

Treatment Authorization Request (TAR)

Introduction

Purpose

The purpose of this module is to provide an overview of the *Treatment Authorization Request* (TAR) process and to review completion requirements for the *Treatment Authorization Request* (50-1) form and the *Request for Extension of Stay in Hospital* (18-1) form.

Module Objectives

- Explain TAR description and submissions
- Discuss medical justification and medical necessity documentation requirements
- Identify critical data areas required to complete a *Treatment Authorization Request* (50-1) form and a *Request for Extension of Stay in Hospital* (18-1) form
- Review the *Adjudication Response* (AR)

Acronyms

A list of current acronyms is located in the *Appendix* section of each complete workbook.

TAR Description

Authorization requirements are applied to specific procedures and services according to state and federal law. Certain medical procedures and services require authorization from the Department of Health Care Services (DHCS) before reimbursement is approved.

All paper TARs should be submitted to the TAR Processing Center. To acquire treatment authorization, mail the *Treatment Authorization Request (50-1)* form or the *Request for Extension of Stay in Hospital (18-1)* form to one of the following addresses:

Attn: TAR Processing Center
California MMIS Fiscal Intermediary
820 Stillwater Road
West Sacramento, CA 95605-1630

Attn: TAR Processing Center
California MMIS Fiscal Intermediary
P.O. Box 13029
Sacramento, CA 95813-4029

Notes:

Documentation Requirements

Medical Justification

The provider is responsible for providing all necessary documentation and justification for TAR processing. Information regarding proper medical justification is found in the *TAR Overview (tar)* section in the Part 1 provider manual.

Medical Necessity

The Medi-Cal program defines medical necessity as the provision of health care services that are reasonable and necessary to protect life, prevent significant illness or significant disability or alleviate severe pain.

Authorization may be granted when the services requested are reasonably expected to:

- Restore lost functions
- Minimize deterioration of existing functions
- Provide necessary training in the use of orthotic or prosthetic devices
- Provide the capability for self-care, including feeding, toilet activities and ambulation

Authorization may be granted when failure to achieve the goals listed above would result in the loss of life or result in significant disability.

TAR 50-1 Form

Form Completion Process

Physicians, podiatrists, pharmacies, medical supply dealers, outpatient clinics and laboratories use the TAR 50-1 form to request approval from a Medi-Cal TAR field office consultant for certain procedures/services.

Note: Refer to the *TAR Completion (tar comp)* section of the Part 2 provider manual for additional TAR completion instructions for Family PACT, BCCTP and HCPCS Code Conversion. The following pages include excerpts from the *TAR Completion (tar comp)* section.

If you are unsure if a procedure requires authorization, contact the California Medicaid Management Information System (California MMIS) Fiscal Intermediary Telephone Service Center (TSC) at 1-800-541-5555.

C Treatment Authorization Request (TAR)

Page updated: September 2020

Treatment Authorization Request (50-1) Form

STATE
USE
ONLY

1

5

TYPEWRITER ALIGNMENT
Elite Pica

CONFIDENTIAL PATIENT INFORMATION

FOR F.I. USE ONLY

1A

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40

F.I. USE ONLY

41

42

43

TYPEWRITER ALIGNMENT
Elite Pica

43

TREATMENT AUTHORIZATION REQUEST

STATE OF CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

(PLEASE TYPE)

FOR PROVIDER USE

VERBAL CONTROL NO. 1B

2 DRUG OTHER YES NO

REQUEST IS RETROACTIVE? YES NO

IS PATIENT MEDI-CARE ELIGIBLE? YES NO

PROVIDER PHONE NO. 2A

3 PROVIDER NUMBER

PROVIDER NAME AND ADDRESS 2B

NAME AND ADDRESS OF PATIENT

PATIENT NAME (LAST, FIRST, M.I.) 4

MEDI-CAL IDENTIFICATION NO. 5

SEX AGE DATE OF BIRTH 7 8

PATIENT STATUS: HOME BOARD & CARE 8A

SNF / ICF ACUTE HOSPITAL

DIAGNOSIS DESCRIPTION: 8B

MEDICAL JUSTIFICATION: 8C

9

(PLEASE TYPE)

FOR STATE USE

PATIENT'S AUTHORIZED REPRESENTATIVE (IF ANY)
ENTER NAME AND ADDRESS:

32A

33

33 PROVIDER; YOUR REQUEST IS:

1 APPROVED AS REQUESTED DENIED DEFERRED

2 APPROVED AS MODIFIED (ITEMS MARKED BELOW AS AUTHORIZED MAY BE CLAIMED) JACKSON VS RANK PARAGRAPH CODE

BY _____ MEDI-CAL CONSULTANT REVIEW COMMENTS INDICATOR

I.D. # DATE

34 35 44

COMMENTS/EXPLANATION

RETROACTIVE AUTHORIZATION GRANTED IN ACCORDANCE WITH SECTION 51003 (b)

36 1 2 3 4 5 6 36

LINE NO.	AUTHORIZED Y/N	APPROVED UNITS	SPECIFIC SERVICES REQUESTED	UNITS OF SERVICE	NDC/UPN OR PROCEDURE CODE	QUANTITY	CHARGES
1	9	10	10 10A	10B	11 11	12	12A
2	13	14			15	16	
3	17	18			19	20	
4	21	22			23	24	
5	25	26			27	28	
6	29	30			31	32	

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE, ACCURATE AND COMPLETE AND THE REQUESTED SERVICES ARE MEDICALLY INDICATED AND NECESSARY TO THE HEALTH OF THE PATIENT.

39A

SIGNATURE OF PHYSICIAN OR PROVIDER _____ TITLE _____ DATE _____

37 FROM DATE 38 DATE

TAR CONTROL NUMBER

39 OFFICE SEQUENCE NUMBER P1

39

NOTE: AUTHORIZATION DOES NOT GUARANTEE PAYMENT. PAYMENT IS SUBJECT TO PATIENT'S ELIGIBILITY. BE SURE THE PATIENT'S ELIGIBILITY IS CURRENT BEFORE RENDERING SERVICE.

PROVIDER COPY 50-1 03/07

C Treatment Authorization Request (TAR)

Page updated: September 2020

Table of TAR 50-1 Form Fields and Instructions

Locator #	Form Field	Instructions
1	State Use Only	Leave this area blank.
1A	Claim Control Number	For FI Use only. Leave blank.
1B	Verbal Control Number	Providers may enter a fax number in this field to receive an AR for the submitted TAR by fax, instead of standard mail. If a fax number is entered, an AR will not be mailed to the provider for the related TAR that was submitted. All other providers will not receive an AR by fax and should leave this field blank.
2	Type of Service Requested/ Retroactive Request/Medicare Eligibility Status	Enter an "X" in the appropriate boxes to show Drug or Other, Retroactive request and Medicare eligibility status
2A	Provider Phone Number	Enter the telephone number and area code of requesting provider.
2B	Provider Name & Address	Enter provider name and address, including nine-digit ZIP code.
3	Provider Number	Enter the National Provider Identification (NPI) number for the Medi-Cal rendering provider in this area. When requesting authorization for an elective hospital admission, the hospital NPI number must be entered in this box. (Enter the hospital name in the <i>Medical Justification</i> field. If this information is not present, the TAR will be returned to the provider unprocessed.)
4	Patient Name, Address, and Telephone Number	Enter recipient information in this area.
5	Medi-Cal Identification Number	When entering only the recipient's identification number from the Benefits Identification Card (BIC), begin in the farthest left position of the field. For Family PACT requests, enter the client's Health Access Programs (HAP) card ID number, instead of the BIC number. Do not enter any characters (dashes, hyphens, special characters) in the remaining blank positions of the <i>Medi-Cal ID</i> field or in the <i>Check Digit</i> box. The county code and aid code must be entered just above the recipient Medi-Cal Identification Number field.
6	Pending	Leave blank.

C Treatment Authorization Request (TAR)

Page updated: September 2020

Table of TAR 50-1 Form Fields and Instructions, Continued

Locator #	Form Field	Instructions
7	Sex and Age	Use the capital "M" for male or "F" for female. Enter the age of the recipient in the Age box.
8	Date of Birth	Enter the recipient's date of birth in a six-digit format (MMDDYY). If the recipient's full date of birth is not available, enter the year of the recipient's birth preceded by "0101."
8A	Patient Status	Enter the recipient's residential status. If the recipient is an inpatient of a Nursing Facility (NF) Level A or B, enter the name of the facility in the <i>Medical Justification</i> field.

