



Basics

The Outreach and Education services is made up of Provider Field Representatives located throughout California and includes the Small Provider Billing Assistance and Training Program staff, who are available to train and assist providers to efficiently submit their Medi-Cal claims for payment. See the below additional tools and free services available to your provider community.

Medi-Cal Learning Portal (MLP)

Explore the Medi-Cal Learning Portal (MLP) that offers Medi-Cal providers and billers selfpaced online training about billing basics, related policies and procedures; new initiatives and any significant changes to the Medi-Cal program.

How can you get started using the MLP?

- First time users must complete a one-time registration at www.learn.medi-cal.ca.gov
- After logging in, you will be able to RSVP for training events or view eLearning courses
- Refer to the Medi-Cal Learning Portal (MLP) Job Aid or the Medi-Cal Learning Portal (MLP) User Guide for detailed instructions

How can you benefit from using the MLP?

- Significantly reduce billing errors by learning billing best practices
- Quizzes that test your knowledge
- Practice your skills using interactive activities

Free Services for Providers

Provider Seminars and Webinars

Provider Training Seminars and Webinars offer basic and advanced billing courses for all provider types. Seminars also offer a free billing assistance called the Claims Assistance Room (CAR). Providers are encouraged to bring their more complex billing issues and receive individual assistance from a Provider Field Representative. The dates and locations for the annual provider training seminars and webinars can be found on the events calendar in the MLP tool and in the News area on www.medi-cal.ca.gov.

Provider Field Representatives

Receive one-on-one assistance from Provider Field Representatives who live and work in cities throughout California. Provider Field Representatives are available to visit providers at their office to assist with billing needs and/or provide custom billing training to office staff.

Small Provider Billing Assistance and Training Program

The Small Provider Billing Assistance and Training Program is one-on-one billing assistance for one year to providers who submit fewer than 100 claim lines per month and would like some extra help. For more information about how to enroll in the Small Provider Billing Assistance and Training Program, call (916) 636-1275 or 1-800-541-5555.

All of the aforementioned services are available to providers at no cost!

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Introduction

Purpose and Objectives

The purpose of this User Guide is to familiarize users with the Medi-Cal electronic *Treatment Authorization Request* (eTAR) transaction tool so that users may submit *Treatment Authorization Requests* (TARs) online.

Upon completion of this training, participants will be able to:

- Access the Medi-Cal Provider website (www.medi-cal.ca.gov)
- Login to the Transaction Services menu
- Access the TAR menu
- Create, update and inquire eTARs
- Add, change and make corrections to eTARs
- Reauthorize and update deferred eTARs
- Submit TAR attachments
- View TAR responses
- Conduct code searches

General Guidelines

- An asterisk symbol (*) indicates that this is a required field.
- A downward arrow next to a field means there is a dropdown that will allow the user to choose from existing options.
- Decimal points are required when indicated.
- Verify the cursor is located in a field before using the backspace key to delete a character.
- Dates must be entered with a two-digit month, two-digit date and four-digit year (mmddyyyy) (for example, June 10, 2020 is 06102020).
- Do not click the "Back" option from the internet browser while submitting an eTAR.
- The eTAR Medical Tutorials link is accessible from the upper right corner on all eTAR Medical webpages.
- If a window does not appear and the fax attachments option is selected, there may be a pop-up blocker activated.
- Enter a rendering provider number to allow another provider to inquire on eTAR service information.
- Providers should confirm recipient eligibility prior to submitting a TAR

Note: TAR web pages do not have numbered fields.

TAR Menu

Accessing the TAR Menu

- 1. To access the Medi-Cal Provider website, enter *www.medi-cal.ca.gov* in the browser address bar. To ensure that all customer data transmitted over the internet remains confidential, the Department of Health Care Services (DHCS) and the California MMIS Fiscal Intermediary have instituted electronic security measures using industry-standard encryption technology, including:
 - Authentication: Requiring users to enter ID and password
 - Secure Socket Layer (SSL) technology: Online two-way data encryption



2. From the Providers drop-down menu, select **Transactions**. You will be directed to the Transaction Services login page.

Chaon	âf y∕in ⊡							⊘ Settings
♥ DHC	S Medi-Cal Providers	Providers .	Beneficia	ries	X Resources.	⊘ Related↓	Contact Us	Q Search
<u>0</u>	Provider Enrollment Enroll or re-enroll as a Medi-Cal p	rovider			Transactions Access autor and other Me	2 mated provider ser edi-Cal services	rvices for claims, elig	gibility inquiry
	New Provider Welcome new providers, access content to help you get started with Medi-Cal			Í	Publications Access Medi	-Cal Provider Man	uals, Provider Bullet	tins and news
	Outreach and Education One-stop learning and resource of providers	enter for Medi-Cal t	billers and	@bwcss/\	Medi-Cal Sul Free subscrip Medi-Cal nev	bscription Service ption service to ke vs	ep you up-to-date w	ith the latest

Medi-Cal Provider Website assistance: Call the Telephone Service Center (TSC) at 1-800-541-5555.

Transaction Services Login Screen

- 3. Enter the 10-digit National Provider Identifier (NPI) in the User ID field.
- 4. Enter the seven-digit Provider Identification Number (PIN) in the **Password** field.
- 5. Select Submit. You are now logged in.

Claov â f ⊻	in 🖸						Settings
♥DHCS Medi-Ca	l Providers	Providers 🗸	Beneficiaries	X Resources	⊘ Related ₊	Contact Us	Q Search
-57	Home						
	Transac	ction Ser	vices				
Transactions			Logi 10 Digit I	n to Medi-Cal		3	
Enrollment Requirements			7 Digit F	Pin		4	
Services Available System Status Alerts				Login 5			
				Login Help			
	• WARNING: 1 Confidential inforresult in administ these terms and warning.	This computer system rmation may not be strative discipline, ci conditions. LOG C	m is for official use by accessed or used w vil and/or criminal per FF IMMEDIATELY if	/ authorized users an ithout authorization. I nalties. By using this s you are not an author	d may be monit Unauthorized or system, you are rized user or do	tored and/or restricted r improper use of this acknowledging and c not agree to the cond	at any time. system may onsenting to ditions in this

Note: Providers must complete a *Medi-Cal Point of Service (POS) Network/Internet Agreement* form in order to access Transaction Services. This form can be located by clicking the "Enrollment Requirements" hyperlink under the Medi-Cal Internet Transactions section on the home page. Applications must be submitted to the California MMIS Fiscal Intermediary and typically take two to three weeks to process.

Transaction Services

6. Once you have logged in, you will see the Transaction Services web page. Select the **eTAR** tab.

🖉 🖍 f 🎔	in 🖸						Settings
♥⊅ HCS Medi-Ca	al Providers	Providers .	Beneficiaries	X Resources .	⊘ Related ₊	Contact Us	Q Search
Transactions	Home Transact You are logged Elig Claims Automated F Multiple Sub	ion Service in as: 6 s eTAR Prgms Provider Services (P1 iscribers	Other	-> Single Subscr	iber t Eliaibility		
 eTAR Programs Other eLearning Exit 	 Lab Service: SOC (Spend 	s Reservation Syster d Down) Transactions	n (LSRS) s	-> Medical Servi	ces Reservations	(Medi-Services)	

Creating a New TAR

Create a New TAR

Under the **eTAR** tab, providers will see a list of provider options available. Options appear after the provider has been activated to submit eTARs.

7. Select **Medical Services** from the Transaction Services menu to be directed to the TAR Menu.

	Home				
	Transaction Services				
	You are logged in as:				
Transactions	Elig Claims eTAR Prgms Other				
► Eligibility	* Inquire Only	* Inquire Tutorial			
⊾ <u>Claims</u>	* Medical Services 7	* Medical Tutorials			
► <u>eTAR</u> ► Programs	 TAR 3 Attachment Form 	¹ <u>Pharmacy_utional</u>			
► <u>Other</u>					
⊾ <u>eLearning</u>					
• Exit					

TAR Menu

8. Select the Create a New TAR link to initiate an eTAR.

GOV Departm	n Care Services Medi-Cal
Home Transactions Publica	tions Education Programs References Contact Medi-Cal
	Home ->> Transaction Services
SPI-S	TAR Menu
	eTAR Medical Tutorials
	Welcome to the Treatment Authorization Request (TAR) menu. Please choose from one of the following options:
TAR -> New TAR -> Update TAR -> Attachments -> TAR Inquiry -> TAR Response -> Code Search -> Pharmacy Service	 Create a New TAR 8 Update an existing TAR Upload TAR Attachments Inquire on a TAR View TAR Responses Code Search
TRANSACTIONS ->> Transaction Services ->> Exit	Version: 74.01 - Built: Thu 07/11/2019 18:09-48:02
	Contact Medi-Cal Medi-Cal Site Help Medi-Cal Site Map
	Back to Top Contact Us Site Help Site Map

TAR Provider Address Selection

9. Select the address under the **Address Line** column that indicates the provider type for the eTAR being submitted.

CA Departm Healt	hent of		ip to: <u>Content</u> Foote	er Accessibility	Search Medi-Cal	<u> </u>
Home Transactions Public	cations Educa	tion Programs References Con	tact Medi-Cal			
System Status Exit Service	s Available I Enr	ollment Requirements				
	Home -» Ti	ransaction Services				
SPI-CA	TAR Pro	ovider Address Selection	1			
					eTAR Medica	al Tutorials
Compose		The legal n	ame(s) for Provider ID	XXXXXXXXXX is(are):		
		7				
TAR		Pro	ovider Address Select	tion Options:		
->> Provider Information		Address Line	End Date	Provider Type(s)	Telephone	
->> Patient Information	(9)		chi outo	Provider Type(3)	Telephone	
->> Submit TAR	\odot	1234 MAIN STREET ANYTOWN, CA 95823-5555	12/31/2069	PHYSICIANS	(916) 555-5555	
->> Cancel this Service		4004 MAIN STREET		-		
->> TAR Summary		ANYTOWN, CA 95823-5555	12/31/2069	PHYSICIANS	(916) 555-5555	
->> New TAR						
->> TAR Menu		NOTE: Please click on the appropriate	e address location.			
* Code Search						
Pharmacy Service						
TRANSACTIONS						
and the second second						
* Transaction Services						
-> Exit						~

Note: The Provider Address Selection Options screen will only appear if the NPI being used has multiple addresses associated with it. Use the **Provider Type(s)** column to select the address where services will be rendered. If you do not have multiple NPIs, you will not see this screen. **Do not click the "Back" option from the internet browser when using the eTAR transaction function

Provider Information

- 1. The Submitting Provider # used to log in to Transaction Services will automatically populate. If a TAR needs to be submitted under a different NPI, log out and log in using the correct provider number.
- 2. Click the **Medicare Cert?** checkbox to indicate the provider is Medicare certified.
- **Note:** The submitting provider's name, phone number and address will automatically populate in the Provider Name field.
- 3. For vision providers only, if a fax number is submitted in the **Fax #** field, an Adjudication Response (AR) will be automatically faxed once a TAR adjudicates. If the field is left blank, an AR will not be sent, and TAR status may be viewed and printed through the TAR Inquiry link. Refer to the TAR Inquiry section of this User Guide for more information.
- 4. Enter the name of the person who has the ability to answer questions about the TAR request in the **Contact Name** field.
- 5. Enter the full name of the person who completed the TAR in the **TAR Completed By** field. *Required Field.
- 6. Enter the **Contact Phone #** for the person who can answer questions about the TAR.
- 7. Enter the **Contact Extension** of the contact person.
- 8. Select Continue.

