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# 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 complication services, and for services that exceed the limitations noted, including drugs.»

## 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.
- For pharmacy authorization requirements, refer to the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov/>).

## 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.

**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 Providers website.

## **Paper TAR Submission**

All paper TARs must be submitted to the TAR Processing Center at one of the following addresses. «The TAR should be clearly marked “Family PACT” in the *Medical Justification* field (Box 8c) of the TAR form.»

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 Enrollment and Responsibilities* manual section.

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 limitations noted for the family planning (FP) and/or family planning-related services (FPRS). Complication services, including pharmacy, are listed in the *Benefits: Family Planning*, *Benefits: Family Planning-Related Services* and *Clinic Formulary* sections in this manual, and in the *Family PACT Pharmacy Formulary* on the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov>).
- 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 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 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 *Family PACT Pharmacy Formulary* on the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov/>) and the *Clinic Formulary* section in this manual are needed for treatment of complications arising from a family planning or a family planning-related visit.

## **«Inpatient Services»**

Emergency and inpatient care requires an authorized TAR for hospital days and medical services. «Placement or insertion of a contraceptive device requiring emergency or inpatient care, 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 with an authorized TAR».

## **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.

<b>Symbol</b>	<b>Description</b>
«	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.