

TREATMENT
AUTHORIZAT
ON REQUEST

State of
California -
DEPARTMENT
OF HEALTH
SERVICES

Date Time

Printed: 10-

Mar-2025

12:11:48

TREATMENT
AUTHORIZAT
ON REQUEST
CONTROL

NUMBER

(TCN):

0539476744

PROVIDER

INFORMATIO
N

Provider ID:

00A088470

As submitted
on TAR:

Name:

Prescribing

Test Provider

Fax:

Medicare

Certified

Provider: Yes

Contact

Name:

Contact

Phone:

Contact Ext:

TAR

Completed By
Suresh

As contained

on Provider

Master File:

Name:

Prescribing

Test Provider

Phone: (000)

000-0000

Attention Line

INC

Address Line

1: 840

Stillwater

Road

Address Line

2:

City: West
Sacramento
State: CA
Zip: 95605

PATIENT

INFORMATIO

N

Incoming

Recipient ID:

0000000111

As submitted

on TAR:

First Name: Yi

Last Name:

Dale Date o

Birth:

12/22/1966

Gender: Male

As contained
on Eligibility

File (FAME /
MEDS):

First Name:

Dale Last

Name: Yi

Date of Birth:

12/22/1966

Gender: Male

Patient's

authorized
representative
(if any):

Name:

SWAROOP

REDDY

YANDAPALLI

Address:

test123@soft

ol.com

City:

HYDERABAD

State: CA

Zip: 50203

Recipient

providing
Medi-Cal
eligibility (if
not patient)
First Name:

Jim Last

Name: Barns

Date of Birth:

09/09/1987

Gender: Male

Contact

Phone: (123)

456-2345

Residence

Status:

Worker's

Comp: No

OHC Status:

No Other

Health
Coverage
Medicare

Status: Under
65, does not

have Medicare

Coverage

Med/OHC

Date:

10/10/2020

Patient Record

No: 345

GENERAL TARI

INFORMATION

Receipt Date:
10-Mar-2025

10:07:52

Update

Reason:

Retroactive

Reason:

Retroactive

Date:

Special

Handling

Reason:

Exceeded

Code 1

Restrictions

Miscellaneous

TAR

Information:

SERVICE

INFORMATION

TCN #:

0539476744

TAR Service

Num: 1 Pric

Indicator: 0 -

No special
conditions

Service Cd:

E8000

Modifiers: NU

Service Desc:

POSTERIOR GAIT TRAINER

Service

Indicator

Description:

DME - Other

Status:

Approved

Status Date:

03/10/2025

Units: 5

Used: 0

Quantity: 1

Day Side: L

From Date:

02/02/2010

Thru Date:

02/10/2010

Admit Date:

02/02/2010

Admit From:

Home

Anticipated -

Length

Needed: 1

Day

Schedule:

Frequency: 1

per Day

Discharge

Date:

02/11/2010

Discharge:

Home Place

of Service:

Home

Diag: ICD-10:

A92.8 Desc:

Other

specified

mosquito-
borne viral
fevers Date
of Onset:
10/10/2009

Rendering /

Prescribing ID

1982756425

Price: 123

MSRP / Inv:

456

Adjudication

Reason(s):

Approved as
submitted

Field Office:

ACS/PSD

ONSITE

SERVICE INFORMATION N

TCN #:

0539476744

TAR Service

Num: 2 Pric

Indicator: 0 -

No special

conditions

Service Cd: 11

Service Desc:

Subacute

Service

Indicator

Description:

Subacute

Status:

Approved

Status Date:

03/10/2025

Units: 5

Used: 0

Quantity: 1

Day

From Date:

02/02/2025

Thru Date:

02/10/2025

Admit Date:

02/02/2025

Admit From:

Home

Anticipated -
Length

Needed: 1

Day

Frequency: 1

Day

Discharge

Date:

02/11/2025

Discharge:

Home

Diag: ICD-10:

A92.5 Desc:

Zika virus

disease Dat

of Onset:

10/10/2024

Place of

Service:

Rendering /

Prescribing ID

1982756425

Price:

Adjudication

Reason(s):

Approved as
submitted

Field Office:

ACS/PSD

ONSITE

SERVICE INFORMATION N

TCN #:

0539476744

TAR Service

Num: 3 Pric

Indicator: 0 -

No special
conditions

Service Cd:

V2799

Modifiers: NU

Service Desc:

MISCELLANEO

US VISION

SERVICE

Service

Indicator

Description:

Vision -

Contact Lens

Status:

Rejected

Status Date:

03/10/2025

Units: 5

Used: 0

Quantity:

Side:

From Date:

02/02/2025

Thru Date:

02/10/2025

Admit Date:

Admit From:

Anticipated -
Length

Needed: 0

Schedule:

Frequency: 0

per

Discharge

Date:

Discharge:

Place of

Service: Home

Diag: ICD-10:

A92.5 Desc:

Zika virus

disease Dat

of Onset:

12/12/2024

Rendering /

Prescribing ID

1982756425

Price: 123.33

MSRP / Inv:

456.33

Field Office:

SERVICE

INFORMATION

N

TCN #:

0539476744

TAR Service

Num: 4 Pric

Indicator: 7 -

Admit/ext cor
hosp\hosp in
open area

Service Cd: 2

Service Desc:
Admin Days
Inpatient
Hospital
Service

Indicator

Description:

Hospital Days

Status:

Approved

Status Date:

03/10/2025

Units: 5

Used: 0

Quantity:

From Date:

03/03/2025

Thru Date:

03/15/2025

Admit Date:

03/03/2025

Admit From:

Anticipated -

Length

Needed: 0

Frequency: 0

Discharge

Date:

03/16/2025

Discharge:

Diag: ICD-10:

A92.5 Desc:

Zika virus

disease Dat

of Onset:

10/10/2024

Place of

Service:

Rendering /

Prescribing ID

1982756425

Price:

Adjudication

Reason(s):

Approved as

submitted

Field Office:

ACS/PSD

ONSITE

SERVICE

INFORMATION

N

TCN #:

0539476744

TAR Service

Num: 5 Pric

Indicator: 0 -

No special
conditions

Service Cd:
58562

Modifiers:

Service Desc:

HYSTEROSCO

PY REMOVE

FB

Service

Indicator

Description:

FPACT

Status:

Rejected

Status Date:

03/10/2025

Units: 5

Used: 0

Quantity:

Side: L

From Date:

02/02/2025

Thru Date:

02/10/2025

Admit Date:

02/02/2025

Admit From:

Anticipated -

Length

Needed: 1

Day

Schedule:

Frequency: 1

per Day

Discharge

Date:

02/11/2025

Discharge:

Home Place

of Service:

Diag: ICD-10:

A92.5 Desc:

Zika virus

disease Dat

of Onset:

10/10/2024

Rendering /

Prescribing ID

1982756425

Price:

MSRP / Inv:

Field Office:

PATIENT ASSESSMENT ATTACHMENT (A)

TCN #:

0539476744

POT

Adherence:

Feeding

Method:

In Home

Assistance: 0

Hrs/Day

Care giver: 0

Days/Wk

Height: _ ft _

in Weight: 0

Lbs 0 Ozs

Current
medical
statuses

relevant to
requested
services:

Parenteral
nutrition (TPN

or lipids):
peripheral

Current
functional

limitations /
physical
conditions:
Ambulation:
assistance:

human help
needed for
steps or
uneven
surfaces

Previous
functional
limitations/ph
ysical

conditions:

Ambulation:

assistance:

human help

needed to

stand

TAR Diagnosis

Code /

Description:

Diag: ICD-10:

A92.5 Desc:

Zika virus

disease Dat

of Onset:

10/10/2024

Diag: ICD-10:

B00.0 Desc:

Eczema

herpeticum

Date of Onset

10/10/2024

Summary of
treatment /

procedures /

surgeries /

clinical

findings /

history

relevant to
requested
services:

Explanation if
it is known
that the
patient has
ever received

the requested
or similar
services
(including
dates):

Summary of
therapeutic
goal to be

met with the
requested
services:

Explanation if
the requested
service(s) is
not the least
costly

alternative:

Physician
Information:

Physician
Prescription
information a
submitted by
Provider:

DOLO 650

Physician

License#:

1780673376

Physician

Name:

SWAROOP

Phone: (123)

456-7890

Prescription

Date:

10/10/2010

DME ATTACHMENT (B)

TCN #:

0539476744

Service Cd:

E8000 TAR

Service Num:

1

Specific
Comments
from Provider
Replacement:

Y

Replacement

Reason(s):

Equipment

lost Does

not meet

medical need

Does not

function

properly

Unlisted

Reason(s):

Home

Accessible: Y

Safe

Operation: Y
Independent
Operation: Y
Ideal Patient
Weight: 125

Lbs

Equipment

Already in

Home:

Item: Bed Rail

Usage (Hrs /
Day): 2

Turning
schedule,

Every 5 Hours

Unavailable

Turning

Surface: Back

Reason: Bed

Sores

Blood Gas:

pH:

pCO₂:

pO₂: O₂

Saturation:

O₂ Liter Flow:

Analysis Date

Blood Tests:

Hemoglobin:

11.1

Hematocrit:

11.1

Albumin: 1.1

Lab Date:

02/02/2010

For Repairs,

Information
about this
equipment:

Serial #:

SL121212

Manufacturer

MNMF232323

Model:

MD32323

Warranty

Expiration

Date:

10/10/2055

Purchased By

Medi-Cal

Purchase

Date:

10/10/2000

Equipment

Trial Period:

Begin Date:

02/02/2010

End Date:

02/10/2010

Result:

Incompatible
with patient

VISION

ATTACHMENT

(G) - Vision -
Contact Lens

TCN #:

0539476744

Service Cd:

V2799 TAR

Service Num:

3

Date of
Comprehensive
Eye Exam:

N/A Date of

Prior Eye

Exam: N/A

Replacement:

Y Reason(s):

Does not
function

properly, Doe
not meet
medical
needs, Equip
damaged

beyond repair

First Time

Wearer: N

Uncorrected

Visual Acuity:

Distance

(RE): 1 Near

(RE): 1

Distance (LE):

1 Near (LE):

1

Refraction

Results:

Sphere (RE)

1 Diopters

Cylinder (RE):

1 Diopters

Axis (RE): 1

Degrees

Add Power

(RE): 1

Diopters

Sphere (LE)

1 Diopters

Cylinder (LE):

1 Diopters

Axis (LE): 1

Degrees

Add Power

(LE): 1

Diopters

Best Corrected

Visual Acuity:

Distance

(RE): 1 Near

(RE): 1

Distance (LE):

1 Near (LE):

1

Keratometry

(RE): 1

Keratrometry

(LE): 1

Grade of Mire

Distortion

(RE): +1

Grade of Mire

Distortion (LE

+1

Contact Lens:

Wear (RE):

Extended

Wearing

Schedule (RE)

1-day Wear

(LE): Extended

Wearing

Schedule (LE)

1-day

Base Curve

(RE): 1

Diameter (RE)

1 mm Power

(RE): 1

Diopters

Base Curve

(LE): 1

Diameter (LE)

1 mm

Power

(LE): 1

Diopters

Visual Acuity

thru Eye

Appliances

(RE): 1 Visual

Acuity thru

EYE

Appliances

(LE): 1

Manufacturer

(RE): 1

Model (RE): 1

Manufacturer
(LE): 1

Model (LE): 1

LTC

SUBACUTE

ATTACHMENT

(F)

TCN #:

0539476744

PAS/PASRR

Information:

Exempt

Reason:

Self

Certification:

Date

Completed:

DDS/DMH

Referral

Reason:

DDS/DMH

Referral Date:

Community

Placement:

DDS/DMH

Response:

Level II Self

Certification:

N Level II

Date:

Sub acute care
service

information:

Pediatric/Adult
Care:

Pediatric

Patient's

condition

warrants 24-
hour nursing
care by an RN
N

Summarize

care

requirements

for each shift:

TEST 123

Qualifying
Conditions:

A--Patient has
a

tracheostomy
and requires
mechanical
ventilation (at
least 12-

hours/day for
adult - at least
6-hours/day
for pediatric):

Yes

B--Patient has
a
tracheostomy
and requires

suctioning (at
least 6-
hours/day for
pediatric) and
room air mist

or oxygen
plus one of
the treatment
procedures:

No

C--

Administration
n of at least
three

treatment

procedures:

No

D--

Dependence
on total
parenteral
nutrition
(TPN) or othe

intravenous
nutritional
support plus
one of the
treatment

procedures.

Not applicable
to adult: No

Treatment

Procedures
Related To Th
Qualifying
Condition:

A--

Continuous o
intermittent
intravenous
(IV) therapy

(via peripheral
or central
line): Yes

Reason:

Glucose Drips

Frequency: 1

Hrs/Day

Rate: 1 cc/hr

B--Tube

feeding

(nasogastric

or

gastrostomy):

No

Frequency
and Rate:

C--Total

parenteral

nutrition

(TPN). Not

applicable to

pediatric: No

D--Inpatient
physical,
occupational,
and/or speech
therapy at

least 2
hours/day, 5
days/week.

Not applicabl
to pediatric:

No

E--

Inhalation/res
piratory

therapy

treatments at

least 4 times

per 24 hour

period (not

self
administered
by resident.
Not applicable
to pediatric:

No

F--Wound

debridement,

packing, and

medicated
irrigation
with/without
whirlpool
therapy. Not

applicable to
pediatric: No
Explanation:

G--Peritoneal

dialysis
treatments
requiring at
least 4
exchanges

every 24
hours. Not
applicable to
adult: No

H--Other daily
medical
technologies
required
continuously

which require
the services of
a professional
nurse. Not
applicable to

adult: No
Summmarize
care:

I--Intermitten

suctioning

(non-

tracheostomy

at least every

8 hours and

room air mist
or oxygen.

Not applicabl
to adult: No

The patient
has potential
for discharge
from a
subacute care

unit to a lower
level of care
(skilled
nursing facility
or home): No

Explanation:

Date Time

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