	Home ->> Transaction Services	
	Provider Information	eTAR Medical Tutorials
	Please Enter Provider Information	
TAR		
-» New TAR -» TAR Menu -» Code Search -» Pharmacy Service	Submitting Provider # 1	Medicare Cert?
	Provider Name	
TRANSACTIONS	Phone #	Eav #
-» Transaction Services -» Exit	(00) 000-0000 Street/Mailing Address 820 STILLWATER ROAD City WEST SACRAMENTO	3 ()
	Contact Name Contact Phone # ()	5 *TAR Completed By Contact Extension
	8 Continue	

Provider Information (Cont.)

- 9. If the fax number entered is not recognized by Medi-Cal databases, a window will appear requesting verification of the fax number. Click **OK** if the fax number is correct.
- 10. Click **Cancel** to change the fax number.



Note: If you are not a vision provider, you will not receive an AR via fax.

Patient Information

- 1. Enter the **Recipient ID #** as it appears on the State of California Benefits Identification Card (BIC). *Required Field.
- 2. The **Patient Record #** is an optional but recommended field to help users inquire on a specific TAR or recipient. The number is created by the provider's office. Examples may include the patient's medical record number or patient's account number.
- 3. Use the **Special Handling** dropdown to select a special handling reason for the TAR service being requested. This field is only required if one of the reasons listed below apply. See the Medi-Cal provider manual for more information.
 - 6 Prescription Limit Select when the recipient has exceeded their six-prescription limit for the month, thus requiring authorization.
 - ADHC Regional Centers Select when Community-Based Adult Services (CBAS) are being requested.
 - Beneficiary Exempt from Hearing Aid Cap Select when the maximum hearing aid cap has been met and the beneficiary meets the criteria of those who are excluded from the cap.
 - Breast and Cervical Cancer Treatment Program (BCCTP) Select this special handling option when the Breast and Cervical Cancer Treatment Program (BCCTP) applies.
 - CCT California Community Transitions Select this special handling option when the California Community Transitions (CCT) program applies.
 - CHDP Select this special handling option when the specialized Child Health and Disability Prevention Program (CHDP) applies.
 - *Cannot Bill Direct, TAR is Required* Select this special handling option when the service cannot be claimed direct and requires a TAR in order to submit a claim.
 - *Charpentier* Select this special handling option when submitting claims using the special rules of Medicare or Medi-Cal Charpentier program.
 - Concurrent Review Fax Currently not used.
 - Concurrent Review Onsite Currently not used.

Patient Information – Special Handling (Cont.)

- Container Count Limit Select this special handling option when the request exceeds the maximum number of containers as specified in the Medi-Cal Provider Manual for a compound drug.
- DPO Select this special handling option when facilitating an early discharge from the hospital using a Discharge Planning Option (DPO).
- *EMR* Approved access
- EPSDT Supplemental Services Select this special handling option when the request is beyond normal Early Periodic Screening Diagnosis and Treatment (EPSDT) program scope.
- *Elective Acute Day Hospitalization* Select this special handling option when requesting elective hospital days.
- Emergency Acute Day Hospitalization This special handling option is selected when requesting inpatient hospital days or administrative days.
- Exceeded Billing Dollar Amount This special handling option is selected when the maximum dollar amount allowed for the service within a specific timeframe has been exceeded.
- Exceeded Billing Frequency Limit Select this special handling option when the number of times this service may be provided within a specific timeframe has been exceeded, therefore, requiring authorization.
- *Exceeded Billing Limit* Select this special handling option when the quantity billable for this service has been exceeded, therefore, requiring authorization.
- Exceeded Code 1 Restrictions This special handling option is selected when the recipient has exceeded the Code 1 restricted limits for a drug, as specified in the Medi-Cal Provider Manual.
- Exceeded Inhalers Supply Limit Select this special handling option when the eTAR service request exceeds the inhaler assist device limits, as specified in the Medi-Cal Provider Manual.
- Exceeded Medical Supplies Limit/Container Count Limit This special handling option is selected when the recipient has exceeded their medical supply or container count limit, as specified in the Medi-Cal Provider Manual.
- Exceeded Peak Flow Meters Limit Select this special handling option when the recipient has exceeded their peak flow meter supply limit, as specified in the Medi-Cal Provider Manual.

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Patient Information – Special Handling (Cont.)

- FPACT This special handling option is selected for complications with Family Planning, which may be covered by Family Planning Access Care and Treatment (FPACT) but only with an approved TAR.
- FPACT 6 Prescription Limit Currently not used, 6 Rx limit does not apply to Family PACT
- Hudman Select this special handling option when requesting authorization to a nursing facility in a distinct part of an acute facility in lieu of placement at a free- standing nursing facility.
- ICF-DD Clinical Assurance Review This special handling option is selected for authorization to an Intermediate Care Facility for the Developmentally Disabled (ICF-DD).
- IHO This special handling option is selected for an evaluation and possible authorization for case management with the In-Home Operations (IHO) program.
- MCM Obsolete after April 30, 2011 Currently not used.
- Out-of-State Acute Day Hospitalization This special handling option is selected when requesting acute day hospitalization outside the state of California.
- Podiatry Select this special handling option for Podiatry services.
- Services is a non-benefit and no TAR requirement on procedure file Review –
 Select this special handling option when the service being requested is a non-benefit and does not require a TAR but is needed by the patient and must be authorized.
- Service/Product Exempt from Hearing Aid Cap Select this special handling option when a hearing aid service/product is excluded from the hearing aid cap.
- Step Therapy Exemption This special handling option is selected when the TAR meets exemption from step therapy requirements.

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Patient Information – Special Handling (Cont.)

- *Transfer* Select this special handling option when moving a patient from one nursing facility to another.
- Transplant Related Service
- Usage is for Non-Standard Diagnosis This special handling option is selected when a non-standard diagnosis applies.
- Valdivia Select this special handling option for services that are in excess of those provided normally to a nursing facility patient.
- Voluntary Inpatient Detoxification

Please Enter Patient Information							
1 * Recipient ID #	2 Patient Record #						
3 Special Handling	, ✓						
Sp	ecial Handling						
6	Prescription Limit						
A	DHC Regional Centers Seneficiary Exempt from Hearing Aid Cap						
E	CCT - California Community Transitions						
	Cannot Bill Direct, TAR is Required Charpentier						
	Concurrent Review - Fax Concurrent Review - Onsite						
	PPO						
E	PSDT PDHC						

- **Note:** If the service typically does not require a TAR but still needs to be evaluated by a field office reviewer, select from the drop-down menu **Can Not Bill Direct, TAR is Required**.
- Note: TAR web pages do not have numbered fields.

EPSDT Supplemental Services Elective Acute Day Hospitalization Emergency Acute Day Hospitalization Exceeded Billing Dollar Amount

EPSDT PDN

Patient Information - Special Handling (Cont.)

- 4. Enter the Patient's Last Name. *Required Field.
- 5. Enter the Patient's First Name. *Required Field.
- 6. Enter the patient's Phone number.
- 7. Enter the patient's Date of Birth (mmddyyyy). *Required Field.
- 8. Select the Male or Female radio button to indicate the patient's gender. *Required Field.
- 9. Select the **Work Related?** radio button to indicate if service is work related. *Required Field.
- 10. Use the **Residence Status** dropdown to select the residential status that currently applies to this patient.
- 11. Use the **Medicare Denial Reason** dropdown to select the reason the service requested is not covered by Medicare. *Required Field.
- 12. Enter a **Medicare/OHC Denial Date** (mmddyyyy) if Medicare or Other Health Care Coverage (OHC) has denied this service. If Medicare Denial Reason is entered, this field is required.
- 13. Use the **OHC Denial Reason** dropdown to select the patient's other healthcare coverage status type. *Required Field.

4 *Patient's Last Name Phone # 6 () -	Date of Birth	* Patient's First Name * Male Female O
9 * Work Related? O No O Yes O Unknown Residence Status None		
* Medicare Denial Reason 11 Under 65, does not have Medicare Coverage Medicare/OHC Denial Date 12	* OHC Denial Reason 13 No Other Health Co	overage 🗸

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The **Mother/Transplant Recipient Providing Medi-Cal Eligibility** section is used when submitting a TAR for a newborn using the mother's Medi-Cal eligibility or when an organ transplant donor is using the transplant recipient's Medi-Cal eligibility.

- 14. Enter the **Last Name** of the newborn's mother or the transplant recipient providing Medi-Cal eligibility.
- 15. Enter the **First Name** of the newborn's mother or the transplant recipient providing Medi-Cal eligibility.
- 16. Enter the **Date of Birth** (mmddyyyy) for the newborn's mother or the transplant recipient providing Medi-Cal eligibility.
- 17. Click the **Male** or **Female** radio button to indicate the newborn's mother's gender or the transplant recipient's gender.

Mother/Transplant Recipient Providing Medi-Cal Eligibility	
Last Name 14	First Name 15
Date of Birth	Male Female
16	○ ○ <u>1</u> 7

Use the **Patient's Authorized Representative** section if the eTAR is for a Medi-Cal recipient (patient) who is under guardianship/conservatorship. All fields must be completed in this section to ensure the Patient's Authorized Representative will receive all relevant correspondence concerning the patient.

- 18. Enter the **Name** of the patient's authorized representative.
- 19. Enter the **Street/Mailing Address** of the patient's authorized representative.
- 20. Enter **City** of residence for the patient's authorized representative.
- 21. Enter **State** of residence for the patient's authorized representative.
- 22. Enter the **Zip Code** of residence for the patient's authorized representative.
- 23. Select **Continue** to proceed to the TAR Services menu.

18 Patient's Authorized Representative 18 Name 19 Street/Mailing Address 20 City	21 State	22 Zip Code
23 Continue		

Select Service Category

There are three different ways to add the Service Category.

- 1. If the code is unknown, select **Service Code Search** to initiate the search.
- 2. If you know the code, type the code in the search field and select **Find Service Category(s)** to initiate the search.
- 3. If you know the category, select the Service Category to initiate the search.