Notes:

C Treatment Authorization Request (TAR)

Page updated: September 2020

Table of TAR 50-1 Form Fields and Instructions, Continued

Locator #	Form Field	Instructions
8B	Diagnosis Description and ICD-9-CM Diagnosis Code	Always enter the English description of the diagnosis and its corresponding code from the ICD-10-CM codebook.
8C	Medical Justification	<p>Provide sufficient medical justification for the consultant to determine whether the service is medically justified. If necessary, attach additional information. If the recipient is a patient in an NF-A or NF-B, enter the name of the facility in the <i>Medical Justification</i> field.</p> <p>Family PACT: Enter “Family PACT Client” on the first line of this field. Enter a secondary ICD-10-CM diagnosis code when the TAR is for complications of a secondary related reproductive health condition. If applicable, attach a copy of the <i>Family PACT Referral</i> form from the enrolled Family PACT provider.</p> <p>Note: For BCCTP requests: providers requesting services of an urgent nature in relation to breast and cervical cancer treatment for a recipient with a BCCTP aid code should enter the words “URGENT/BCCTP” in bold, black letters in this field.</p> <p>TARs for HCPCS Code Conversions: providers should write “Code Conversion TAR” and the previously approved TAR number in this area. For more information about code conversion TARs, see “Local-to-HCPCS Code Conversion Guidelines” in this section.</p>
9	Authorized Yes/No	<p>Leave blank.</p> <p>Consultant will indicate on the AR if the service line item is authorized.</p>
10	Approved Units	<p>Leave blank.</p> <p>Consultant will indicate on the AR the number of times that the procedure, item or days have been authorized.</p>
10A	Specific Services Requested	Indicate the name of the procedure, item or service.
10B	Units of Service	Leave blank.
11	NDC/UPC or Procedure Code	Enter the anticipated code (five-character HCPCS, five-digit CPT-4 [followed by a two-digit modifier when necessary] or an 11-digit NDC code). When requesting hospital days, the stay must be requested on the first line of the TAR with the provider entering “Day” or “Days.”

C Treatment Authorization Request (TAR)

Page updated: September 2020

Table of TAR 50-1 Form Fields and Instructions, Continued

Locator #	Form Field	Instructions
12	Quantity	Enter the number of times a procedure or service is requested, or the number of hospital days requested. Drugs requested should have the amount to be dispensed on each fill. Enter the total number of tablets, capsules, volume of liquid (ml) or quantity of ointments/creams (grams).
12A	Charges	Indicate the usual and customary dollar amount for the service(s) requested. If an item is a taxable medical supply, include the applicable state and county sales tax. For additional information, refer to the <i>Taxable and Non-Taxable Items</i> (tax) section in the appropriate Part 2 provider manual.
13 thru 32	Additional Lines 2 thru 6	Additional TAR lines. Up to six drugs or supplies may be requested on one TAR.
32A	Patient's Authorized Representative (If Any) Enter Name and Address	If applicable, enter the name and address of the recipient's authorized representative, representative payee, conservator, legal representative or other representative handling the recipient's medical and/or personal affairs.
33 thru 36	For State Use	Leave blank. Consultant's determination and comments will be returned on the AR. Note: Only submit the claim if the AR decision is Approved as Requested or Approved as Modified. <u>Denied</u> and <u>deferred</u> decisions indicate that the provider's request has not been approved.
37 thru 38	Authorization is Valid for Services Provided From Date/To Date	Leave blank. The AR will indicate valid dates of authorization for the TAR.

C Treatment Authorization Request (TAR)

Page updated: September 2020

Table of TAR 50-1 Form Fields and Instructions, Continued

Locator #	Form Field	Instructions
39	TAR Control Number	Leave blank. The AR will indicate the 11-digit number that must be entered on the claim form when this service is billed. This number will show that authorization has been obtained. <u>Do not attach a copy of the AR to the claim form.</u> The TAR Control Number on a TAR 50-1 may serve as the initial admit TAR # on an elective admission for the hospital.
39A	Signature of Physician or Provider	Form must be signed by the physician, pharmacist or authorized representative.
40 thru 43	F.I. Use Only	Leave blank.

Knowledge Review 1

List two requirements for a retroactive TAR.

1.) _____

2.) _____

See the Appendix for the Answer Key.

Request for Extension of Stay in Hospital (18-1) Form

Form Completion Process

Information regarding *Request for Extension of Stay in Hospital (18-1)* form is located in the *TAR Request for Extension of Stay in Hospital (Form 18-1)* (tar req ext) section and the *Diagnosis-Related Groups (DRG): Inpatient Services* (diagnosis ip) section in the Part 2 *Inpatient Services* provider manual. The following pages include excerpts from the TAR 18-1 form section.

Emergency Admissions (18-1 TAR)

Authorization for hospital emergency admissions is always requested by the hospital on a *Request for Extension of Stay in Hospital (18-1)*. All non-emergency, non-obstetrical admissions require authorization on a 50-1 TAR.

