CA.GOV | Department of Health Care Services Medi-Cal

TAR Response

eTAR Inquire Only Tutorials

TAR Control # :	P.I. :	Service # :	Response Date :
[redacted]	0	1	05102016

Recipient ID : [redacted]

Submitting Provider : [redacted]

Patient Record # : [redacted]

Rendering Provider : [redacted]

Service Code : J2315

Modifiers :

Service Description : NALTREXONE, DEPOT FORM

From Date : 05102016

Thru Date : 11062016

Quantity :

Units : 2280

Status : Approved

Service Code	Service Description	Total Units

Action Reason List : Approved as submitted

TAR Review Comments :

Date & Time: 11-May-2016 06:32:29

Department of Health Care Services Medi-Cal

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TAR Attachment Upload Status

eTAR Medical Tutorials
eTAR Pharmacy Tutorial

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[redacted] ASAM Member.pdf,
[redacted] resume.pdf,
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Start time ===> 2016.05.10 at 12:40:16 PDT
End time ===> 2016.05.10 at 12:40:18 PDT
Total time ===> 2 seconds.

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TAR Summary

Provider Information

Submitting Provider [redacted]

Medicare Certified
Y

Provider Name [redacted]

Phone # [redacted]

Fax # [redacted]

Street/Mailing Address [redacted]

City [redacted]

State

Zip Code [redacted]

Contact Name [redacted]

Contact Phone # [redacted]

Contact Extension [redacted]

TAR Completed By [redacted]

Update Provider Information

Patient Information

Recipient ID [redacted]

Patient Record # [redacted]

Special Handling

Last Name [redacted]

First Name [redacted]

Phone # [redacted]

Date of Birth [redacted]

Gender [redacted]

Worker's Comp?
Unknown

Miscellaneous TAR Information

PATIENT IS IN TREATMENT FOR ALCOHOL DEPENDENCE AND HAS RECEIVED A MEDICAL EXAMINATION INDICATING APPROPRIATENESS FOR A COURSE OF TREATMENT INCLUDING 380MG DOSES OF INJECTABLE NALTREXONE. PATIENT HAS A 6 YEAR HISTORY, SEE ATTACHMENT

Residence Status	Medicare Denial Reason	Medicare/OHC Denial Date	Medicare/OHC Denial Certification	OHC Denial Reason
			No	

Under 65, does not have Medicare Coverage

No Other Health Coverage

Mother/Transplant Recipient Providing Medi-Cal Eligibility

Last Name First Name

Date Of Birth Gender

Patient's Authorized Representative Name

Street/Mailing Address

City State Zip Code

Update Patient Information

Service Information

Update This Service | Cancel This Service

Temporary Service Number : 1

Ind.	Service Code	Modifiers
Non-Pharmacy Issued Drug	**J2315**	

Service Description	Total Units	From Date	Thru Date
	2280	**05102016**	**11092016**

Frequency	Ant. Length of Need
380 / Month	**6 / Month**

POS	ICD-CM Type	ICD Code	Diagnosis Description
	ICD-10	**F10.229**	

Rendering Provider # [redacted]

Price Indicator
0 - No special condition

Provider | Patient | Services | Cancel TAR | Submit TAR

VIVITROL E-TAR CLINICAL CRITERIA AND DOCUMENTATION

Alcohol

Patient is in treatment for alcohol dependence and has received a medical examination (documentation attached), indicating appropriateness for a course of treatment including 380 mg doses of injectable naltrexone. Patient has a 10 year history of alcohol dependence, drinking 15 beers of alcohol daily for the past 10 days/months. The patient is in professionally supervised treatment that includes psychosocial support, individual and group counseling, and regular drug-use monitoring, including directly observed urinalyses (copy attached). The patient has abstained from alcohol for the past 15 days. The provider, [redacted] has been treating patients with addiction disorders for the over 20 years in narcotic treatment programs and in inpatient and outpatient detoxification programs. Her resume is attached. In addition, she is supervised by our Medical Director, [redacted] MD, who is a member of the American Society of Addiction Medicine (documentation attached).