Add Service - Category U * Service Code Search 1	Find Service Category(s) 2	Please Select a Servic	e Category	e TAR Medical Tutor
	When	finished with all services, c		
DME Services	LTC Services	Inpatient Services	Outpatient Services	Other Services
 Apnea Monitor Beds Hearing Aid Incontinence Supplies IV Equipment Medical Supplies Mobility Orthotics/ Prosthetics Ox/Respiratory Pumps (non-IV) Other 	 ICF-DD NFA/NFB Non-Electronic MDS Short Stay Subacute 	 Hospital Days Hyperbaric Oxygen Radiology Surgical/Other Procedures Transplant Procedure-Kidney Transplant Procedure-Other 	 Allergy Cochlear Implants CPSP Dialysis FPACT HopTel Hyperbaric Oxygen Radiology Office Visits - Restricted Office Visits - Restricted Provider Plasma Pheresis Portable X-ray Psychiatry Surgical/Other Procedures TeleMed Transplant Acquisition 	 AAC ADHC Detox EPSDT Nutritional Home Health Hospice Non-Pharmacy Issued Driver Respiratory Therapy Speech/ Occupational (Physical Therapy Transportation Vision - Contact Lens / Evaluation Vision - Low Vision Aids Vision - Other Eye Appliar

Service Selection

4. When you enter the Service Code, it may return multiple selections for the code selected. If this is the case, select the **Service Category** that applies to the services being submitted.

Selec	t appropriate service cat	legory for se	rvice constructed below:		eTAR Medical Tutoria
Code	Description	Code Type	4 Service Category	Service Grp Desc	TAR Indicator
93303	ECHO TRANSTHORACIC	P	Surgical/Other Procedure	Medicine	POS/Provider Depend., May Require TAR OR Medi Reservation
63303	ECHO TRANSTHORACIC	P	Off Visit, restricted provider	Medicine	POS/Provider Depend, May Require TAR OR Medi Reservation

- **Note**: This screen will not appear if the service code is associated with only one service category.
- 5. Enter the Service Code to identify the service being requested. If a code was entered in the Service Code Search, it will automatically populate in this field. If the service code is unknown, click the Service Code hyperlink to access the Code Search. See the Code Search section of this User Guide for more information on Code Search. *Required Field.
- 6. Enter up to four **Modifiers**, if applicable. If unknown, click the **Modifiers** hyperlink to access Code Search. See the Code Search section of this User Guide for more information on Code Search. If the service code requires a modifier(s), lack of modifier(s) may result in a TAR deferral, thus delaying the review of the TAR.

Outpatient Services	
Please Enter Radiology Information	
Attachment A Continue	
Service Information	
* Service Code (HCPCS or CPT Code)	6 Modifiers (if applicable)
Service Description (40 characters accepted)	

- **Note:** Depending on the service code entered, information may be required. Enter a **Rendering Provider Number** to allow another provider to inquire on the eTAR service information.
- **Note:** TAR web pages do not have numbered fields.

- 7. Enter the **From Date** (mmddyyyy) to indicate the start of service date. If request is retroactive, enter the actual dates of service. If request is planned, enter the range of dates during which services will be provided.
- 8. Enter the **Thru Date** (mmddyyyy) to indicate the end of service date. If request is retroactive, enter the actual dates of service. If request is planned, enter the range of dates during which services will be provided.
- 9. Use the ICD-CM Type dropdown to select the ICD code type. *Required Field.
- 10. Enter the ICD Code, including the decimal point, indicating the primary diagnosis relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. See the Code Search section of this User Guide for more information on Code Search. *Required Field.
 - **Note:** The **Diagnosis Description** field is no longer used, and the field is disabled. Leave this field blank.
- 11. Enter the **Date of Onset** (mmddyyyy) as it relates to the diagnosis entered in the ICD Code field
- 12. Enter Miscellaneous TAR Information with additional treatment details and medical justification pertinent to the requested service.

Attachment A Continue	
Service Information	
* Service Code (HCPCS or CPT Code) Modifiers (if applicable)	
Service Description (40 characters accepted)	
Side * Total Units 7 From Date 8 Thru Date Rendering Provider #	
CD-CM Type 9 CD-Code (Decimal Required) 10 Diagnosis Description Date of Onse mmddyyyy	t 11
Enter Miscellaneous TAR Information (500 characters accepted)	

- 13. Enter current medical status codes which describe the patient's condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, click the **Medical Status** hyperlink to access Code Search. See the Code Search section of this User Guide for more information on Code Search. See Appendix A for a list of medical status codes. *Required Field.
- 14. Use the **ICD-CM Type** dropdown to select the ICD code type.
- 15. Enter secondary ICD Code, including the decimal point, indicating the diagnoses relative to the requested service(s). If unknown, click the **ICD Code** hyperlink to access Code Search. See the Code Search section of this User Guide for more information on Code Search.

Note: The Diagnosis Description field is no longer used. Leave this field blank.

- 16. Enter the **Date of Onset** (mmddyyyy) associated with the diagnosis entered in the ICD Code field.
- 17. Enter a treatment and history summary for the patient in the Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) include dates if applicable field.

Service Continue	
Patient assessment information for this Service (Attachment A)	
Weight	
Ibs. OZ.	
Please list current functional limitation /physical condition codes	
* Please list current medical status codes relevant to requested service(s) 13
4	
ICD-CM Type ICD Code (Decimal Required) 15 Diagnosis D	Description 16 Date Of Onset
If it is known that the patient has ever received the requested or similar Please list alternatives tried or considered and the reason why they are in Service Code	describe Alternative Tried/Considered (30 characters accepted)
Reason	
Reason	~
Pageon	
reason	
Reason	~
Please explain why the least costly method of treatment is not being used	I. (255 characters accepted)

- 18. Enter the **Physician Prescription** instructions using the exact wording written on the prescription. *Required Field.
- 19. Enter the NPI in the **Physician's License #** field. *Required Field.
- 20. Enter the prescribing Physician's Name. *Required Field.
- 21. Enter the **Physician's Phone** number. *Required Field.
- 22. Enter the **Prescription Date** (mmddyyyy). *Required Field.
- 23. Click **Continue** to return to the TAR Service menu. See the Submit TAR section in this User Guide for information on submitting the TAR.
- 24. Click **Another Service**, **Same Category** to create another service line for the same service type.

Prescribing Physician Information	
* Physician Prescription (255 characters	accepted) 18
* Physician's License # 19	* Physician's Name 20
* Physician's Phone 21	* Prescription Date 22
Attachment A Service	23 24 Continue Another Service, Same Category

Note: When selecting **Another Service**, **Same Category**, up to 99 service lines may be added.

TAR Summary

1. Select **TAR Summary** to review, confirm or correct all information entered on the eTAR.

	Add Service - Category * Service Code Search	Unknown Find Service Category(s)			
TAR ->> Provider Information	DME	When	Please Select a Service C	Category < Submit TAR Outpatient	e TAR Medical Tutorials
 Patient Information Submit TAR Cancel this Process TAR Summary New TAR TAR Menu Code Search Pharmacy Service TRANSACTIONS Transaction Services Exit	ITAR mary DME Services · Apnea Monitor · Beds · Hearing Aid · Incontinence Supplies · IV Equipment · Medical Supplies · Mobility · Orthotics/ Prosthetics · Ox/Respiratory · Pumps (non-IV) · Other	LTC Services • ICF-DD • NFA/NFB Non-Electronic MDS • Short Stay • Subacute	Inpatient Services Hospital Days Hyperbaric Oxygen Radiology Surgical/Other Procedures Transplant Procedure-Kidney Transplant Procedure-Other	Outpatient Services Allergy Cochlear Implants CPSP Dialysis FPACT HopTel Hyperbaric Oxygen Radiology Office Visits - Restricted Office Visits - Restricted Provider Plasma Pheresis Portable X-ray Surgical/Other Procedures TeleMed Transplant Acquisition	Other Services - AAC - ADHC - Detox - EPSDT Nutritional - Home Health - Hospice - Non-Pharmacy Issued Drug - Respiratory Therapy - Respiratory Therapy - Speech/ Occupational /Physical Therapy - Transportation - Vision - Contact Lens / Evaluation - Vision - Low Vision Aids - Vision - Other Eye Appliances

Verifying Information

Verify and correct all information before submitting the TAR.

- 2. Click **Update Provider Information** to return to a specific page to add or edit previously submitted information.
- 3. Click **Update Patient Information** to return to a specific page to add or edit previously submitted information.
- 4. Click **Update This Service** to return to a specific page to add or edit previously submitted information.
- 5. Click Cancel This Service to cancel the service.

Provider Information						
Submitting Provider		Medicare Ce	ertified			
		N				
Provider Name		F	Phone #		Fax #	
TTG TEST NUMBER - H Street/Mailing Address	OSP	(000)000-0000	State	Zin C	ode
3215 PROSPECT PARK	DR		RNCHO CORDO	A CA	95670)
Contact Name	Contact Phone #	ŧ		Co	ontact Extension	
TAR Completed By						
Update Provider I	nformation 2					
Patient Information						
Recipient ID			Patient Re	cord #		
Special Handling						
Last Name					First Name	
Doe					Jane	
Phone #	Date of Birth		Gender		Worker's Comp	?
Miccellancous TAB Inform	12021970		Female		Unknown	
MISCEIIAREOUS TAR IIIOR	nduon	Medicare/OHC	Me	dicare/OHC		
Residence Status	Medicare Denial Reason	Denial Date	De	nial Certification	OHC De	enial Reason
	Under 65, does not have Medicare Coverage		No		No Othe	er Health Coverage
Mother/Transplant Recipi	ent Providing Medi-Cal Eligibility					
Last Name	First Name					
Date Of Birth	Gender					
Patient's Authorized Rep Name	resentative					
Street/Mailing Address						
City	State		Zip Code			
Update Patient Inform	mation					
Service Information						
Update This Service	Cancel This Service 5					
Temporary Service Numb	per: 1					
Ind. Ser	vice Code		Modifier	S		Side
Inpat/Outpat - MRI 705	557		тс			
Service Description		1	otal Units	From Date		Thru Date
		2	2			
ICD-CM Type ICD Cod	e Diagnosis Description				Date of C	inset
ICD-10 252.4		,	Price			
Rendering Devides #			ndicator			
Provider #						

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- 6. Click **Update Attachment A** to return to a specific page to add or edit previously submitted information.
- 7. Click **Services** to return to the TAR Services menu to add any additional services.
- 8. Click **Submit TAR** once all information is verified and completed.

