

CenCal Health's Completion Requirements for the Treatment Authorization Request form (TAR)

Note: Requirements in bold and italics are the most common reasons for TAR deferral through CenCal Health

- ***A RAF from the member's current PCP must be on file (DME exception, if a prescription from the PCP is received that is specific to the recommendations of the TAR)***
- ***The RAF's authorization dates must cover the requested treatment dates of service***
- Box 2a – Provider Phone Number
- Box 2b - Provider Name and Address
- ***Box 3 – NPI***
- Box 4 – Patient name, Address, Phone Number
- Box 5 - Member ID Number
- Box 7 – Age and Sex of the Member
- Box 8 - Date of Birth of the Member
- Box 8a - Patient Status - AKA Type of Residence
- ***Box 8b – Diagnosis description*** (ICD-9-CM Diagnosis Codes)
- ***Box 8c – Medical Justification-Be Specific***
- Please Note: When submitting a TAR for continuing care, a statement of 'continuing care' is not enough information. Give the original medical justification and reference the previous TAR Number
- Box 10a – Specific Service and Authorization Dates Requested. (Indicate name of procedure/item and your requested services dates)
- ***Box 11 - Procedure/Drug Code***
- ***Box 12 - Quantity***
- ***Box 39a - Signature of Physician or Authorized Representative***

For a more detailed description of the completions requirements, please refer to Part 2 of the EDS Medi-Cal Provider Manual under the section titled "TAR Comp".