

Long Term Care (LTC) and Skilled Services Treatment Authorization Request (TAR) Requirements

Please ensure the following information is completed on your 20-1 Treatment Authorization Request (TAR) Form to ensure timely and accurate processing:

- ◆ Facility Name
- ◆ Facility Group NPI Number
- ◆ Facility Tax ID
- ◆ Facility Phone Number
- ◆ Facility Fax Number
- ◆ Member Name (First & Last)
- ◆ Member CIN (Medi-Cal ID Number)
- ◆ Date of Birth
- ◆ ICD-10 Diagnosis Code(s)
- ◆ Facility Contact Name & Phone Number

If Requesting SKILLED SERVICES:

Please select all services requested:

- Physical Therapy (PT)
- Occupational Therapy (OT)
- Speech Therapy (ST)
- NG Tube or Peg Tube
- IV Antibiotics
- Wound Care

Please include following documentation needed for Authorization:

- Health & Physical (H & P)
- Therapy Notes – PT, OT and/or ST
- Wound Care Information
- NG Tube or Peg Tube Date of Insertion: _____
- IV Antibiotics
- Discharge Plan

If Requesting LONG TERM CARE/CUSTODIAL SERVICES, Please Include:

NEW Authorization Requests:

- 20-1 LTC TAR Form
- MC171
- MDS within **90 Days** of TAR Start Date
- Medicare Denial Letter
- PASRR

Re-Authorization Requests:

- Previous TAR Number
A / PL / PS _____
- MDS within **90 Days**
- Social Service Notes within 90 Days

If Requesting a BED HOLD:

- Bed Hold / Change of Status Form
 - ◆ Include order signed by the Physician with the corresponding Bed Hold Days as listed on completed form

If you have any questions, or need additional assistance, please contact Health Services at 1-800-863-4155.