
 <p>LA ALIANZA • THE ALLIANCE CENTRAL CALIFORNIA <b>ALLIANCE</b> FOR HEALTH</p>	<b>POLICIES AND PROCEDURES</b>
<b>Policy #: HS 3.21</b>	<b>Lead Department: Health Services</b>
<b>Title: Treatment Authorization Request (TAR) Process</b>	
<b>Original Date: February 1996</b>	<b>Last Revision Date: April 2009</b>
<b>Approved by: Barbara Flynn, RN</b>	
<b>Applies to: All Lines of Business</b>	


**Policy Objective:** To outline the process for authorization of Treatment Authorization Requests (TAR).

- I. All providers must request prior authorization for services requiring Alliance approval prior to rendering the service. The prior authorization requirements apply to all Alliance members. Providers may request retroactive approval for services provided on an urgent basis, re-authorization, or request for non-acute or acute continuing care services.
- II. Pre-Authorization List - the following services require a TAR:
  - A. Allergy Therapy  
Dermatology Therapy  
Home Health  
MRI  
Occupational Therapy  
Podiatrist
  - B. Outpatient Surgery as required
  - C. All Non-Emergency Hospitalizations
  - D. Medical Supplies and Durable Medical Equipment
  - E. All requests for referral to non-contracted providers and facilities, both in and out of area.
  - F. Referrals for services to be provided outside of the Alliance service area
  - F. Pharmaceutical agents not on formulary; or if quantity requested exceeds a 90 day supply for maintenance drugs and a 30 day supply for all other agents.
- III. The TAR procedure for elective services is as follows:
  - A. The provider may submit a request for treatment authorization by FAX or mail.
  - B. The Prior Authorization Nurse reviews the information received from the provider and utilizes the Medi-Cal criteria and Milliman Care Guidelines. The Prior Authorization Nurse can approve the request if it is medically justified. The Prior Authorization Nurse will refer any requests that do not clearly meet review guidelines to the Medical Director or Associate Medical Director for further evaluation.
  - C. The Medical Director or Associate Medical Director will review all TARs referred to them. They may contact the requesting provider by phone for further

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information. The Medical Director or Associate Medical Director will deny, modify or defer the request based on established clinical criteria and return the TAR to the Prior Authorization Nurse for completion.

- D. Communications regarding decisions to Providers:
1. Approval of a TAR:
    - a) Communication of approval will occur, by FAX.
    - b) Written communication will occur within 24 hours of the decision and will specify the health care services approved (the TAR document will be returned with determination to the provider).
  2. Denial, delay, or modification of a TAR:
    - a) Communication of the decision will occur in writing.
    - b) Written communication will occur within 2 business days of the decision and will include:
      1. a clear and concise explanation of the reason's for the plan's decision,
      2. A description of the criteria or guidelines used as a basis for the Plan's decision
    3. The clinical reasons for the decisions regarding medical necessity, and
    4. The name and telephone number (direct line or extension) of the Medical Director or Associate Medical Director.
- E. Communications regarding decision to members:
- Healthy Families Program Members and members of other Knox-Keene lines of business:**
1. Approval of a TAR:
    - a) Communication of approval will occur in writing.
    - b) Written communication will specify the health care services approved
  2. Denial, delay, or modification of a TAR:
    - a) Communication of decision will occur in writing.
    - b) Written communication will occur within two business days of the decision, and will include:
      - A) a clear and concise explanation of the reason's for the plan's decision,
      - B. a description of the criteria or guidelines used, and
      - C. the clinical reasons for the decisions regarding medical necessity, and
      - D. information on how to file a grievance and the member's right to contact the Department of Managed Care.

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- E. decisions based in whole or in part on a finding that the requested services are not a covered benefit will clearly specify the provisions in the contract excluded the coverage

**Medi-Cal Members:**

1. Approval of a TAR is communicated to the member through the provider.
2. Delay or modification of a TAR is communicated to the member on a case-by-case basis via Notice of Action letter .
3. Denial of a TAR:
  - Written communication includes the Notice of Action Denial Letter explaining the reasons for denial and describing how to file a grievance, how to request an administrative hearing and aid paid pending.

F. Services exempt from Prior Authorization Requirements:

Prior authorization requirements do not apply to emergency services, minor consent services, family planning services, preventive services, basic prenatal care, sexually transmitted disease services, and HIV testing. Prior authorization requirements are outlined in Policy HS-3.31 “Authorization of Service”.

IV. Admissions Not Requiring Treatment Authorization


Two types of admissions - emergency admissions and obstetrical deliveries - do not require a TAR prior to furnishing services.

V. Utilization Review

- B. The Alliance’s authorization process will adhere to the following time frames for completion with the exception of pended TARs. Urgent TARs: 1 working day. Routine TARs: 5 working days.

VI. Monitoring and Evaluation

- A. The member and provider grievance processes will also serve as an evaluation tool for appropriate utilization management policies with regard to providing feedback on how the process is working.
- B. The Medical Director will present follow-up reports regarding this monitoring to the Utilization Management Committee on a quarterly basis.

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References: Medi-Cal Contract Exhibit A, Attachment 5 2F

<b>Review Date</b>	<b>Revised Date</b>	<b>Approved By</b>
<b>February 2003</b>		<b>Barbara Flynn, RN</b>
<b>February 2004</b>		<b>Barbara Flynn, RN</b>
<b>June 2005</b>		<b>Barbara Flynn, RN</b>
<b>March 2006</b>		<b>Barbara Flynn, RN</b>
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