
Treatment Authorization Request (TAR)

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This section includes authorization requirements for the Family PACT (Planning, Access, Care and Treatment) Program. Family PACT providers request authorization using a *Treatment Authorization Request* (TAR) form. TARs, with documentation of medical necessity, are used to obtain authorization for specific, pre-selected complication services including drugs. Family PACT treatment authorization requirements are stated in this manual.

TAR Overview

For general TAR information and form completion instructions, refer to the following sections in the Medi-Cal manuals.

- For general TAR information, refer to the *TAR Overview* section in the Part 1 manual.
- For TAR form completion instructions, refer to the *TAR Completion* section in the Part 2 manual.
- Pharmacy providers, refer to the *TAR Submission: Drug TARs* section in the Part 2 Medi-Cal manual for more information about drug authorization requirements.

Electronic Treatment Authorization Request (eTAR) Submission Guidelines

The TAR processing system will accept electronic treatment authorization transactions via the current electronic TAR (eTAR) system for Family PACT. Using the eTAR submission process, providers can create, update, inquire and view responses for TARs online. In addition, providers have access to the Code Search tool for code inquiries. Using eTAR eliminates mail and paper processing time.

To use the eTAR application, providers must have a *Medi-Cal Point of Service (POS) Network/Internet Agreement* form on file. This form is available on the Medi-Cal website (www.medi-cal.ca.gov) by clicking the “Forms” link. The web-based treatment authorization transaction is available on the Medi-Cal website by logging on to “Transaction Services” and clicking the “Online TAR Applications” link.

Note: Attachments for eTARs submitted via the attachment fax line (1-877-270-8779) must have a completed *TAR 3 Attachment* form as the cover sheet or first page for attachments.

Providers submitting eTARs for Family PACT must enter the ICD-10-CM diagnosis code without a decimal. For more information about eTAR submission, a tutorial is available on the Medi-Cal Learning Portal (MLP) page of the Medi-Cal website.

Paper TAR Submission

All paper TARs must be submitted to the TAR Processing Center at one of the following addresses:

TAR Processing Center
820 Stillwater Road
West Sacramento, CA 95605-1630

TAR Processing Center
P.O. Box 13029
Sacramento, CA 95813-4029

Authorization for Complication Services

Treatment authorization is required for services needed to evaluate and manage a complication, including office visits, procedures, facility use, laboratory, pharmacy and radiology. Treatment authorization must be obtained by enrolled Family PACT providers and all Medi-Cal providers who render Family PACT services by referral, including clinicians, radiologists, laboratories, pharmacies, facilities and hospitals. Providers generally should request authorization before rendering a service. For additional information about referring clients to Medi-Cal providers for services, refer to the *Provider Responsibilities* section in this manual.

Authorizations for drug substitutions are not allowed. Requests for drugs that are unrelated to the services of the Family PACT Program will be denied.

Outpatient Complication Services

Treatment authorization is required for outpatient services when:

- Complications are suspected or diagnosed that exceed the scope for the family planning (FP) and/or family planning-related services (FPRS). All complication services, including pharmacy, are pre-selected and listed in the *Benefits: Family Planning*, *Benefits: Family Planning-Related Services*, *Pharmacy Formulary* and *Clinic Formulary* sections in this manual.
- A Family PACT provider refers the client to a non-Family PACT provider specialist or consultant for evaluation and management of complications

Note: The consultant must be a Medi-Cal provider. Claims and TARs by a non-Family PACT provider must include the referring provider's NPI so the system can confirm that the referring provider is enrolled in Family PACT.

- Laboratory services are needed for the evaluation and management of pre-selected complications as listed in the *Benefits: Family Planning* and *Benefits: Family Planning-Related Services* sections in this manual.
- Radiology services are needed for the evaluation and management of pre-selected complications as listed in the *Benefits: Family Planning Services* and *Benefits: Family Planning-Related Services* sections in this manual.
- Drugs and supplies listed in the *Pharmacy Formulary* and *Clinic Formulary* sections in this manual are needed for treatment of pre-selected complications arising from a FP or a FPRS visit.

Inpatient Complication Services

Emergency and inpatient care requires an authorized TAR for hospital days and medical services. Only services for complications of contraceptive methods and/or complications of secondary related reproductive health conditions, as defined by the Family PACT Program, are covered services.

Code(s) and Modifier(s) on TAR and Claim Form Must Match

The procedure code(s) and modifier(s) on the claim must match the code(s) and modifier(s) authorized on the TAR. Failure to do so may result in denial of the claim.

Diagnosis Coding and Other TAR Requirements

An ICD-10-CM code is required on all Family PACT TARs. A second ICD-10-CM code may also be required. For additional information about coding for services to manage complications, refer to the *Benefits: Family Planning* and *Benefits: Family Planning-Related Services* sections in this manual.

<<Legend>>

<<Symbols used in the document above are explained in the following table.>>

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.