If the emergency admission does not meet the definition of emergency services as set forth in *California Code of Regulations (CCR)*, Title 22 Section 51056(a), the Medi-Cal consultant will deny the day of admission. (See CCR, Title 22, Section 51056[b]). The denial of the day of admission will apply to all types of admissions (medical, surgical, psychiatric, etc.).

Diagnosis-Related Groups (DRG)

To be reimbursed, most inpatient services require authorization. Claims submitted for services rendered without an approved TAR may be denied.

Note: Obstetric admissions associated with a delivery do not require either an admit or daily TAR in cases where both the mom and newborn remain healthy. If the newborn becomes sick, an admit TAR must be submitted for the entire hospital stay, starting the day of admission. Refer to “Admit TAR and Daily TAR” information in this section for more information.

Elective Acute Admissions

All elective acute inpatient admissions, except for certain excluded admissions, are reviewed for medical necessity and authorized, as appropriate, using a TAR (50-1).

C Treatment Authorization Request (TAR)

Page updated: September 2020

Request for Extension of Stay in Hospital (TAR 18-1) Form

STATE OF CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

STATE OF CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

1. CLAIMS CONTROL NUMBER F.I. USE ONLY

2 **3** **4** **5**

STATE USE ONLY

CONFIDENTIAL PATIENT INFORMATION

PLEASE TYPE ALL INFORMATION TYPEWRITER ALIGNMENT

HOSPITAL USE ELITE PICA

HOSPITAL USE

ADMIT TAR NUMBER (ORIGINAL AUTHORIZATION NUMBER) **6**

ADMIT DATE **7** MONTH **8** DAY **9** YEAR

PROVIDER NUMBER **10A** PROVIDER PHONE NO. **10B** PROVIDER NAME **10C**

PATIENT MEDICAL ID NO. **11** PATIENT NAME **14B**

SEX **12** DATE OF BIRTH **13** **14** MONTH **14** DAY **14** YEAR **14A**

DISCHARGE DATE **20** MONTH **20** DAY **20** YEAR **20**

ADMITTING DIAGNOSIS DESCRIPTION **21A**

FOR PHYSICIAN- PLEASE PROVIDE SUFFICIENT ESSENTIAL DETAIL TO PERMIT A REASONABLE EVALUATION OF THE LENGTH AND LEVEL OF CARE REQUESTED.

CURRENT DIAGNOSIS **22**

PATIENT'S AUTHORIZED REPRESENTATIVE (IF ANY) ENTER NAME AND ADDRESS **18A**

DESCRIBE CURRENT CONDITION REQUIRING EXTENSION, INCLUDE PERTINENT LAB AND X-RAY REPORTS WITH DATES.

WHAT PLANNED PROCEDURES WILL REQUIRE THIS EXTENSION, INCLUDE DATES WHEN POSSIBLE.

HOSPITAL: TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS TRUE AND ACCURATE AND COMPLETE AND THE REQUESTED SERVICES ARE MEDICALLY INDICATED AND NECESSARY TO THE HEALTH OF THE PATIENT.

SIGNATURE OF PROVIDER **42B** DATE

TYPE OR PRINT NAME OF RESPONSIBLE PHYSICIAN **22B** DATE

MEDI-CAL CONSULTANT- VALIDATING INFORMATION AND EXPLANATION

FOR STATE USE ONLY

23 DENIED **24** APPROVED AS REQUESTED **25** APPROVED AS MODIFIED

26 DAYS OF THIS HOSPITALIZATION ARE DENIED (SEE COMMENTS)

27 DAYS **28** M M D D **29** M M D D **30** M M D D **31** M M D D **32** M M D D **33** M M D D **34** M M D D **35** M M D D

36 M M D D **37** M M D D **38** M M D D **39** M M D D **40** M M D D **41** M M D D

42 JACKSON VS RANK PARAGRAPH CODE **42A**

43 BY **44** ID NO. **45** TAR CONTROL NUMBER

DATE **43** MONTH **44** DAY **44** YEAR

REVIEW COMMENTS INDICATOR

DELEGATIVE AUTHORIZATION GRANTED IN ACCORDANCE WITH SECTION 51003 (B)

NOTE: AUTHORIZATION DOES NOT GUARANTEE PAYMENT. PAYMENT IS SUBJECT TO PATIENT'S ELIGIBILITY. BE SURE THE PATIENT'S ELIGIBILITY IS CURRENT BEFORE RENDERING SERVICE.

