

TAR AUTHORIZATION

To ensure reimbursement, the appropriate Medi-Cal field office must authorize many elective/non-emergency services BEFORE you submit a claim. Providers request authorization by submitting a *Treatment Authorization* (TAR) form to the appropriate Medi-Cal field office.

BEFORE you provide a service to an eligible Medi-Cal beneficiary...

1. Identify Medi-Cal policy for billing the service and/or item.
 - Search the Medi-Cal provider manual online at www.medi-cal.ca.gov for information about the service. Providers can review service information by selecting a service category from the main provider manual page. Additionally, the "TAR Overview" section in the provider manual contains helpful information pertaining to TAR submission. Policy information in the provider manual should state if the service requires a TAR. If the service is billed with a CPT® code, check the *TAR and Non-Benefit List* in the appropriate Part 2 manual section to see if a TAR is required.
 - If the service requires a TAR you may submit an electronic TAR (eTAR) via the Medi-Cal portal or use the paper TAR submission process.
 - **Providers are encouraged to use eTAR which is a more efficient process.** For help with submitting eTARs, review the on-line tutorial located in the Medi-Cal portal (<http://.learn.medi-cal.ca.gov>). You may also contact the Medi-Cal Fiscal Intermediary for eTAR assistance by calling 1-800-541-5555. For paper TAR submission instructions, refer to the provider manual section on TAR completion. You may contact your local Medi-Cal field office if you need TAR orientation, clarification, or instructions. Refer to the manual section, *TAR Field Office Addresses*, to find your local Medi-Cal field office (see Item 4 for more information).
2. Determine whether the service and/or item falls into any of these categories:
 - Inpatient hospital stay *
 - Invasive procedure or surgery performed in a hospital, nursing facility or other institution**
 - Services or items prescribed by physician **
 - Prescriptions exceeding the allowable six per month
 - Pharmaceuticals not included in the *Medi-Cal List of Contract Drugs* located in the Pharmacy Manual.

If the answer is "YES" to any category above, you must submit a TAR to obtain authorization from the appropriate Medi-Cal field office. "Authorization" means approval/modification by a Medi-Cal field office consultant for a specified service prior to billing Medi-Cal.

* **Hospitals interested in using eTAR, the most efficient TAR submission process, should contact their local Medi-Cal field office to discuss the Electronic Health Record review option.**

** Medical, Inpatient and Outpatient providers may refer to the *TAR and Non-Benefit List*, in the manual section. Pharmacy providers may refer to the *Pharmacy* provider manual. Other services such as but not limited to durable medical equipment and physician administered drugs may require authorization.

3. Complete the TAR and ensure that the medical documentation you are submitting with the TAR specifically supports the medical necessity of the requested service. Refer to current CPT®, HCPCS or National Drug Code (NDC) references for the appropriate service codes.

Note: Be sure to enter your National Provider Identification (NPI) number correctly. An incorrect NPI can delay TAR processing or result in claim denial

4. The preferred method of submitting non-drug TARs is the eTAR application. However, mail or hand-delivered TARs with all supporting documentation is also accepted by your local Medi-Cal field office. Drug TARs are submitted electronically using eTAR or NCPDP or fax or mail. Contact the Northern or Southern Pharmacy Section, as appropriate for information about drug, enteral nutrition, or medical supply TARs.

Medi-Cal field office addresses and telephone numbers are listed in the *TAR Field Office Addresses* section of the Medi-Cal provider manual, which is located on the Medi-Cal website at www.medi-cal.ca.gov. (Search tip: In the search box for the Medi-Cal website enter "TAR Field Office Addresses" enclosed with quotation marks.) A chart in the section will tell you where to send your TAR, based on your county of operation (or border city) and the service requested.

5. When a TAR decision is rendered, you will receive an *Adjudication Response* (AR) letter. Please review it carefully. The TAR may be approved, modified, deferred, or denied.
 - Carefully check the valid authorization periods and the number of approved units.
 - A modified TAR is one in which a change, such as the number of units, has been made.
 - A deferred TAR, is one needing additional information for the field office to make a decision. The field office will indicate on the AR letter the additional information that should be submitted. If an eTAR has been deferred, you can update it using the eTAR application and submit the requested additional information. If a paper TAR has been deferred, you must mail a copy of the AR letter to the field office with the requested information.
 - Do not submit a new TAR unless instructed to do so.

AFTER you receive an approved TAR for an elective/non-emergency service and/or item that requires a TAR, you may bill the service or item to Medi-Cal.