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| **Title:** | Guidelines for TAR DHCS Medi-Cal Treatment Authorization  Request for VIVITROL |

1. Intake paperwork

* Patient name
* Referral information
* Screenings Urge to Drink (must score a 10 or more)
* SAPC Initial Adult Assessment with completed ASAM
* ROI release of Information (2 pages)

1. Benefit Eligibility Check

* Login Website
* Obtain a copy ID and MC card
* Verify eligibility
* If no MC, explore presumptive Medi-Cal

1. Medical Screening

* Vitals signs
* Lab work if necessary based on Patient report during exam
* (For patients requesting treatment for Opiates, clean time required (7-10 days) before Vivitrol administration).

Once patient is cleared:

1. Begin TAR on the Medi-Cal website [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)

(5) Sections

1. Provider Information

* Provider Number: Central 1427043389
* If presumptive, MC number is:
* Contact Number: of the TTC Care Provider managing the patient care and completing the TAR

1. Patient Info

* Must have Medi-Cal and valid ID and, if we have, a Medical Record #
* Other Patient data

1. Service Information

* Service Codes: J2315
* Rendering Provider NPI #:
* Total Units: 2280mg
* Frequency: 380mg /month
* Anticipated Length of Need: 6 Months
* From Date: Date TAR is completed
* Thru Date 6 months from the date above
* For Diagnosis – all that is needed in TAR is the ICD codes
* Alcohol F10.229 or Opiates F11.229
* Service Description will auto-fill

1. Miscellaneous Clinical Criteria: This is in summary form and must include the following:

* Patient’s SUD diagnosis and evidence of diagnosis;
* Medical exam and outcome
* Treatment being requested and any adjunctive services being provided (groups, psycho education case management, etc.)
* Number of days patient reports abstinence.
* Brief bio of TTC’s rendering provider and the Medical Director including years in practice. (Please see samples).

1. TAR completion and Uploads:

* Must print out the entire TAR document that was completed on the Medi-Cal Website for upload.
* Obtain the Rendering Provider signature
* Upload the following attachments

1. Completed and Signed TAR
2. Proof of Medical examination for receiving injectable Naltrexone
3. Resume of Rendering Provider and, if not the same, the Medical Director
4. ASAM membership of rendering provider
5. DCA license
6. License to practice in California
7. Progress note