Opiates

Patient is in treatment for opiate dependence and has received a medical examination (documentation attached), indicating appropriateness for a course of treatment including 380 mg doses of injectable naltrexone. Patient has a __ year history of opiate dependence, using ___ daily of _____ for the past __ days/months. The patient is in professionally supervised treatment that includes psychosocial support, individual and group counseling, and regular drug-use monitoring, including directly observed urinalyses (copy attached). The patient has abstained from opiates for the past __ days. In addition, the patient has abstained from alcohol for the past ___ days. The provider, [redacted], has been treating patients with addiction disorders for the over 20 years in narcotic treatment programs and in inpatient and outpatient detoxification programs. Her resume is attached. In addition, she is supervised by our Medical Director, [redacted], MD, who is a member of the American Society of Addiction Medicine (documentation attached).

[redacted]

APPROPRIATENESS FOR RECEIVING INJECTABLE NALTREXONE (VIVITROL®)

Patient Name: [redacted]

Patient No: [redacted]

This patient has received a medical examination and based on a review of this examination, lab tests, urinalyses and a discussion with the patient, it has been determined that this patient is appropriate to receive a course of treatment including 380 mg doses of injectable naltrexone (Vivitrol®).

The patient has abstained from (check one or both):

☑ **Alcohol for the past** 15 **days**

☐ **Opioids for the past** ____ **days**

[redacted]

[redacted]

5/10/16

Date

[redacted]

ADMISSION HISTORY AND PHYSICAL EXAM

Medical Services

PRESENTING PROBLEM/JUSTIFICATION FOR ADMISSION

Summarize the course of the presenting problem(s)/justification for admission and may include the following:

- Onset and other episodes
- Interventions attempted
- Reactions of others involved such as family and spouse
- Location
- Associated Symptoms
- Quality
- Severity
- Duration
- Modifying factors

5'1/2 yrs sober, relapsed 1 month ago.

CHIEF COMPLAINT

Write a statement of the reason for the hospitalization. The statement should include one of two sentences from the patient, and/or significant other, as to reason for the patient needing admission using their own words if possible.

"I relapsed."

DRUGS CURRENTLY IN USE

DRUG	ROUTE	FREQUENCY	DOSAGE	LENGTH OF USE	LAST TIME USED	AMOUNT
1 ETOH Vodka	PO	Daily	9-12 Shots	1 month	5/3/16	1000 3 sips
2.			+ 750 mL	6 yr habit		
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

ALCO SCREEN Neg ☐ Pos 0.02%

This is my last, best and final drug history.

Patient Signature: [redacted]

[redacted]

Program: [redacted]
DOB: [redacted]
Gender: [redacted]
Admit: [redacted]
Episode: 3

FAMILY HISTORY OF SUBSTANCE USE/ABUSE/DEPENDENCE.

Denies

OPIOID DRUG PRIOR HISTORY

1. Length of Opioid free period prior to present run. Length: _____
2. Preceding Opioid free period if patient was: hospitalized (*dates*): _____
   incarcerated(*dates*): _____
3. Or outpatient detoxification (dates)_____

1. Objective Signs and Symptoms of Withdrawal:

Skin: Goose Flesh (piloerection) ☐
Pupils: Dilated (Mydriasis)_____%
Pinned Meiosis ☐
Rhinorrhea ☐
Lacrimation ☐
Hippus ☐
Nystagmus ☐

2. Do you "skin pop" opioids? Yes ☐ No ☐ How much? _____ Last time_____

Do you "muscle" Yes ☐ No ☐ How much?_____ Last time_____

Opioids include: Heroin ☐ Codeine ☐ Vicodin ☐ Fentanyl ☐ Darvon ☐ Tramadol (ultram) ☐
Percodan ☐ Dilaudid ☐ Stadol ☐ Oxycodone ☐ Subutex ☐ Suboxone ☐
Other:_____

3. Needle Tracks: ☐ New ☐ Old ☐ None
Anatomical Location: _____

4. Subjective Complaints of Withdrawal or Intoxication: Aches, nausea, anxious, flu like symptoms

Ataxia	Slurred speech	Lacrimation	Drowsiness
Odor of Alcohol	Rhinorrhea	Yawning	Psychomotor Retardation
Restlessness	Vomiting	Gooseflesh	Thick/dry oral secretions
Sighing	Jerking	Diaphoresis	Flushing
Dysarthria	Drug Seeking Behavior		Tobacco Odor

