TAR and Non-Benefit: Introduction to List

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‹‹The *Treatment Authorization Request* (TAR) and Non-Benefit lists that follow this section list CPT® Category I codes and Proprietary Laboratory Analyses (PLA) codes, descriptions and benefit restrictions. Any CPT Category I code or PLA code in the American Medical Association (AMA) publications currently valid for Medi-Cal but not listed in the TAR and Non-Benefit List is a Medi-Cal benefit without the listed restrictions.›› If you are uncertain about the authorization requirements, or suspect that this list contains an error, contact the Telephone Service Center (TSC) at 1-800-541-5555.

Note: ‹‹Refer to AMA publications for complete descriptions of the listed CPT and PLA codes.››

The previous number system for Non-Benefit (1), Requires TAR, Primary Surgeon/Provider (2) and Non-Benefit, Assistant Surgeon (3) are no longer in use.

Non-Benefit

‹‹Medi-Cal does not provide reimbursement for all CPT Category I or PLA codes associated with various covered Medi-Cal benefits and services. In these instances, the CPT Category I or PLA codes are classified a "non-benefit" of Medi-Cal. However, Medi-Cal may provide reimbursement for a CPT Category I code with an approved TAR if medical necessity is established.›› For instructions on submitting an electronic TAR (eTAR) for a non-benefit, refer to the "eTAR Submission Guidelines" in the TAR Overview section of the Part 1 manual.

Medi-Cal currently does not reimburse most CPT Category II or Category III codes and does not publish a list of such codes If a provider believes that billing for a CPT Category II or Category III code is medically necessary, they must submit a TAR prior to claim submission.

Requires TAR, Primary Surgeon/Provider

Requires TAR, Primary Surgeon/Provider require a TAR for the primary surgeon or provider whether performed on an inpatient or outpatient basis. Podiatrists should refer to the *Podiatry Services* section in the appropriate Part 2 manual for authorization requirements. Anesthesiologists and assistant surgeons do not need a TAR for services with benefit restrictions Requires TAR, Primary Surgeon/Provider.

Non-Benefit, Assistant Surgeon

Medi-Cal will not reimburse assistant surgeon services for non-benefit assistant surgeon. Do not bill the assistant surgeon modifier for non-benefit assistant surgeon.

Inpatient Hospitalization Stay: Authorization Reminder

Authorization for an inpatient hospital stay may be required, even if the procedure being performed does not require a TAR. Refer to the *Diagnosis-Related Groups (DRG): Inpatient Services* section in the *Inpatient Services* provider manual.

Authorization may be requested by either the physician performing the procedure or the hospital providing the inpatient stay.

‹‹Biomarker and Pharmacogenetic Testing

Medi-Cal covers medically necessary biomarker and pharmacogenomic testing, as described in the *Proprietary Laboratory Analyses* and *Pathology: Molecular Pathology* section of the Provider Manual. However, Medi-Cal may not cover all CPT Category I or PLA codes associated with particular biomarker or pharmacogenomic tests. In these cases, the particular biomarker or pharmacogenomic test may nevertheless be covered with an approved TAR if medical necessity is established.››

‹‹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.