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## TAR: Submitting Appeals

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This section includes submission instructions to appeal *Treatment Authorization Request* (TAR) decisions.

Appeals may be submitted for unsatisfactory responses to modified or denied services. For claim appeals and status updates, providers should refer to the *Appeal Process Overview* section in Part 1 of this manual.

### **TAR Appeals**

For services other than vision, the provider may submit a written appeal to the address below within 180 calendar days from the date of the original decision (TAR action date) by the Medi-Cal consultant. «The Medi-Cal Clinical Assurance Division (CAD) handles the appeal process.»

Appeals submitted by fax are not permitted and will be rejected. The written appeal must be:

- Postmarked by the United States Postal Service, or
- Personally delivered to the Department of Health Care Services (DHCS) and date stamped upon receipt, or
- Labeled with the date deposited with a common carrier (e.g., UPS, FedEx) for delivery to DHCS

«Appeals must be sent to the TAR Processing Center Appeals at one of the following addresses:»

TAR Processing Center Appeals  
820 Stillwater Road  
West Sacramento, CA 95605-1630

TAR Processing Center Appeals  
P.O. Box 13029  
Sacramento, CA 95813-4029

The written appeal must include all of the following:

- A copy of the *Adjudication Response* (AR) indicating the TAR was denied or modified and the service type requested. The AR lists the status of all service line submitted on the TAR. For additional information about ARs, providers may refer to “TAR Status on Adjudication Response” in the *TAR Overview* section of the Part 1 manual.
- Date(s) or service(s) in dispute
- Reason the appeal should be granted
- Medical records and any additional documentation that a provider submits to support the conclusion that services are medically necessary
- A new, completed paper TAR for the services appealed

For additional information about TAR appeals or TAR appeal inquiries, providers may email [appeals@dhcs.ca.gov](mailto:appeals@dhcs.ca.gov). Providers may also leave a voicemail message at (916) 552-9376.

**Note:** This is a voicemail line only that is checked often during each business day; it is not answered by a live attendant and is not for peer-to-peer reviews.

## **Vision TAR Appeals**

The appeal process for vision TARs is outlined in the *Vision Care Provider Manual*.

**<<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.