

# TAR UPDATE TRANSMITTAL FORM

GEN. (50-1)  (50-2)

FROM: HOME AND COMMUNITY-BASED SERVICES AGENCY

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 \_\_\_\_\_

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:

<input checked="" type="checkbox"/> APPROVED AS REQUESTED	<input type="checkbox"/> APPROVED AS MODIFIED SEE COMMENTS BELOW
<input checked="" type="checkbox"/> DENIED REASON AND ALTER NATE TREATMENT PLAN RECOMMENDED BELOW	<input checked="" type="checkbox"/> DEFERRED
<input type="checkbox"/> JACKSON VS RANK PARAGRAPH CODE	
ID. NO. <input type="text"/>	DATE <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D <input type="text"/> Y <input type="text"/> Y

COMMENTS/EXPLANATION \*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
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ADMITTING ICD-10-CM	CURRENT ICD-10-CM CODE
<input type="text"/>	<input type="text"/>

RETROACTIVE AUTHORIZATION GRANTED IN ACCORDANCE WITH SECTION 51003 (6)

AUTHORIZATION IS VALID FOR SERVICES PROVIDED

FROM	DATE	TO	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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"/>

OFFICE	ORIGINAL/ADMIT TAR CONTROL NO.	BY: (MEDI-CAL CONSULTANT) X	DATE CHANGE EFFECTIVE / /
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