



4665 Business Center Drive
Fairfield, California 94534

Date: 3/20/2019

Medi-Cal

Important Provider Notice: #336

Subject: TAR Requirement Added to Code J0717 – Effective 5/1/19

Effective for Dates of Service on or after May 1, 2019, Partnership HealthPlan of California (PHC) will require providers get an approved Treatment Authorization Request (TAR) for procedure code J0717 (Inj, Certolizumab Pegol, 1 mg).

For additional information relating to PHC's TAR requirements, please visit the PHC Website at www.partnershiphp.org or contact the PHC Health Services Department at (800) 863-4155.