Inpat/Outpat MPI	Service C	ode		modifiers		Side
(Radiology)	70557			тс		
Service Description			Total Units		From Date	Thru Da
			2			
ICD-CM Type ICD	Code	Diagnosis Description				Date of Onset
ICD-10 252.	.4	2				
Rendering			Price			
Provider #			Indicator	oial condi	ition	
			0 - NO SP	ecial condi	luon	
Update This Ser	vice	Cancel This Service				
Temporany Service N	Jumbor : 2					
Temporary Service I	vumber . 2					
Ind.	Service C	ode		Modifiers		Side
(Radiology)	93303					
Service Description			Total Units		From Date	Thru Da
			1			
ICD-CM Type ICD	Code	Diagnosis Description				Date of Onset
ICD-10 W88	AXX0.	Braghoolo Becomption				Date of encot
Rendering			Price			
Provider #			Indicator		141	
Update Attachm	ent A	6				
Update Attachm Patient Assessmen	ent A	6 tion (Attachment A)				
Update Attachm Patient Assessmer P.O.T. Adherence	ent A	6 tion (Attachment A) Feeding Method	Height		V	Veight
Update Attachm Patient Assessmer P.O.T. Adherence In-Home Assistance	ent A	6 tion (Attachment A) Feeding Method r	Height		V	Veight
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Submit TAR

1. Select the **Attachment(s) Submission Option** radio button that reflects how and when the attachments will be submitted. If the required attachments are not received within the specified time, the eTAR will be deferred or denied.

Note: When making your selection, the preferred method is to upload attachments followed by faxing attachments.

When selecting either I will be faxing attachment(s) now or I will be faxing attachment(s) (within 8 hours), a window appears to print a completed TAR 3 Attachment Form.

Attachments may be submitted as hard copy via fax, U.S. mail or online. See the Attachment Submission section of this User Guide for more information about faxing attachments.

2. Click **Continue** to submit the eTAR for review.

<u>Or</u>

3. Click Return to Summary to return to the TAR Summary page.

Treatment Authorization Request
eTAR Medical Tutorials
1 Attachment(s) Submission Option: I will be uploading attachment(s) now I will be uploading attachment(s) (within 8 hours) I will be faxing attachment(s) now I will be faxing attachment(s) now
I will be faxing attachment(s) (within 8 hours) I will be mailing attachment(s) (within 5 days) I will not be submitting attachment(s)
FAX in California (877)270-8779 FAX outside of California (916)384-9000 IMPORTANT: You must ALWAYS use the TAR 3, Treatment Authorization Request (TAR) ? Attachment Form as the FAX cover sheet when FAXing eTAR attachments. To order additional TAR 3, Treatment Authorization Request (TAR) ? Attachment Forms please call: (800) 541-5555 and follow the prompts for eTAR.
NOTE: TARs will be deferred if attachments are not received within the time stated above.
Verify that all information is correct before you submit your eTAR. Be sure the following statement is accurate before submitting your eTAR:
"To the best of my knowledge, the information entered in this electronic submission is true, accurate and complete and the requested services are medically indicated and necessary to the health of the patient."
2 Continue Return to Summary 3

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- 4. Click **OK** to print a copy of the *TAR 3 Attachment Form*. Confirm all information on the eTAR request is correct prior to printing the form. Neglecting to do so may cause the eTAR to be deferred or denied.
- 5. Click **Cancel** if the print feature for the *TAR 3 Attachment Form* is not needed. See the TAR 3 Attachment Form section of this User Guide for more information on the *TAR 3 Attachment Form*.

						eTAR N	ledical Tutor
				Thank tou: tour TAK has been s	accessfully submitted.		
				If you need to update this TAR, p	please wait 5 minutes.		
			. 6	Prior Authorization Does Not Gua	arantee Claim Payment.		
				TAR # : 020005	6825		
rovider Informa	ntion						
Windows In	ternet Explorer						
Do *** att	you want to print a T/ *Before printing the T/ achment to be rejecte	AR Attachm AR Attachm d.***	ent form I ent form,	for the attachment(s)? please confirm that the Provid	ler FAX # field is completed ac	curately. Neglecting to do this n	hay cause y
Po att	you want to print a T/ *Before printing the T/ achment to be rejecte	AR Attachm AR Attachm d.***	ent form I ent form,	for the attachment(s)? please confirm that the Provid 4 0K	ler FAX # field is completed ac	curately. Neglecting to do this n	nay cause y
2 Do att	you want to print a T/ *Before printing the T/ achment to be rejecte Non-emergency Med	AR Attachm AR Attachm d.***	ent form I ent form,	for the attachment(s)? please confirm that the Provid 4 5 OK	ler FAX # field is completed ac Cancel 04012018	curately. Neglecting to do this n 04012018	nay cause y
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Po *** att envice Code r202 envice # envice Code	you want to print a T/ *Before printing the T/ achment to be rejecte Non-emergency Med Modifiers XE Service Ind. Non-emergency Med Modifiers	AR Attachm AR Attachm d, *** Trans	ent form i	for the attachment(s)? please confirm that the Provid 4 5 OK 5 Service Description RESPONSE TO CALL-NONLIT Service Description	ler FAX # field is completed ac Cancel 04012018 TTER CASE,2 PATIE Requested From Date 04012018	curately. Neglecting to do this n 04012018 Status IN REVIEW Requested Thru Date 04012018 Status	nay cause y
Po *** att envice Code 202 envice # envice Code 216	you want to print a T/ *Before printing the T/ achment to be rejecte Non-emergency Med Modifiers XE Service Ind. Non-emergency Med Modifiers SW	AR Attachm AR Attachm d, *** Trans Trans ED RF	ent form ent form, CS	for the attachment(s)? please confirm that the Provid 4 5 OK 6 Service Description RESPONSE TO CALL-NONLIT Service Description AMB MILEAGE	Cancel 04012018 TTER CASE.2 PATIE Requested From Date 04012018	Curately. Neglecting to do this n 04012018 Status IN REVIEW Requested Thru Date 04012018 Status IN REVIEW	nay cause y
Po ** att envice Code 202 envice # envice Code 216 envice #	you want to print a T/ *Before printing the T/ achment to be rejecter Non-emergency Med Modifiers XE Service Ind. Non-emergency Med Service Ind.	AR Attachm AR Attachm d, *** Trans Trans ED RF	ent form ent form, CS	for the attachment(s)? please confirm that the Provid 4 5 OK Service Description RESPONSE TO CALL-NONLIT Service Description AMB MILEAGE	Ier FAX # field is completed ac Cancel 04012018 TTER CASE 2 PATIE Requested From Date 04012018	curately. Neglecting to do this n 04012018 Status IN REVIEW Requested Thru Date 04012018 Status IN REVIEW Requested Thru Date	nay cause y
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Note: If a window does not appear when the fax attachments option is selected, a pop-up blocker may be active.

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All required fields are populated automatically using the information provided in the eTAR application. Editing of the *TAR 3 Attachment Form* is possible prior to printing the document. See the *TAR 3 Attachment Form* section of this User Guide for additional information and instructions regarding the *TAR 3 Attachment Form*.

Print the *TAR 3 Attachment Form* and fax to 1-877-270-8779 from inside California, or (916) 384-9000 from outside California.

Mail attachments to:

California MMIS Fiscal Intermediary P.O. Box 13029 Sacramento, CA 95813-4029

TREATM	IENT AUTHORIZATION REQUEST - ATTACHMENT FORM
3	STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES
F	INTERNAL CONTROL NUMBER - FI USE ONLY
	5
CONFID	ENTIAL PATIENT INFORMATION PI FASE TYPE INFORMATION
PART I: PRO	VIDER INFORMATION
1 SUBMITTING PROVI	DER # 2 PATIENT RECORD # 3 PROVIDER PHONE # 4 PROVIDER FAX #
5 PROVIDER NAME	10 MEDICARE CERTIFIED
6 PROVIDER STREET	MALING ADDRESS
7 CITY	8 STATE 9 ZIP CODE 12 PROVIDER CONTACT PHONE #
-	CA
13 ORIGINAL TAR NU	IMBER 14 UPDATE RSN 15 SPCL HNDLG 16 RETRO RSN 17 RETRO DATE
PART II: PA	TIENT INFORMATION
31 MEDI-CAL IDENTIF	FICATION 32 PATIENT NAME, LAST 33 FIRST 35 RES
NUMBER	34 SEX STAT 36 WRC
TO THE BEST OF	F MY KNOWLEDGE, THE ABOVE IS TRUE, ACCURATE, AND COMPLETE AND THE REQUESTED
SERVICES ARE	MEDICALLY INDICATED AND NECESSARY TO THE HEALTH OF THE PATIENT.
SIGNATUR	E OF PHYSICIAN OR PROVIDER DATE
X	
Note: AUTHOR	IZATION DOES NOT GUARANTEE PAYMENT. PAYMENT IS
CURRENT BEF	FORE RENDERING SERVICE.
CONFIDENTIAL	
CONFIDENTIAL	confidential and privileged information. Any unauthorized review or use, including
and may contain	tribution is prohibited. If you are not the intended recipient, please
and may contain disclosure or dist	
and may contain disclosure or dist contact the send	er and destroy all copies of the fax transmission.
and may contain disclosure or dist contact the send	er and destroy all copies of the fax transmission.
and may contain disclosure or dist contact the send	er and destroy all copies of the fax transmission.
and may contain disclosure or dist contact the send	ler and destroy all copies of the fax transmission.

Note: Overnight and/or FedEx delivery are not accepted.

- 6. It is important to retain the TAR Control Number (TCN) that confirms the transmission and can be used should you need to update or inquire on the TAR.
 - **Note:** The "In Review" status verifies that the TAR was submitted for review. Once the TAR is approved, the Pricing Indicator (PI) becomes the 11th digit of the TCN that is used when submitting claims. The PI code is added by the provider
- 7. The **Provider Information** section reflects the submitting provider's ID and the Patient Record Number.
- 8. The **Patient Information** section reflects the recipient's ID and the name as submitted.
- 9. The **Service Information** section provides a brief summary of the TAR services requested and the status for each service line.
- 10. The Status field indicates the current status.

		Thank You! Y	our TAR has been su	ccessfully submitted.		
		If you need t	o update this TAR, p	lease wait 5 minutes.		
		* Prior Authori	zation Does Not Gua	rantee Claim Payment.		
		6	TAR # : 0400052	2927		
Provider Inf	ormation 7	930	Patient Decord # -			
Patient Info	rmation 8					
Recipient ID :			Patient Name : CHRIS			
Service Info	rmation 9					
Domino #	Service Ind.			Requested From Date	Requested Thru Date	
Service #	Subacuto			12012019	04302020	
Service #	Subacute				The second second	
1 Service Cod	B	Service Description			Status	
Updating a Rejected TAR

Rejected TAR

"Rejected Status" indicates the service line was not submitted due to the reasons listed in the eTAR Confirmation window.

To correct and resubmit, the service line must be updated. This is the only place where you will see why a service has been rejected. It is highly recommended that you capture this error message when it appears since this is the only time this message will appear.

See the Updating an Existing TAR section of this User Guide for further information.