18-1 3/07

C Treatment Authorization Request (TAR)

Page updated: September 2020

Table of TAR 18-1 Form Fields and Instructions

Locator #	Form Field	Instructions
1	Claims Control Number	Leave blank. For FI use only.
2 thru 5	F.I. Use Only	Leave blank.
6	Admit TAR Number (Original Authorization Number)	Enter the 11-digit TAR Control Number from the original admitting TAR when additional hospital days are requested. The <i>Emergency Admit</i> field (Box 9) must be left blank when the <i>Admit TAR Number</i> field is completed. For emergency admits, refer to Item 9.
7	Admit Date	Enter the date of admission using the six-digit format (MMDDYY).
8	Authorization Expires	Enter the date the current TAR expires.

C Treatment Authorization Request (TAR)

Page updated: September 2020

Table of TAR 18-1 Form Fields and Instructions (continued)

Locator #	Form Field	Instructions
9	Emergency Admit	<p>Enter an "X" if the patient was admitted to the hospital on an emergency basis and this is the initial authorization. Leave blank on subsequent extension TARs for the recipient. Refer to a previous page for detailed information about emergency admissions.</p> <p>Providers requesting an approval of emergency admission, transfer or extension of hospital stay on the 18-1 form must complete the following fields accurately:</p> <ul style="list-style-type: none"> • The <i>Patient Medi-Cal ID No.</i> (Box 11) should be copied from the patient's current BIC and must match the ID number on the claim form. This recipient identifier is either the 14-digit recipient ID, the nine-digit CIN from the BIC or the nine-digit SSN. When using the SSN, enter the county code and aid code below Box 11. • The <i>Provider Number</i> (Box 10) should be complete and correct provider number of the hospital (nine digits). • The <i>Number of Days Requested</i> (box 17) is the total number of days requested on this extension. • The <i>Admitting ICD-9-CM</i> (Box 21) and <i>Current ICD-9-CM</i> (Box 22) should be completed using the <i>International Classification of Diseases, 10th Revision, Clinical Modification</i>. <p>Note: This form has not been updated to reflect an ICD-10-CM field label name.</p> <p>The <i>Admit TAR Number (Original Authorization Number)</i> (Box 6) should contain the TAR Control Number (TCN) from the TAR (50-1) for elective and urgent admissions. On emergency admissions, the TCN from the original or first 18-1 is placed in the <i>Admit TAR Number</i> box. The Admit TAR Number is used to link subsequent extensions to the original admitting TAR for the purpose of claims submittal.</p>
10	Provider Number	Enter the Provider Number/NPI
10A	Provider Phone Number	Enter the provider's telephone number including area code.

C Treatment Authorization Request (TAR)

Page updated: September 2020

Table of TAR 18-1 Form Fields and Instructions, Continued

Locator #	Form Field	Instructions
10B	Verbal Control	Providers may enter a fax number in this field to receive an AR for the submitted TAR by fax instead of standard mail. If a fax number is entered in this field, an AR will not be mailed to the provider for the related TAR that was submitted.
10C	Provider Name and Address	Enter the name of the hospital, street address, city, state and nine-digit ZIP code.
11	Patient Medi-Cal ID Number and Check Digit	Enter the recipient's 14-digit Medi-Cal ID number from the BIC, the nine-digit CIN from the BIC or the nine-digit SSN (without the check digit placed in this <i>Patient Medi-Cal ID No.</i> field). Enter the county code and aid code below Box 11.
12	Pend	Leave blank.
13	Sex	Enter the patient's gender. <ul style="list-style-type: none"> • "F" for female • "M" for male
14	Date of Birth	Enter the recipient's date of birth in six-digit format (MMDDYY).
14A	Age	Enter the recipient's age.
14B	Patient Name	Enter the recipient's last name, first name and middle initial.

Notes:

C Treatment Authorization Request (TAR)