_____

_____

_____

[redacted]
Program: [redacted]
DOB: [redacted] Admit: [redacted]
Gender [redacted] Episode: 3

DRUG OTHER THAN OPIOIDS

5. History of seizures: ☐ Yes ☒ No
6. Drug related Seizure ☐

☐ Diagnosed with Epilepsy and put on seizure medicine: (which)_____

Last doses of seizure medications: _____

Last Seizure: _____ Seizures with drugs ☐ Alcohol ☐ Other_____

REVIEW OF SYSTEM

Constitutional Symptoms	☐ None
☐	Recent weight change
☐	Chills or Night sweats

HEENT	☐ None
☐	Hearing loss/ringing
☐	Earaches
☐	Chronic sinus problems
☐	Swollen glands in neck Snoring

Lungs	☐ None
☐	Frequent Cough
☐	Shortness of breath
☐	Wheezing

Kidneys	☐ None
☐	Frequent urination
☐	Blood in urine
☐	Poor bladder control
☐	Kidney stones
☐	Male – erection trouble

Musculoskeletal	☐ None
☐	Joint pain, stiffness or swelling
☐	Muscle weakness
☐	Muscle pain or cramps
☐	Back or neck pain
☐	Cold extremities

Psychiatric	☐ None
☐	Depression/manic-depression
☐	Psychotic
☐	Anorexia/ Bulemia

Eyes	☐ None
☐	Eye injury
☐	Blurred or double vision
☐	Glaucoma

Cardiac	☐ None
☐	Pacemaker/ ICDM / Valve Prosthesis
☐	Chest pain
☐	Heart attack (MI)
☐	Swelling hands/ feet
☒	Hypertension

Endocrine	☐ None
☐	Thyroid disease
☐	Diabetes borderlines
☐	Pancreatitis

Skin	☐ None
☐	Rash or itching
☐	Change in skin or hair
☐	Jaundice

Neurological	☐ None
☐	Recurring headaches
☐	Dizziness
☐	Seizures
☐	Numbness/tingling
☐	Tremors
☐	Paralysis
☐	Stroke
☐	Walking difficulty
☐	Memory loss
☐	Insomnia

[redacted]
Program: [redacted]
DOB: [redacted] Admit: [redacted]
Gender: [redacted] Episode: 3

Hematology	☐ None
☐	Easy bleeding/bruising
☑	Anemia
☐	Phlebitis/blood clot
☐	Past transfusion

Gastrointestinal	☐ None
☐	Loss of appetite
☐	Nausea or vomiting
☐	Blood in stool
☐	Heartburn or stomach ulcers
☐	Hepatitis B ☐ C ☐
☐	Esophageal Varacies
☐	Cirrhosis

Allergies	☒ None
☐	Penicillin/ other antibiotics
☐	Sulfa
☐	Morphine, Demerol, narcotics
☐	Aspirin, anti-inflammatory
☐	Novocain, anesthetics
☐	Tetanus or other serums
☐	Iodine
☐	Other:

MENTAL STATUS EXAMINATION

A brief assessment including the following in sufficient detail for measuring change at discharge.

- General appearance/behavior
- Gait, muscle tone, abnormal movements
- Speech
- Thought content
- Perception
- Mood/affect
- Insight/judgment
- Cognitive exam (orientation, attention/concentration, knowledge, abstractions, memory)

PHYSCIAL EXAMINATION

AGE [redacted] SEX [redacted] HEIGHT [redacted] WEIGHT [redacted] TEMP 98.6

PULSE 117 / 115 RESP 15 BP 173/96 / 156/84

[redacted]

Program: [redacted]
DOB: [redacted]
Gender: [redacted]
Admit: [redacted]
Episode: 3

General Appearance WNL ☒

HEAD WNL ☒

EYES WNL ☒ PERRLA

EARS WNL ☒

THROAT WNL ☒

NECK WNL ☒

LYMPH NODES WNL ☒

THYROID GLAND WNL ☒

HEART WNL ☒ NSR S m

CHEST/LUNGS WNL ☒

ABDOMEN WNL ☒ Soft S m

EXTRIMITIES AND BACK WNL ☒

NEUROLOGIC EXAM WNL ☒

MOTOR WNL ☒

COORDINATION AND GAIT WNL ☒

[redacted]
Program: [redacted]
DOB: [redacted]
Gender: [redacted]
Admit: [redacted]
Episode: 3