			TAR # : 04000	052692	
Error Messag	jes				
Service #1:	ICD C	ode: Not F	ound. Check decimal point	t and extra digits.	
Service #2:	Servic	e Indicator	Service Indicator/Service	Code Combination Inval	id
Submitting Pr	ovider :		Patient Record	#:	
Patient Inform					
Recipient ID :	1		Patient Name :	Jane Doe	
Service Infor	mation		Patient Name :	Jane Doe	
Service #	mation		Patient Name :	Jane Doe Requested From	Requested Thru Date
Service #	mation Service Ind. Inpat/Outpat - MR	I (Radioloc	Patient Name :	Jane Doe Requested From Date	Requested Thru Date
Service # 1 Service Code	mation Service Ind. Inpat/Outpat - MR Modifiers	l (Radiolog	Patient Name :	Jane Doe Requested From Date	Requested Thru Date
Service # 1 Service Code 70557	mation Service Ind. Inpat/Outpat - MR Modifiers TC	I (Radiolog	Patient Name : . y) Service Description MRI BRAIN W/O DYI	Jane Doe Requested From Date E	Requested Thru Date Status Rejected
Service # Service Code 70557 Service #	mation Service Ind. Inpat/Outpat - MR Modifiers TC	I (Radiolog	Patient Name : . y) Service Description MRI BRAIN W/O DYI	Jane Doe Requested From Date E Requested From Date	Requested Thru Date Status Rejected
Service Information Service Information Service Information Service Code 70557 Service # 2	service Ind. Inpat/Outpat - MR Modifiers TC Service Ind. Inpat/Outpat - MR	I (Radiolog	Patient Name : . y) Service Description MRI BRAIN W/O DYI	Jane Doe Requested From Date Requested From Date	Requested Thru Date Status Rejected Requested Thru Date
Service Information Service Information Service Information Service Code 70557 Service # 2 Service Code Service Code 70557	service Ind. Inpat/Outpat - MR Modifiers TC Service Ind. Inpat/Outpat - MR Modifiers	I (Radioloç	Patient Name : . y) Service Description MRI BRAIN W/O DY1 y) Service Description	Aane Doe Requested From Date E Requested From Date	Requested Thru Date Status Rejected Requested Thru Date Status

Note: If the status reflects "Rejected," repeat the process until you see the "In Review" status.

There are several reasons for a TAR to receive a "Rejected" Status, such as the following:

- The reject reason is due to prior TAR being "denied," you will need to request an Appeal TAR
- The reject reason is due to failure to update a deferred TAR within the required 30-day timeframe. You must submit a new TAR
- The reject reason is due to "TAR not required." You must use a "Special Handling Code" appropriate for the rejected service.

Updating an Existing TAR

Update TAR

1. Select the Update an existing TAR or Update TAR option.

Important: Only eTARs may be updated in the eTAR Transactions tool. You must wait at least five minutes after submitting a TAR before performing an update to a TAR.

Denied or cancelled TAR services cannot be updated. Update attempts made to a denied or cancelled TAR service will be rejected by the system.

TAR Menu
eTAR Medical Tutorials
Welcome to the Treatment Authorization Request (TAR) menu. Please choose from one of the following options:
-» Create a New TAR
->>> Upload TAR Attachments
->> Inquire on a TAR
->> View TAR Responses
-» Code Search

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- 2. The **Original Submitting Provider** number used to log into Transaction Services will automatically populate. If a TAR needs to be submitted using a different provider number, log out of Transaction Services and log in using the correct provider number. *Required Field.
- 3. Enter the **Original Recipient ID #** submitted on the TAR. *Required Field.
- 4. Enter the **Original TAR #** that was assigned by the system. *Required Field.
- 5. Use the **Update Reason** dropdown to select the reason for the update. *Required Field.
 - Add Service Used to add additional service lines to a previously submitted TAR.
 Do not use this update reason to request additional units.
 - Aid Paid Pending Currently not used.
 - Cancel Individual Service(s) Used to cancel specific service line(s) on a previously submitted eTAR. Once a service is cancelled, it cannot be updated.
 - Cancel TAR Used to cancel all services on a previously submitted or approved eTAR. Once an eTAR is cancelled, it cannot be updated.
 - Change in Service Used to update service information on an In Review, Approved or Modified eTAR. This information includes units, procedure codes, dates of service, and diagnosis information. If the service lines have had claims submitted successfully, the only fields that may be updated are units and dates. Do not use this update reason to request an extension of service; the Reauthorization update reason must be used.
 - Correct Recipient ID Recipient information may only be changed with this update reason. Recipient ID cannot be changed if any units on any service on the TAR have been used.
 - Reauthorization Used to request additional units/days/length of care on a previously Approved or Modified eTAR. The only fields that may be updated are the units, thru date, and Miscellaneous TAR Information.
 - *Submit Freeform Attachments* Do not use. Refer to Submit Attachment section in this User Guide for more information.
 - Update Deferred Service Used to update service information for a Deferred TAR.
 - Update Rejected Service Used to update service information for a Rejected TAR.

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1. Click **Update TAR** to continue updating the eTAR.

Update TAR		
Please enter original TAR info	Add Service Administrative Override Aid Paid Pending	or updating.
2 * Original Submitting Provider #4 3 * Original Recipient ID # 4 * Original TAR #	Cancel Individual Service(s) Cancel TAR Change in Service Correct Recipient ID First Level Appeal Reauthorization Submit Freeform Attachments Update Deferred Service	
5 Update Reason 6 Update TAR Attachment	Cancel TAR Update	

Add Service Update Reason Code

The Add Service update reason code is used to add additional service lines to a previously submitted TAR.

- 1. Enter the **Original Recipient ID #** submitted on the eTAR. *Required Field.
- 2. Enter the **Original TAR #** that was assigned by the system when the eTAR was successfully submitted. *Required Field.
- 3. Use the **Update Reason** dropdown to select Add Service. *Required Field.
- 4. Click **Update TAR** to add service(s) to an existing eTAR.

Update TAR		
Please enter original TAR info	Add Service Administrative Override Aid Paid Pending Cancel Individual Service(s)	or updating.
* Original Submitting Provider #0	Cancel TAR Change in Service Correct Recipient ID	
Original Recipient ID #	First Level Appeal Reauthorization Submit Freeform Attachments	
3 Update Reason	Update Deferred Service Update Rejected Service	
4 Update TAR Attachment	cancel TAR Update	~

Note: Do not use this update reason to request additional units.

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5. Select **Services** at the bottom of the TAR Summary page to add service line(s) to the TAR.

Service Number : 2					
Ind.	Service Co	de	Modifie	ers	Side
Inpat/Outpat - MRI (Radiology)	93303				
Service Description			Total Units	From Date	Thru Date
ECHO TRANSTHOP	ACIC		1		
ICD-CM Type ICD (Code	Diagnosis Description			Date of Onset
ICD-10 W88.	AXXO	Exposure to X-rays, initial er	ncounter		
Rendering Provider #			Price Indicator		
			0 - No special co	ondition	
Patient Assessmen	t Informatic	n (Attachment A)			
P.O.T. Adherence		Feeding Method	Height	We	ight
In-Home Assistance 0Hrs/Day 0Days/Wi Please list current fu Please list previous	Care Giver	ation/physical condition codes htation/physical condition codes			
Please list current m	edical status	codes relevant to requested set	rvice(s)		
ICD-CM Type ICD	Code	Diagnosis Description			Date Of Onset
Please summarize tr	eatment/pro	cedures/surgeries/clinical finding	gs/history relevant to the requ	uested service(s) (includ	e dates if applicable)
If it is known that the	patient has	ever received the requested or s	similar service(s), please exp	plain (include dates)	
	ne therapeut	c goal to be met with the reques	sted service(s)		
Please summarize th	es tried or co	insidered and the reason why the scribe Alternative Tried/Conside	ey are not feasible for this pa ered	atient	Reason
Please summarize the Please list alternative Service Code	De				
Please summarize the Please list alternative Service Code Please explain why the Please exp	De he least cos	tly method of treatment is not be	ling used.		
Please summarize ti Please list alternative Service Code Please explain why fi Prescribing Physic Physician Prescriptic Necessary service	De the least cos ian Informa on	tly method of treatment is not be	ing used.		
Please summarize ti Please list alternative Service Code Please explain why the Prescribing Physic Physician Prescriptic Necessary service Physician's License	De ihe least cos ian Informa on #	tly method of treatment is not be tion Phy	ing used. sician's Name		
Please summarize ti Please list alternativ Service Code Please explain why ti Prescribing Physic Physician Prescriptic Necessary service Physician's License 0099212421	De ihe least cos ian Informa n #	tly method of treatment is not be tion Phy JOH	ing used. sician's Name IN SMITH		
Please summarize ti Please list alternativ Service Code Please explain why ti Prescribing Physic Physician Prescriptic Necessary service Physician's License 0099212421 Physician's Phone (desp55 5555	De the least cos ian Information #	tly method of treatment is not be tion Phy JOH Pre:	sician's Name		

Service Code Search

- 6. Enter the service code in the **Service Code Search** field to identify the service to be added to the TAR. If unknown, see the Code Search section of this User Guide for additional information on Code Search.
- 7. Click Find Service Category(s) to initiate the search.

Add Service - Category Unknown * Service Code Search 7	Find Service Category(s)			
		Please Select a Service When finished with all services clir	Category	eTAR Medical T
DME Services	LTC Services	Inpatient Services	Outpatient Services	Other Services
Apnea Monitor	ICF-DD	Hospital Days	Alleray	• AAC
Beds	NFA/NFB Non-Electronic MDS	Hyperbaric Oxygen	Cochlear Implants	ADHC
Hearing Aid	Short Stay	Radiology	CPSP	Detox
Incontinence	Subacute	 Surgical/Other 	Dialysis	EPSDT Nutritional
Supplies		Procedures	FPACT	Home Health
 IV Equipment 		Transplant	HopTel	Hospice
 Medical Supplies 		Procedure-Kidney	 Hyperbaric Oxygen 	 Non-Pharmacy Issued Drug
Mobility		Transplant Procedure Other	Radiology	 Respiratory Therapy
Orthotics/		Procedure-Onici	Office Visits - Restricted	Speech/
Prostneucs			 Office Visits - Restricted Provider 	Occupational
OxiRespiratory			Plasma Pheresis	/Physical Therapy
Pumps (non-IV)			Portable X-ray	Iransponasion
• Other			 Psychiatry 	Vision - Contact Lens / Evaluation
			 Surgical/Other Procedures 	Vision - Low Vision Alds Vision - Other Fire Appliances
			TeleMed	 vision - Other Eye Appliances
			Water and a state of the second state of the s	

Cancel Individual Service(s) Update Reason Code

The Cancel Individual Service(s) update reason code is used to cancel specific service line(s) on a previously submitted TAR. Once a service is cancelled, it cannot be updated.