Page updated: September 2020

Table of TAR 18-1 Form Fields and Instructions, Continued

Locator #	Form Field	Instructions
15	Medicare Status	If Medicare is not billed, enter the appropriate Medicare status code number. Refer to <i>the UB-04 Completion: Inpatient Services</i> section in the manual for a listing of Medicare status codes. Note: If a patient's EVC label shows a "2" indicating Medicare coverage, and Medicare is not billed, the Medicare status code must be other than "0" regardless of the age of the patient.
16	Other Coverage	Enter an "X" if the recipient has other insurance or Other Health Coverage (OHC). Note: Eligibility under Medicare is not considered other coverage. Refer to the Other Health Coverage (OHC) Guidelines for Billing section in the Part 1 manual for information on OHC and the coding system used in connection with billing OHC carriers and/or Medi-Cal.
17	Number of Days	Enter the number of days requested on the TAR. This requirement applies to hospitals, regardless of diagnosis-related groups' (DRG) reimbursement, billing for restricted aid codes as well as administrative and rehabilitation services. DRG Admit TAR: Enter "1". Daily TAR: Enter the number of days requested. An admit TAR is a TAR that is submitted to request authorization for the entire hospital stay. It differs from a daily TAR that identifies the specific number of hospital days for which authorization is requested.
18	Type of Days	Enter the code indicating type of days requested. 0: Acute 2: Administrative 3: Subacute administrative ventilator dependent 4: Subacute administrative non-ventilator dependent
19	Retroactive	Enter a capital "X" if this request is retroactive.
20	Discharge Date	Enter the date the patient was discharged from the facility. DRG: Enter the date following the date of admission.
21	Admitting ICD-9-CM	Enter the numeric code for the admitting diagnosis from the ICD-10-CM codebook.

C Treatment Authorization Request (TAR)

Page updated: September 2020

Table of TAR 18-1 Form Fields and Instructions, Continued

Locator #	Form Field	Instructions
21A	Admitting Diagnosis Description and ICD-9-CM Diagnosis Code	Always enter the English description of the diagnosis from the ICD-10-CM codebook.
22	Current Diagnosis	Enter the current ICD-10-CM diagnosis code and medical justification. Provide sufficient medical justification for the Medi-Cal consultant to determine whether the service is medically necessary. Attach additional information, if necessary. If the patient is admitted from a Nursing Facility Level A (NF-A) or Nursing Facility Level B (NF-B), enter the name of the facility in the description of condition block. On requests submitted by a non-medical provider, the full name of the prescriber and office telephone number must appear in the lower left-hand corner of this section, for example, John J. Smith, M.D., (916) 100-0000.
22A	Patient's Authorized Representative	Enter the name and address (if known) of the patient's authorized representative, representative payee, conservator, legal representative or other representative handling the recipient's medical and personal affairs.
22B	Signature of Responsible Physician	Must be signed and dated by the admitting physician or other licensed personnel with admitting privileges. The provider assumes full legal responsibility to DHCS for the information provided by the representative. Original signatures are required.
22C	Medi-Cal Consultant – Validating Information and Explanation.	Leave blank; for Medi-Cal consultant use only.
23 thru 42	For State Use Only	Leave blank.
42A	Sub. Admin. Vent/Sub Admin N-Vent	Leave blank. The Medi-Cal field office consultant will mark the appropriate box. If billing for subacute care, enter the accommodation code on the claim that corresponds to the checked box on the TAR.

C Treatment Authorization Request (TAR)

Page updated: September 2020

Table of TAR 18-1 Form Fields and Instructions, Continued

Locator #	Form Field	Instructions
42B	Medi-Cal Consultant	Leave blank.
43 thru44	ID. No./Date	Leave blank, for Medi-Cal consultant use only.
45	TAR Page updated: September 2020	This number is imprinted on the form and will have a prefix and suffix added to it by the Medi-Cal consultant. Leave blank.


Authorization Findings

Adjudication Response

Providers no longer receive TAR adjudication results on a paper TAR. Instead, providers receive an *Adjudication Response (AR)* via the internet with the following information, as appropriate:

- The status of the requested services
- Information required to submit a claim for TAR-approved services
- The reason(s) for the decision(s)
- TAR decisions resulting from an approved or modified appeal
- The TAR consultant's request for additional information, if necessary
- The Pricing Indicator (PI) needs to be added to the TAR Control Number (TCN) when submitting a claim

Providers should keep a copy of the AR for resubmitting a deferred paper TAR, or when requesting an update or correction to a previously approved or modified paper TAR.

