UR utilizing InterQual®/MCG® for each additional acute day outside of what is authorized under <a href="#">state authority</a>	No TAR or InterQual®/MCG® required
<b>OB admission without a delivery – Full Scope Aid Code</b>	Hospital UR for each acute day utilizing InterQual®/MCG® – DHCS to review a statistically valid sample	Hospital UR for the admission utilizing InterQual®/MCG® – DHCS to review a statistically valid claim sample

<sup>1</sup> NDPHs and Private hospitals that don't participate in the TAR-Free program continue to submit TARs for admissions only to ensure medical necessity is met. Since 2013-14, all DPHs remain TAR-Free, although a DPH may be put back on TAR for a period of time due to TAR-Free performance issues.

<sup>2</sup> Coverage for inpatient hospital care may be for a time less than 48 or 96 hours following a delivery, if prescribed by the treating physician and (1) the decision to discharge the mother and newborn is in consultation with mother; or (2) a post-discharge follow-up visit for mother and newborn occurs within 48 hours of discharge. ([Welfare and Institutions Code \(WIC\) Section 14132.42](#) and [California Code of Regulations \(CCR\), Title 22, Section 51327.](#))

<sup>3</sup> The applied standard of care is the same for mom and healthy baby, so they are billed direct and require no post-payment review. For DRG-paid hospitals, if a healthy baby becomes sick, the baby will split from mom via a separate admission requiring InterQual and post-payment review. If the mom requires additional days, the hospital will add new DRG diagnoses to the claim to increase their "standard" payment. For DPHs, any days that extend beyond the standard of care require additional daily InterQual and post-payment review.

TYPE OF ACUTE	DPH TAR-FREE PROGRAM	NDPH & PRIVATE HOSPITALS TAR-FREE PROGRAM
<b>OB admission without a delivery - Restricted Aid Code</b>	Hospital UR for each acute day utilizing InterQual®/ MCG® and Medi-Cal pregnancy-related care coverage policy – DHCS to review a statistically valid sample	TAR for admission
<b>Well baby stays - Full Scope and Restricted Aid Code (utilizing maternal aid code)</b>	No TAR or InterQual®/MCG® required, per <a href="#">state authority</a> <sup>2</sup>	No TAR or InterQual®/MCG® required, per <a href="#">state authority</a> <sup>2</sup>
<b>Neonate (sick baby) stays – Full Scope and Restricted Aid Code (utilizing maternal aid code)</b>	Hospital UR for each acute day utilizing InterQual®/MCG® – DHCS to review a statistically valid claim sample <i>(Please note that this does not apply to California Children's Services [CCS] or Service Authorization Requests)</i>	Hospital UR for the admission utilizing InterQual®/MCG® – DHCS to review a statistically valid claim sample <i>(Please note that this does not apply to CCS or Service Authorization Requests)</i>
<b>Acute Administrative Days (AAD)<sup>4</sup></b>	Hospital UR applying Medi-Cal policy and requirements – DHCS to review a statistically valid sample	TAR every day (per diem)*
<b>Acute Inpatient Intensive Rehabilitation (AIIR)</b>	Hospital UR utilizing InterQual®/MCG® – DHCS to review a statistically valid sample	TAR every day (per diem)
<b>Hospice – General Inpatient Care</b>	TAR every day	TAR every day (per diem)

<sup>4</sup> Acute Administrative Days are inpatient stay days for recipients who no longer require acute hospital care for one of the following reasons.

**Nursing Facility (NF) Administrative Days:**

When the patient's level of care is no longer acute, but they remain in the acute hospital pending placement into a NF. The patient must be at a NF level of care and the hospital must provide a daily call list indicating that placement attempts are being made.

**Obstetric (OB) Administrative Days:**

When the pregnant patient's level of care is no longer acute, but they remain in the acute hospital because they have a medical or nursing treatment need that requires medical and/or monitoring skills not available in any other setting.

**Tuberculosis (TB) Administrative Days:**

When the confirmed or suspected TB patient's level of care is no longer acute, but they remain in the acute hospital pending clearance by a public health officer or because a physician deems it necessary for the patient to require isolation to prevent the transmission or spread of TB to the community.

\*AAD, AIIR, and Hospice General Inpatient Care are paid via per-diem rates versus DRGs for NDPH and Private Hospitals.