- 1. Enter the **Original Recipient ID #** submitted on the eTAR. *Required Field.
- 2. Enter the **Original TAR #** that was assigned by the system when the eTAR was successfully submitted. *Required Field.
- 3. Use the **Update Reason** dropdown to select *Cancel Individual Service(s)*. *Required Field.
- 4. Click **Update TAR** to cancel a service on the existing eTAR.

Update TAR	
Please enter original TAR info	ormation to retrieve your TAR for updating.
* Original Submitting Provider #	
1 * Original Recipient ID #	
2 * Original TAR #	
3 * Update Reason	~
4 Update TAR Attachment	Add Service Administrative Override
	Aid Paid Pending Cancel Individual Service(s)
	Change in Service Correct Recipient ID Call Medi-Cal Site Help Medi-Cal Site Map
	First Level Appeal Back to Top Contact Us Site Help Site Map Reauthorization Back to Top Contact Us Site Help Site Map
	Submit Freeform Attachments Conditions of Use Privacy Policy Update Deferred Service Copyright © 2007 State of California

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5. Select **Cancel This Service** next to the service that needs to be cancelled. Once a service is cancelled it cannot be updated.

Submitting Provider		Medicare C	Certified					
		N						
Provider Name			Phone #			Fax	#	
TTG TEST NUMBER - HOSP	,		(000)000-0	000	Ch.		Zin O	la da
3215 PROSPECT PARK DR			RNCHO C		CA	ite	2ip C 9567	0 0
Contact Name	Contact Phone #				•	Contact E	Extension	•
TAR Completed By								
Update Provider Infor	mation							
Patient Information								
Recipient ID			Pat	ient Recor	d #			
On a sight handling								
Special Handling						Electronic de la companya de la comp	Mana	
Last Name						First	Name	
Phone #	Date of Birth		Gender			Work	, ker's Comr)?
	12021970		Female			Unk	nown	
Miscellaneous TAR Information	n							
		Medicare/OHC	;	Medic	are/OHC			
Residence Status	Medicare Denial Reason	Denial Date		Denia	l Certificati	on	OHC D	enial Reason
	Under 65, does not have Medicare Coverage			No			No Oth	er Health Coverage
Mother/Transplant Recipient	Providing Medi-Cal Eligibility							
Last Name	First Name							
Date Of Birth	Gender							
Patient's Authorized Represen	ntative							
Street/Mailing Address								
City	State		Zip Code					
Update Patient Informati	on							
Service Information								
Update This Service	Cancel This Service 5							
Temporary Service Number :	1							
Ind. Service	Code			Modifiers				Side
Inpat/Outpat - MRI 70557				тс				
(Radiology)			Tatal Units		From Da			They Det
Service Description			2		From Da	le		Inru Date
			-					
ICD-CM Type ICD Code	Diagnosis Description						Date of C	Dnset
ICD 10 252 4								
202.4			Drico					
Rendering Provider #			Indicator					

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After selecting **Cancel This Service**, the service line info page will appear. All fields are disabled when the Cancel Individual Service(s) update reason code is selected. If the update reason code is changed, the fields will become editable.

6. Click **Continue**.

Please Enter Service Information.					
Service Information					
1					
Update Reason					
Cancel Individual Service(s) ~					
Service Code		Modifiers			
70557		TC			
Service Description					
Inpat/Outpat - MRI (Radiology)					
Side			Total Ur	nits	
~			2		
From Date		Thru Date			
mmddyyyy		mmddyyyy			
ICD-CM Type ICD Code (Decimal Required)	Diagnosis Description				Date of Onset
ICD-10 ~ 252.4					mmddyyyy
Rendering					
Provider #	Pricing Override Request				
	0 - No special c	ondition		\sim	
Enter Miscellaneous TAR Information (500 characters	accepted)				
			1		
Continue					

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7. Click **Submit TAR** to continue the cancellation of the selected individual service. Once a service is cancelled, it cannot be updated.

Temporary Service N	umber : 2				
Ind.	Service Co	de	Modifi	iers	Side
Inpat/Outpat - MRI (Radiology)	93303				
Service Description			Total Units	From Date	Thru Date
			1		
ICD-CM Type ICD (ICD-10 W88.	Code 0XXA	Diagnosis Description			Date of Onset
Rendering Provider #			Price		
riovider#			0 - No special c	ondition	
Update Attachme	entA				
Datiant Assessment					
Patient Assessmen	t informatio	on (Attachment A)			
P.O.T. Adherence		Feeding Method	Height	٧	Weight
In-Home Assistance	Care Giver				
Please list current fu	nctional limi	tation/physical condition codes			
Please list previous t	functional lin	mitation/physical condition codes			
Please list current m	edical status	s codes relevant to requested ser	vice(s)		
ICD-CM Type ICD	Code	Diagnosis Description			Date Of Onset
Please summarize tr	eatment/pro	ocedures/surgeries/clinical finding	s/history relevant to the req	quested service(s) (inclu	ude dates if applicable)
If it is known that the	patient has	ever received the requested or s	imilar service(s), please ex	plain (include dates)	
Please summarize th	ne therapeut	tic goal to be met with the reques	ted service(s)		
Please list alternative	es tried or cr	onsidered and the reason why the	ey are not feasible for this p	patient	
Service Code	D	escribe Alternative Tried/Conside	red		Reason
Please explain why t	he least cos	stly method of treatment is not be	ing used.		
Prescribing Physic	ian Informa	tion			
Frescribing Filysic	n				
Physician Prescriptic	#	Phy	sician's Name		
Physician Prescriptic Necessary service Physician's License		Joh	n Smith		
Physician Prescriptic Necessary service Physician's License	n				
Physician Prescriptic Necessary service Physician's License Physician's Phone	"	Pres	cription Date		

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- 8. Select I will not be submitting attachment(s) under the Attachment(s) Submission Option heading. No attachments are required when canceling a service line.
- 9. Click **Continue** to proceed with the cancellation.
- <u>Or</u>
- 10. Click **Return to Summary** to return to the TAR Summary page for further review. The TAR service line(s) has not been cancelled until you have completed the process by selecting **Continue**.

Treatment Authorization Request
e TAR Medical Tutorials
Attachment(s) Submission Option:
 I will be uploading attachment(s) now I will be uploading attachment(s) (within 8 hours) I will be faxing attachment(s) now I will be faxing attachment(s) (within 8 hours) I will be mailing attachment(s) (within 5 days) 8 I will not be submitting attachment(s)
FAX in California (877)270-8779 FAX outside of California (916)384-9000 IMPORTANT: You must ALWAYS use the TAR 3, Treatment Authorization Request (TAR) ? Attachment Form as the FAX cover sheet when FAXing eTAR attachments. To order additional TAR 3, Treatment Authorization Request (TAR) ? Attachment Forms please call: (800) 541-5555 and follow the prompts for eTAR.
NOTE: TARs will be deferred if attachments are not received within the time stated above.
Verify that all information is correct before you submit your eTAR. Be sure the following statement is accurate before submitting your eTAR:
"To the best of my knowledge, the information entered in this electronic submission is true, accurate and complete and the requested services are medically indicated and necessary to the health of the patient."
9 Continue Return to Summary 10

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11. If the service line **Status** is "In Review," the service line was successfully submitted to be cancelled. Only the cancelled service line(s) will display on this page. See the Update Rejected Service section in this User if the status is rejected.

		Thank You! Y	four TAR has been so	uccessfully submitted.		
		If you need	to update this TAR, p	please wait 5 minutes.		
		* Prior Author	ization Does Not Gua	arantee Claim Payment.		
			TAR # : 040005	2927		
Drovider Inf	ormation					
Submitting P	rovider : 0099097	7830	Patient Record # :			
Patient Info	rmation					
Recipient ID	D		Patient Name : CHI	RIS		
Service Info	rmation					
Service #	Service Ind.			Requested From Date	Requested Thru Date	
1	Subacute			12012019	04302020	
Service Code	e	Service Description			Status	11
11		Subacute			In Review	-

Cancel TAR Update Reason Code

The Cancel TAR update reason code is used to cancel an entire TAR. Once a TAR is cancelled, it cannot be updated.

- 1. Enter the **Original Recipient ID #** submitted on the TAR. *Required Field.
- 2. Enter the **Original TAR #** that was assigned by the system when the TAR was successfully submitted. *Required Field.
- 3. Use the **Update Reason** dropdown to select *Cancel TAR*. *Required Field.
- 4. Click **Update TAR** to proceed with the cancellation of an existing TAR.

Please enter original TAR information to retrieve your TAR for updating. * Original Submitting Provider # 1 * Original Recipient ID # 2 * Original TAR #
Please enter original TAR information to retrieve your TAR for updating. * Original Submitting Provider # 1 * Original Recipient ID # 2 * Original TAR #
Please enter original TAR information to retrieve your TAR for updating. * Original Submitting Provider # 1 * Original Recipient ID # 2 * Original TAR # 3 * Update Recent
* Original Submitting Provider # 1 * Original Recipient ID # 2 * Original TAR # 3 * Undate Resear
1 * Original Recipient ID #
2 * Original TAR #
2 * Uladata Reason
4 Update TAR Attachment Add Service
Aid Paid Pending
Cancel Individual Service(s)
Change in Service Correct Recipient ID
First Level Appeal Reauthorization Back to Top Contact Us Site Help Site Map
Submit Freeform Attachments Update Deferred Service Update Deferred Service Update Deferred Service
Opuale Rejected Service

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5. Both the **Cancel TAR** and **Submit TAR** at the bottom of the TAR Summary screen will continue the cancellation of the TAR. When the Cancel TAR update reason code is selected, all buttons will be disabled/grayed out, except for the Cancel TAR and Submit TAR buttons.

opulie mis corride				
Temporary Service Numbe	er : 2			
Ind. Servi	ice Code	Modifie	ers	Side
(Radiology) 9330)3			
Service Description		Total Units	From Date	Thru Date
		1		
ICD-CM Type ICD Code	Diagnosis Description			Date of Onset
ICD-10 W88.0XXA	N			
Rendering		Price		
Provider #		Indicator	adition	
		0 - NO Special Co	hallon	
Update Attachment A				
Patient Assessment Info	ormation (Attachment A)			
P.O.T. Adherence	Feeding Method	Height	Weigh	t
In-Home Assistance/Care	Giver			
Please list current function	nal limitation/physical condition codes			
Please list previous function	onal limitation/physical condition code	s		
Please list current medical	I status codes relevant to requested s	ervice(s)		
ICD-CM Type ICD Code	Diagnosis Description			Date Of Onset
Please summarize treatme	ent/procedures/surgeries/clinical findi	ngs/history relevant to the requ	uested service(s) (include d	ates if applicable)
If it is known that the natie	ent has ever received the requested of	similar service(s) please exp	lain (include dates)	
Disease summarize the the	reporting goal to be mot with the require	ested esplace(s)	ian (moldae addes)	
Please summanze the the	rapeutic goar to be met with the requi	ested service(s)		
Please list alternatives trie	ed or considered and the reason why	they are not feasible for this pa	atient	Descen
Service Code	Describe Alternative Tried/Consid	dered		Reason
Please explain why the lea	ast costly method of treatment is not t	being used.		
Prescribing Physician In	formation			
Physician Prescription				
Necessary service				
Physician's License #	Pt	nysician's Name		
Physician's Phone	Jo	escription Date		
		012020		
(916)555-5555		012020		
(916)555-5555		012020	5	

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6. Select **OK** to cancel the TAR.



