

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

**X. B. Partnership Medi-Cal Authorization Requirements**

**I. Referral Authorizations:**

See the Partnership Health Services Section 5 of the Partnership Medi-Cal Provider Manual, Utilization Management, MCUP 3124, “Referral to Specialists (RAF) Policy”; or Utilization Management, MCUP 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 Partnership 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 Partnership Medi-Cal contracted providers.

The Partnership claims system has been configured to identify and match RAFs that have been entered into the Partnership system to claims submitted. If an approved RAF is not in the Partnership 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 Partnership Health Services Section 5 of the Partnership Medi-Cal Provider Manual, Utilization Management, MCUP 3041, “Treatment Authorization Request (TAR) Review Process”; or Utilization Management, MCUP 3007, “Authorization of Ambulatory Procedures and Services”.

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

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

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