CRANIAL NERVES

1 Not normally tested
2 By distinguishing movements in peripheral visual fields
3, 4, 6 By demonstrating extra ocular muscle movements
5 By distinguishing sensation throughout the trigeminal nerve distribution
7 By demonstrating facial muscles of expression
8 By demonstrating bilateral hearing
9 By demonstrating a gag reflex
10 Ask patient to swallow and say Ah
11 By demonstrating a bilaterally symmetrical shoulder shrug
12 By protruding the tongue without fasciculation

2 -12 WNL ☒

REFLEXES

Grade	Description
0	Absent
1+ or+	Hypoactive
2+ or ++	Normal
3+ or+++	Hyperactive
4+ or ++++	Hyperactive with clonus

Pathologic reflexes Yes ☐ No ☒

SENSORY

WNL ☒ **Deficits** _____

Symmetrical areas on the two sides of the body perceived the same? Yes ☒ No ☐

PSYCHIATRIC DRUG LIST

Psychiatric Drugs Currently in use or in Past

DRUG	DOSAGE	LENGTH OF USE	LAST TIME USED	FOR WHAT
Wellbutrin			Few month ago	Depression

[redacted]
Program: [redacted]
DOB: [redacted] Admit: [redacted]
Gender: [redacted] Episode: 3

DIAGNOSIS

_____Opioid _____
_____Sedative_____
__X__Alcohol_____
_____Cocaine_____
_____Amphetamine_____
_____Tobacco_____
_____Cannabis_____
_____Epilepsy_____
_____Hx of Seizures_____
_____Hx of heart disease_____
_____HIV Disease_____
_____Hx of asthma or reactive airways
_____Hepatitis C_____
_____Other_____

SECONDARY DIAGNOSIS AND RECOMMENDED TREATMENT

EVALUATION FOR METHADONE

☐ The patient is addicted to opioid drugs and is appropriate for methadone detoxification. All required admission criteria have been reviewed.
☒ The patient is not appropriate for methadone detoxification

Therapeutic justification for therapy for negative drug screen_____

LVN Signature [redacted] Print [redacted] Date 3/3/16 Time 1750

RN Signature [redacted] Print [redacted] Date 3/3/16 Time 2130

PA Signature [redacted] Print _____ Date _____ Time _____

Physician Signature [redacted] Print _____ Date _____ Time _____

COMPLETE THIS SECTION FOR DISCHARGES TO TARZANA TREATMENT CENTERS PROGRAMS ONLY

Medical re-assessment completed. Patient is medically stable at discharge. No significant changes in medical condition since history and physical completed

_____ _____
Provider Signature Date

[redacted]
Program: 132
DOB: [redacted]
Gender: [redacted]
Admit: [redacted]
Episode: 3

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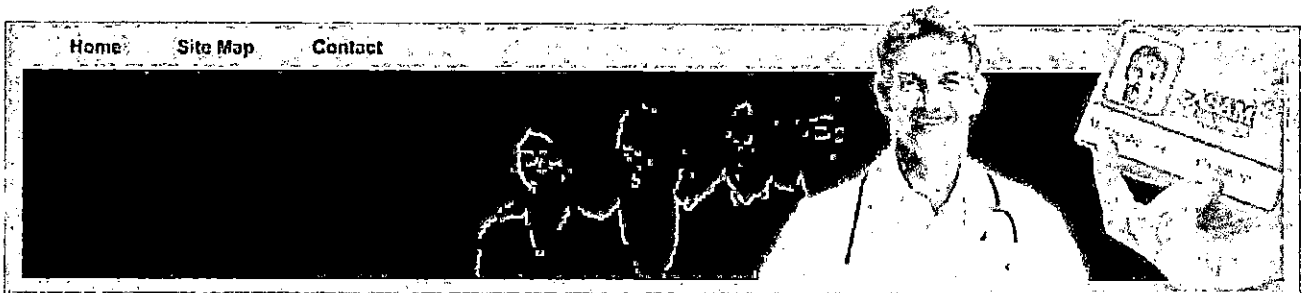

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