

---

## **TAR and Non-Benefit: Introduction to List**

---

Page updated: August 2023

«The *TAR and Non-Benefit* lists that follow this section list CPT® Category I codes and descriptions along with benefit restrictions. Any CPT Category I code in the CPT book 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 American Medical Association (AMA) CPT publications for complete descriptions of the listed 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 may provide reimbursement for a non-benefit with an approved *Treatment Authorization Request* (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.

**<<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.