Note: Once a TAR is cancelled, it cannot be updated.

7. Once you have clicked **OK** to confirm Cancel TAR from the previous screen, a confirmation screen will appear stating, **Thank you! Your TAR has been cancelled as requested.** ***Prior Authorization Does Not Guarantee Claim Payment.**

		* Prior Authori	ion Does Not Guarantee Claim Payme	ent.	
			TAR # : 0400052927		
Provider Infor Submitting Pro	mation vider : 0099097830	F	ent Record # :		
Patient Inform	ation				
Recipient ID :		F	ent Name : CHRIS		
Service Inform	nation				
Service #	Service Ind.		Requested From	Date Requested Thru Date	
1	Subacute		12012019	04302020	
Service Code		Service Description		Status	
11		Subacute		In Review	

Note: When cancelling an entire TAR, no service lines will display on this page.

Change in Service Update Reason Code

The Change in Service update reason code is used to update service information on an In Review, Approved or Modified TAR. The Change in Service update reason code includes units, procedure codes, dates of service and diagnosis information. If the service line(s) have had claims submitted successfully, the only fields that may be updated are units and dates.

- **Note:** Do not use this update reason to request an extension of service. The Reauthorization update reason code must be used.
- 1. Enter the **Original Recipient ID #** submitted on the TAR. *Required Field.
- 2. Enter the **Original TAR #** that was assigned by the system when the TAR was successfully submitted. *Required Field.
- 3. Use the **Update Reason** dropdown to select *Change in Service*. *Required Field.
- 4. Click Update TAR to update the service on the existing TAR.

Update TAR	
Please enter original TAR info	ormation to retrieve your TAR for updating.
* Original Submitting Provider #	
1 * Original Recipient ID #	
2 * Original TAR #	
3 * Update Reason	~ ~
4 Update TAR Attachment	Add Service Administrative Override
	Cancel Individual Service(s) Cancel TAR
	Change in Service the Medi-Cal Medi-Cal Site Help Medi-Cal Site Map
	First Level Appeal Back to Top Contact Us Site Help Site Map Reauthorization Back to Top Contact Us Site Help Site Map
	Submit Freeform Attachments Conditions of Use Privacy Policy Update Deferred Service Copyright © 2007 State of California

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5. Select **Update This Service** next to the service to be changed.

Service Number : 2				
Ind. Servic	e Code	Modifi	ers	Side
Inpat/Outpat - MRI (Radiology) 93303				
Service Description		Total Units	From Date	Thru Date
ECHO TRANSTHORACIC		1		
CD-CM Type ICD Code	Diagnosis Description			Date of Onset
CD-10 W88.0XXA	Exposure to X-rays, initia	l encounter		
Rendering Provider #		Price Indicator		
		0 - No special co	ondition	
Update Attachment A				
Patient Assessment Infor	mation (Attachment A)			
P.O.T. Adherence	Feeding Method	Height	Weid	pht
		Oft. in.	Olbs	. 00oz.
In-Home Assistance/Care G	Biver			
0Hrs/Day 0Days/Wk				
Please list current functiona	I limitation/physical condition code	s		
Please list previous function	nal limitation/physical condition cod	les		
Please list current medical s	status codes relevant to requested	service(s)		
ICD-CM Type ICD Code	Diagnosis Description			Date Of Onset
Please summarize treatmer	nt/procedures/surgeries/clinical find	dings/history relevant to the req	uested service(s) (include	dates if applicable)
If it is known that the patient	t has ever received the requested	or similar service(s), please exp	plain (include dates)	
Please summarize the thera	apeutic goal to be met with the requ	uested service(s)		
Please list alternatives triad	or considered and the reason who	they are not feasible for this n	atient	
Service Code	Describe Alternative Tried/Cons	sidered	anon	Reason
Please explain why the leas	t costly method of treatment is not	being used.		
Prescribing Physician Info	ormation			
Necessary service				
Physician's License #	F	Physician's Name		
0099212421	J	IOHN SMITH		
	F	Prescription Date		
Physician's Phone				

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Make updates to the selected service line. At least one field must be changed/updated. If the service line had previous claims submitted successfully, the only fields that can be altered are units and dates.

6. Click **Continue**.

Please Enter Service Information.			
Service Information			
Service Number			
1			
Update Reason			
Change in Service 🗸			
Service Code			
11 ×			
Service Description			
Subacute			
Total Units	Quantity		
151		\checkmark	
Frequency			
Ant. Length of Need	From Date	Thru Date	Admit Date/Start of Care
	12012019	04302020	03272018
Discharge Date			
mmddyyyy			
Admit From			
~			
Discharge			
×			
ICD Code (Decimal			
ICD-CM Type Required)	Diagnosis Description		Date of Onset
ICD-10 V J96.10	Chronic respiratory failure, unsp w hy		03072018
Rendering			
Provider #	Pricing Override Request		
		\checkmark	
Enter Miscellaneous TAR Information (500 characters acce	apted)		
		^	
		\sim	
Continue			
Contailue			

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7. Click **Submit TAR** to continue updating the service.

			Patient Reco		
Special Handling					
Last Name				Fi	rst Name
Phone #	Date of Birth	(Gender	Ja	orker's Comp?
	12021970	i	Female	U	nknown
Miscellaneous TAR Inform	ation				
Residence Status	Medicare Denial Reason	Medicare/OHC Denial Date	Medie	care/OHC al Certification	OHC Denial Reason
	Under 65, does not have		No		No Other Health Coverage
Mother/Transplant Recipie	ent Providing Medi-Cal Eligibility				
Last Name	First Name				
Date Of Birth	Gender				
Patient's Authorized Repre Name	esentative				
Street/Mailing Address					
City	State	3	Zip Code		
Update Patient Inform	nation				
Service Information					
service mormation					
Update This Service	Cancel This Service				
Service Number - 1					
nd Con	ice Code		Modifiere		Side
npat/Outpat - MRI 274	57		TC		LEFT
Radiology) 274	**/		fotal Linite	From Data	They Date
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Note: TAR web pages do not have numbered fields.

Page updated: January 2021

- 8. Select the appropriate **Attachment(s) Submission Option** radio button. Upload, fax or email attachments appropriate for the updated service only.
- 9. Click **Continue** to submit the eTAR for review.

<u>Or</u>

10. Click Return to Summary to return to the TAR Summary page.

Treatment Authorization Request
eTAR Medical Tutorials
Attachment(s) Submission Option:
 I will be uploading attachment(s) now I will be uploading attachment(s) (within 8 hours) I will be faxing attachment(s) now I will be faxing attachment(s) (within 8 hours) I will be mailing attachment(s) (within 5 days) I will not be submitting attachment(s)
FAX in California (877)270-8779 - FAX outside of California (916)384-9000 IMPORTANT: You must ALWAYS use the TAR 3, Treatment Authorization Request (TAR) ? Attachment Form as the FAX cover sheet when FAXing eTAR attachments. To order additional TAR 3, Treatment Authorization Request (TAR) ? Attachment Forms please call: (800) 541-5555 and follow the prompts for eTAR.
NOTE: TARs will be deferred if attachments are not received within the time stated above.
Verify that all information is correct before you submit your eTAR. Be sure the following statement is accurate before submitting your eTAR:
"To the best of my knowledge, the information entered in this electronic submission is true, accurate and complete and the requested services are medically indicated and necessary to the health of the patient."
9 Continue Return to Summary 10

Note: TARs will be deferred or denied if attachments are not received within the time stated.

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11. If the request has been successfully updated you will see a message that your TAR has been successfully submitted and the status will be "In Review".

		Thank You! Y If you need t * Prior Author	our TAR has been so to update this TAR, p ization Does Not Gua	uccessfully submitted. lease wait 5 minutes. arantee Claim Payment.		
			TAR # : 040005	2927		
Provider Inf Submitting P	ormation rovider : 009909	7830	Patient Record # :			
Patient Info	rmation					
Recipient ID	P		Patient Name : CH	RIS		
Service Info	rmation					
Service #	Service Ind.			Requested From Date	Requested Thru Date	
1 .	Subacute			12012019	04302020	
Service Cod	e	Service Description			Status	(11)
11		Subacute			In Review	~

Correct Recipient ID Update Reason Code

The Correct Recipient ID update reason is used to update recipient information. Only the recipient's information may be changed with this update reason.

If a TAR is rejected due to an invalid recipient ID, the provider must use *Correct Recipient ID* as the Update Reason.

- 1. Enter the **Original Recipient ID #** submitted on the TAR. *Required Field.
- 2. Enter the **Original TAR #** that was assigned by the system when the TAR was successfully submitted. *Required Field.
- 3. Use the **Update Reason** dropdown to select *Correct Recipient ID*. *Required Field.
- 4. Click **Update TAR** to correct the recipient ID on the existing TAR.

