



HPSM TAR Requirement List

A Treatment Authorization Request (TAR) is required for primary surgeons or providers in both inpatient and an outpatient setting if a procedure code is listed on the HPSM TAR Requirement List.

A Treatment Authorization Request (TAR) for inpatient hospital stay days is required even if the procedure performed does not require a TAR. The TAR should include the procedure codes and the requested inpatient hospital stay days on the 50-1 for prior authorization for elective procedures.

Podiatry services other than E&M Codes always require a TAR. Podiatrists should refer to the Podiatry Services section in the appropriate Part 2 Medi-Cal manual for prior authorization requirements.

The HPSM list is not an exhaustive list of TAR required procedures, only a subset of the ones that are listed in the Medi-Cal Manual as a benefit and require a TAR. Please refer to the Medi-Cal Benefit Non-Benefit List for more details. The Medi-Cal Provider Manual can be found at <http://www.medi-cal.ca.gov/publications.asp>

The TAR and Non-Benefit List: Codes (10000 – 99999) contains CPT-4 codes and descriptions with numbers indicating benefit restrictions. Any code in the CPT-4 book currently valid for Medi-Cal but not on the TAR and Non-Benefit List is a Medi-Cal benefit without the listed restrictions.

Note: Refer to the CPT-4 book for complete descriptions of the listed codes.