

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEDI-CAL PROVIDER MANUAL
CLAIMS DEPARTMENT**

X. B. PHC Medi-Cal Authorization Requirements

I. Referral Authorizations:

See the PHC Health Services Section 5 of the PHC Medi-Cal Provider Manual, Utilization Management, MC UP 3041, “TAR/RAF Review Process”; or Utilization Management, MC UP 3007, “Authorization of Ambulatory Procedures and Services”.

<http://phcwebsite/Providers/Policies/Pages/UtilizationManagement.aspx>

The primary care physician initiates the referral process for specialty care and submits the referral information to PHC via the electronic e-RAF process which will automatically send a copy of the referral to the specialist. The primary care physician makes the determination of the number of visits and timeframe of the services on the referral to PHC Medi-Cal contracted providers.

The PHC claims system has been configured to identify and match RAFs that have been entered into the PHC system to claims submitted. If an approved RAF is not in the PHC authorization system, for the provider billing the service, for the time period authorized, the claim will be denied for no authorization.

II. Treatment Authorization Request (TAR):

See the PHC Health Services Section 5 of the Medi-Cal Provider Manual, Utilization Management, MC UP 3041, “TAR/RAF Review Process”; or Utilization Management, MC UP 3007, “Authorization of Ambulatory Procedures and Services”.

<http://phcwebsite/Providers/Policies/Pages/UtilizationManagement.aspx>

Those items listed on the PHC TAR list require an approved TAR from the PHC Health Services Department for the services to be reimbursed.

The PHC claims system has been configured to identify and match TARs that have been entered into the PHC system to claims submitted. If an approved TAR is not in the PHC authorization system, for the provider billing the service, for the procedure and time period authorized, the claim will be denied for no authorization.