

TAR UPDATE TRANSMITTAL FORM

GEN. (50-1) ☐

(50-2) ☐

FROM: HOME AND COMMUNITY-BASED SERVICES AGENCY

RETURN
TO:

CALIFORNIA MMIS FISCAL INTERMEDIARY
P.O. BOX 15200
SACRAMENTO, CA 95851-1200

Instructions for Consultant

1) Mark corrections clearly on the original copy of the *Treatment Authorization Request (TAR) or Adjudication Response (AR)* notice.

2) On this form fill in the corrected information only.

DO NOT fill in items which will not change.

3) If you wish to CANCEL the TAR:

* Write "CANCEL" in the COMMENTS/EXPLANATION on the right side of this form.

Be sure to change the "TO DATE," which should match the effective date.

4) Fill in the original TAR Control Number, Effective Date of Change, and sign at the bottom of this form.

5) Attach the corrected TAR or AR to this form and mail to the address above.

NOTE: This address has been positioned to fit a window envelope.

PROVIDER: YOUR REQUEST IS:



APPROVED
AS
REQUESTED



APPROVED AS
MODIFIED
SEE COMMENTS BELOW



DENIED
REASON AND ALTER
NATE TREATMENT
PLAN RECOMMENDED
BELOW



DEFERRED



JACKSON VS RANK
PARAGRAPH CODE

ID. NO.

DATE

COMMENTS/EXPLANATION

*

ADMITTING
ICD-10-CM

CURRENT
ICD-10-CM CODE

RETROACTIVE AUTHORIZATION
GRANTED IN ACCORDANCE
WITH SECTION 51003 (6)

AUTHORIZATION IS VALID FOR SERVICES PROVIDED

FROM DATE

TO DATE

LINE NO.	AUTHORIZED		APPROVED AS IS	SPECIFIC SERVICES REQUESTED	UNITS OF SERVICE	PROCEDURE OR DRUG CODE	QUANTITY	CHARGES
	YES	NO						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

<input type="text"/>	ORIGINAL/ADMIT TAR CONTROL NO.	<input type="text"/>	BY: (MEDI-CAL CONSULTANT) X	DATE CHANGE EFFECTIVE / /
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OFFICE

SEQUENCE #

P.I.