State of California - Health and Human Services Agency Department of Health Care Services		CONFIDENTIAL								
		ADJUDICATION RESPONSE								
Provider Number: 0099219517 NPI TST CLINIC 3.1 3215 PROSPECT PARK DR RANCHO CORDOVA, CA 95670-6017		DCN (Internal Use Only): 123456789101 Date of Action: 12/27/2018 04:47 PM Regarding: Jane Doe TAR Control Number: 9876543210 Patient Record #: 12345								
This is to inform you that a Treatment Authorization Request has been adjudicated. If you have any questions regarding this adjudication response, please contact your local Medi-Cal Field Office. The decision(s) follow:										
Svc #	Svc Code	Modifier(s)	From Date of Service	Thru Date of Service	Units	Quantity	% Var	Price	Status	PI
1	123ABC		01-01-2018	01-31-2018	12,345	1,000,000.123		9.99	Approved	1
Svc Desc :		Service Description 1								
2	ABC123		01-01-2018	01-31-2018	12,345	1,000,000.123			Modified	0
Svc Desc :		Service Description 2								
Reason(s):		GEN: Modified, refer to comments								
Comment(s):		Comments from Field Office Consultant 2								
3	ABC123		01-01-2018	01-31-2018	12,345	1,000,000.123		9,999,999.99	Denied	3
Svc Desc :		Service Description 3								
Reason(s):		GEN: Denied, refer to comments								
Comment(s):		Comments from Field Office Consultant 3								
4	ABC123		01-01-2018	01-31-2018	12,345	1,000,000.123		9,999,999.99	Deferred	5
Svc Desc :		Service Description 4								
Reason(s):		GEN: Deferred, refer to comments								
Comment(s):		Comments from Field Office Consultant 4								
Authorization does not guarantee payment. Payment is subject to Patient's eligibility. Please ensure that the Patient's eligibility is current before rendering service.										
If you have received this document in error, please call the Telephone Service Center, 1-800-541-5555 in California, 1-916-636-1200 out-of-state (follow the prompts for eTAR), to notify the sender. Please destroy this document via shredder or confidential destruction.										


C Treatment Authorization Request (TAR)

Page updated: September 2020

TAR Control Number and Pricing Indicator

The last column on the AR will contain the Pricing Indicator (PI) number.

When submitting claims, the PI number should be included as the last digit (11th) of the TAR Control Number (TCN). Failure to use the PI when billing will cause the claim to be denied.

State of California - Health and Human Services Agency Department of Health Care Services		CONFIDENTIAL								
		ADJUDICATION RESPONSE								
Provider Number: 0099219517 NPI TST CLINIC 3.1 3215 PROSPECT PARK DR RANCHO CORDOVA, CA 95670-6017				DCN (Internal Use Only): 123456789101 Date of Action: 12/27/2018 04:47 PM Regarding: Jane Doe TAR Control Number: 9876543210 Patient Record #: 12345						
This is to inform you that a Treatment Authorization Request has been adjudicated. If you have any questions regarding this adjudication response, please contact your local Medi-Cal Field Office. The decision(s) follow:										
Svc #	Svc Code	Modifier(s)	From Date of Service	Thru Date of Service	Units	Quantity	% Var	Price	Status	PI
1	123ABC		01-01-2018	01-31-2018	12,345	1,000,000.123		9.99	Approved	1
	Svc Desc :	Service Description 1								
2	ABC123		01-01-2018	01-31-2018	12,345	1,000,000.123			Modified	0
	Svc Desc :	Service Description 2								
	Reason(s):	GEN: Modified, refer to comments								

Knowledge Review 2

What is the 11-digit TCN that will be used when submitting a claim for service #1?

See Appendix for the Answer Key.

Notes:

TAR Form Submission

Submission Method

Providers are encouraged to use electronic TAR (eTAR) submission, which offers faster and more efficient document turnaround and payments. Providers may also submit TARs by mail. All paper TARs must be submitted to the TAR Processing Center. Refer to the “TAR Description” section of this module for more information.

Where to Submit TARs

All paper TARs should be submitted to the TAR Processing Center. Adjudication assignments remain as listed for core and regionalized services. Providers should not submit paper TARs to Medi-Cal field offices. To submit paper TARs, mail the TAR 50-1 form or the TAR 18-1 form to one of the following addresses:

Attn: TAR Processing Center
California MMIS Fiscal Intermediary
820 Stillwater Road
West Sacramento, CA 95605-1630

Attn: TAR Processing Center
California MMIS Fiscal Intermediary
P.O. Box 13029
Sacramento, CA 95813-4029

