

November 18, 2025

Medi-Cal

Important Provider Notice: #529

Subject: TAR Requirement and Frequency Limit Updates for DME and Ostomy Codes – Effective September 1, 2025

For dates of service on and after 9/1/25, the following codes have been updated in regards to Treatment Authorization Request (TAR) and frequency limit requirements:

| Code | Authorization Requirement | Frequency Limit |
|-------|---------------------------|---|
| L8420 | No TAR required | 12 per 6 months, any provider |
| E0163 | No TAR required | 1 in 2 years, any provider |
| E0165 | No TAR required | 1 in 2 years, any provider |
| E0168 | No TAR required | 1 in 2 years, any provider |
| E0241 | No TAR required | 4 in 2 years, any provider |
| E0242 | No TAR required | 4 in 2 years, any provider |
| E0246 | No TAR required | 4 in 2 years, any provider |
| A7030 | No TAR required | 6 per year, any provider |
| E2394 | No TAR required | 8 per 12 months, any provider |
| E0181 | No TAR required | 1 per year, any provider |
| K0038 | No TAR required | 4 per 6 months, any provider |
| A7037 | No TAR required | 4 per 6 months, any provider |
| E0105 | No TAR required | 1 per year, any provider |
| L8400 | No TAR required | 12 per 6 months, any provider |
| E0243 | No TAR required | 1 in 2 years, any provider |
| E2210 | No TAR required | 20 per calendar year, any provider |
| A4310 | No TAR required | 12 per 3 months, any provider |
| A4338 | No TAR required | 12 per 3 months, any provider |
| A4344 | No TAR required | 12 per 3 months, any provider |
| A4354 | No TAR required | 12 per 3 months, any provider |
| A4357 | No TAR required | 12 per 3 months, any provider |
| A4367 | No TAR required | 6 in 6 months, any provider |
| A4371 | No TAR required | 24 ounces per rolling calendar year, any provider |
| A4385 | No TAR required | 12 per 3 months, any provider |
| A4390 | No TAR required | 12 per 3 months, any provider |
| A4394 | No TAR required | 24 ounces per rolling calendar year, any provider |
| A4407 | No TAR required | 12 per 3 months, any provider |
| A4409 | No TAR required | 12 per 3 months, any provider |
| A4425 | No TAR required | 2 per 3 months, any provider |

| | | |
|-------|-----------------|----------------------------|
| A4625 | No TAR required | 30 per month, any provider |
| A4629 | No TAR required | 30 per month, any provider |
| A5120 | No TAR required | 90 per month, any provider |

For further information regarding this, please contact the Partnership Claims Department at **(707) 863-4130** or **(855) 798-8757**.