Resource Information

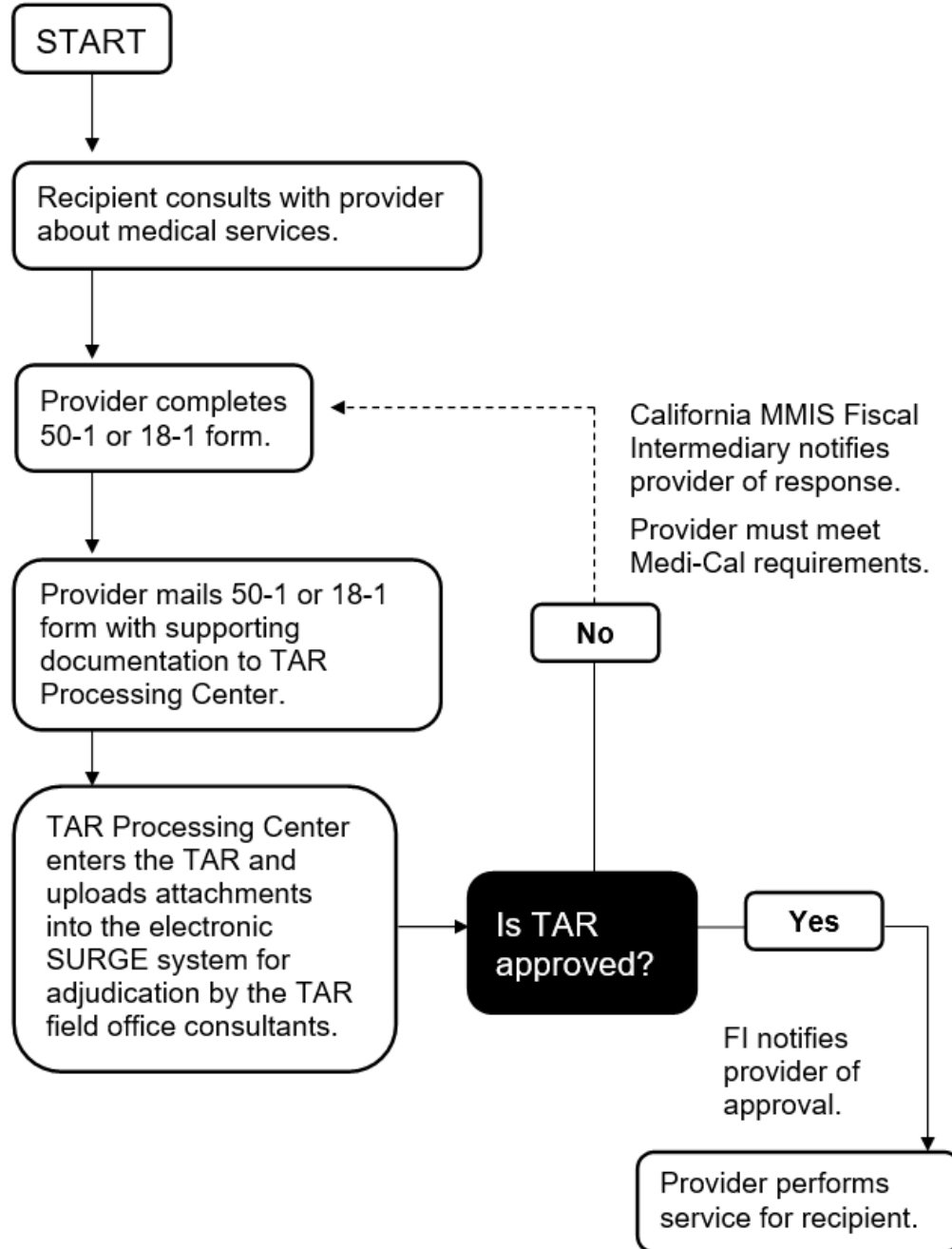
Additional information can be found in the provider manual.

- The *TAR Field Office Addresses* (tar field) section in Part 2 of the provider manual lists the Medi-Cal field offices and the regionalized services for each process.
- For more information about drug TARs, refer to the *TAR Submission: Drug TARs* (tar sub drug) section in the Medi-Cal Pharmacy provider manual.
- Providers may contact the Telephone Service Center (TSC) at 1-800-541-5555 with TAR-related inquiries.

TAR Completion Flowcharts

Paper TAR Form and Attachment Submission

The flowchart below depicts the process a provider uses when requesting Medi-Cal authorization to perform medical services with a 50-1 or 18-1 TAR form.



Resource Information

References

The following reference materials provide Medi-Cal program and eligibility information.

Provider Manual References

Part 1

TAR Overview (tar)

Part 2

Diagnosis-Related Groups (DRG): Inpatient Services (diagnosis ip)

TAR and Non-Benefit List (tar and non)

TAR Completion (tar comp)

TAR Field Office Addresses (tar field)

TAR Request for Extension of Stay in Hospital (Form 18-1) (tar req ext)

Other References

The Manual of Criteria for Medi-Cal Authorization California Code of Regulations (CCR), Title 22