Update TAR		
Please enter original TAR info	ormation to retrieve your TAR	for updating.
* Original Submitting Provider #		
1 * Original Recipient ID #		
2 * Original TAR #		
3 * Update Reason	~	
4 Update TAR Attachment	Add Service Administrative Override	
	Cancel Individual Service(s) Cancel TAR	
	Change in Service Correct Recipient ID	t Medi-Cal Medi-Cal Site Help Medi-Cal Site Map
	First Level Appeal Reauthorization	Back to Top Contact Us Site Help Site Map
	Submit Freeform Attachments Update Deferred Service Update Rejected Service	Conditions of Use Privacy Policy Copyright © 2007 State of California

5. Select **Update Patient Information** or **Patient** to update the Recipient ID.

Submitting Provider		Medicare C N	ertified				
Provider Name TTG TEST NUMBER - HOS	P		Phone # (000)000-0000		Fa	ax #	
Street/Mailing Address 3215 PROSPECT PARK DR	ł		City RNCHO COR	DOVA	State CA	Zip Code 95670	
Contact Name TAR Completed By	Contact Phone #	ł			Conta	ct Extension	
Update Provider Info	rmation						
Patient Information							
Recipient ID			Patient	Record #			
Special Handling						rat Nome	
Doe					FI.		
Phone #	Date of Birth		Gender		W	/orker's Comp?	
	12021970		Female		U	nknown	
Miscellaneous TAR Informati	ion						
		Medicare/OHC	:	Medicare/OI	нс		
Residence Status	Medicare Denial Reason	Denial Date		Denial Certit	ication	OHC Denia	l Reason
	Under 65, does not have Medicare Coverage			No		No Other H	lealth Coverage
Mother/Transplant Recipient Last Name Date Of Birth	Providing Medi-Cal Eligibility First Name Gender						
Patient's Authorized Represe Name	entative						
Street/Mailing Address							
City	State		Zip Code				
Update Patient Informat	tion						
Service Information							
Update This Service	Cancel This Service						
Temporary Service Number :	: 1						
Ind. Service	e Code		Mod	ifiers		Sid	le
Inpat/Outpat - MRI (Radiology) 70557			тс				
Service Description			Total Units 2	Fron	n Date		Thru Date
ICD-CM Type ICD Code	Diagnosis Description					Date of Onse	t
ICD-10 252.4	Diagnosis Description					Date of Offse	~
Rendering			Price				
Provider #			Indicator 0 - No special	condition			

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- 6. Update the **Recipient ID** as necessary. Additional Recipient information may also be updated as needed in conjunction with the Recipient ID.
- 7. Click Continue.

		eTAR Medical Tutorials
Please Enter Patient Information		
6 * Recipient ID #	Patient Record #	
87654321A95001		
Special Handling		
	S	
* Patient's Last Name	* Patient's First Name	9
Doe	Jane	
Phone #	* Date of Birth * Male Female	
()	10021948 O 💿	
None Medicare Denial Reason Under 65, does not have Medicare C Medicare/OHC Denial Date	Coverage Coverage OHC Denial Reason	
mmddyyyy	No Other Health Coverage	
Mother/Transplant Desiglant Desiglation	Medi-Cal Eligibility	
mothern transplant Recipient Providing	First Name	
Last Name		
Last Name	Male Female	
Last Name Date of Birth mmddyyyy	Male Female	
Last Name Date of Birth mmddyyyy Patient's Authorized Representative Name	Male Female	
Last Name Date of Birth mmddyyyy Patient's Authorized Representative Name Street/Mailing Address	Male Female	
Last Name Date of Birth mmddyyyy Patient's Authorized Representative Name Street/Mailing Address	Male Female	

Note: Recipient information may only be changed using this specific update reason.

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8. Click Submit TAR to continue to correct the Recipient ID.

			Patient Recor	d #	
Special Handling	- 73				
Last Name				Firs	st Name
Doe				Jar	ne .
Phone #	12021970	Gen	der Jale	vvo Uni	rkers Comp? known
Miscellaneous TAR Informa	ation				
		Medicare/OHC	Medic	are/OHC	
Residence Status	Medicare Denial Reason	Denial Date	Denia	Certification	OHC Denial Reason
	Medicare Coverage		No		No Other Health Coverage
Mother/Transplant Recipier Last Name Date Of Birth Patient's Authorized Repre	nt Providing Medi-Cal Eligibility First Name Gender				
Name Street/Mailing Address					
City	State	Zip	Code		
Update Patient Inform	ation				
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Update This Service	Cancel This Service				
Service Number : 1					
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Service Description		Total	Units	From Date	Thru Date
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CD-10 252.4					
Rendering Provider #		Price	e :ator		
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Update This Service	Cancel This Service				
Service Number : 2					
nd. Servi	ice Code		Modifiers		Side
Radiology) 9330	3				
Service Description		Total	Units	From Date	Thru Date
ECHO TRANSTHORACIC	l.	1			
CD-CM Type ICD Code	Diagnosis Description				Date of Onset
CD-10 W88.0XXA	Exposure to X-rays, in	itial encounter			
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Page updated: January 2021

- 9. Select the appropriate Attachment(s) Submission Option radio button.
- 10. Click **Continue** to submit the eTAR for review.

<u>Or</u>

11. Click Return to Summary to return to the TAR Summary screen.

eTAR Medical Tutorials
g Attachment(s) Submission Option: I will be uploading attachment(s) now I will be uploading attachment(s) (within 8 hours) I will be faxing attachment(s) now I will be faxing attachment(s) (within 8 hours) I will be faxing attachment(s) (within 8 hours) I will be mailing attachment(s) (within 5 days) I will not be submitting attachment(s) FAX in California (877)270-8779 - FAX in California (877)270-8779
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FAX in California (877)270-8779 - FAX outside of California (916)384-9000
IMPORTANT: You must ALWAYS use the TAR 3, Treatment Authorization Request (TAR) ? Attachment Form as the FAX cover sheet when FAXing eTAR attachments. To order additional TAR 3, Treatment Authorization Request (TAR) ? Attachment Forms please call: (800) 541-5555 and follow the prompts for eTAR.
NOTE: TARs will be deferred if attachments are not received within the time stated above.
Verify that all information is correct before you submit your eTAR. Be sure the following statement is accurate before submitting your eTAR:
"To the best of my knowledge, the information entered in this electronic submission is true, accurate and complete and the requested services are medically indicated and necessary to the health of the patient."
10 Continue Return to Summary 11

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12. The TAR display will reflect the updated recipient information. No service information will be displayed.

		Thank You! Your TAR has been succe	essfully submitted.	
		If you need to update this TAR, plea	se wait 5 minutes.	
		* Prior Authorization Does Not Guaran	tee Claim Payment.	
		TAR #: 0511923806		
Provider Inform	ation			
Submitting Provid	der : 1801898929	Patient Record # : 12345		
	12			
Recipient ID : 87	654321A95001	Patient Name : Jane Doe		
Service Informa	ation			
Service #	Service Ind.		Requested From Date	Requested Thru Date
1	Surgical/Other Procedure		11102011	11242011
Service Code	Modifiers	Service Description		Status
27457		REALIGNMENT OF KNEE		IN REVIEW

Note: If the status reflects "Rejected," repeat the process until you see the "In Review" status. This screen is the only place and time that the update reason code is displayed, and it is important to take a screenshot or make a note of the error message that needs to be corrected.

There are several reasons for a TAR to receive a "Rejected" Status, such as the following:

- The reject reason is due to prior TAR being "denied," you will need to request an Appeal TAR.
- The reject reason is due to failure to update a deferred TAR within the required 30-day timeframe. You must submit a new TAR.
- The reject reason is due to "TAR not required." You must use a "Special Handling Code" appropriate for the rejected service.

Reauthorization Update Reason Code

The Reauthorization update reason is used when additional units and/or extended dates are needed on an Approved or Modified TAR. However, some service categories do not allow reauthorizations for existing service lines. Refer to the appropriate Long-Term Care Part 2 Medi- Cal Provider Manual sections to determine if a reauthorization update is allowed for specific service categories.

- **Note:** If previously approved units have not been used and you are requesting a change in date, use the Change in Service update reason.
- 1. Enter the **Original Recipient ID #** submitted on the TAR. *Required Field.
- 2. Enter the **Original TAR #** that was assigned by the system when the TAR was successfully submitted. *Required Field.
- 3. Use the **Update Reason** dropdown to select *Reauthorization*. *Required Field.
- 4. Select **Update TAR** to submit the reauthorization of the existing TAR.

Update TAR		
Please enter original TAR info	ormation to retrieve your TAR	for updating.
* Original Submitting Provider #		
1 * Original Recipient ID #		
2 * Original TAR #		
3 * Update Reason	~	
4 Update TAR Attachment	Add Service Administrative Override	
	Cancel Individual Service(s) Cancel TAR	
	Change in Service Correct Recipient ID	<u>ct Medi-Cal Medi-Cal Site Help Medi-Cal Site Map</u>
	First Level Appeal Reauthorization	Back to Top Contact Us Site Help Site Map
	Submit Freeform Attachments Update Deferred Service Update Rejected Service	Conditions of Use Privacy Policy Copyright © 2007 State of California

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5. Click **Update This Service** next to the service that needs to be reauthorized.

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- 6. In the **Total Units** field, enter the total number of units being requested. New units are added to the existing approved units to reflect the new total number of units being requested. For example, add 2 units to the previously approved 1 unit. Enter 3 for the Total Units.
- 7. In the Thru Date field, enter the new extended thru dates of service.
- 8. Select Continue.

Service Information Service Number 1				
Service Number 1				
1				
Update Reason				
Reauthorization	•			
Service Code			Modifiers	
S5102				
Service Description				
ADHC REGULAR DAY	OF SERVICE	1		
TotalUhis 6 1 Schedule MF selected From Dase 02012008 Discharge Dase mmddyyyy Admit From Home Discharge		Thru Date 7 02272008	>	Frequency 2 / Week Admit Date Stant of Care 02012008
ICD-CM Type ICD Code (De	cimal Required)	Diagnosis Description		Date of Onset
T				mmddyyyy
Pricing Override Request				
0 - No special condition		•		
Enter Miscellaneous TAR Informat	tion (500 character	s accepted)		

Note: Services related to Long Term Care (LTC) do not have a Total Units field to accumulate units. For this provider type only the **Thru Date** and **Enter Miscellaneous TAR Information fields** will be available for changes.

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9. Click **Submit TAR** to continue the reauthorization.

Temporary Service Nu	umber : 2				
Ind	Service Cod	P	Modifie	ers	Side
Inpat/Outpat - MRI (Radiology)	93303				
Service Description			Total Units	From Date	Thru Date
			1		
ICD-CM Type ICD C	ode XXA	Diagnosis Description			Date of Onset
Rendering Provider #			Price Indicator		
			0 - No special co	ondition	
Update Attachme Patient Assessment	nt A	n (Attachment A)			
P.O.T. Adherence		Feeding Method	Height	Wei	ght
In-Home Assistance/	Care Giver				
Please list current fur	nctional limita	ation/physical condition codes			
Please list previous fu	unctional limi	tation/physical condition codes			
Please list current me	edical status	codes relevant to requested ser	rvice(s)		
ICD-CM Type ICD C	ode	Diagnosis Description			Date Of Onset
Please summarize tre	eatment/proc	edures/surgeries/clinical finding	s/history relevant to the requ	uested service(s) (include	dates if applicable)
If it is known that the	patient has e	ever received the requested or s	similar service(s), please exp	lain (include dates)	
Please summarize th	e therapeutic	goal to be met with the reques	ted service(s)		
Please list alternative	s tried or cor	nsidered and the reason why the	ev are not feasible for this pa	atient	
Que las Que la	De	scribe Alternative Tried/Conside	red		Reason
Service Code	ne least costl	y method of treatment is not be	ing used.		
Please explain why the					
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Please explain why the Prescribing Physici Physician Prescription Necessary service Physician's License #	an Informati n	ion Phy Joh Prov	sician's Name n Smith		

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- 10. Select the appropriate Attachment(s) Submission Option radio button.
- 11. Click **Continue** to submit the eTAR for review.

<u>Or</u>

12. Click Return to Summary to return to the TAR Summary screen.

	eTAR Medical Tutorials
Attachment(s) Submission Option:	
I will be uploading attachment(s) now	
I will be uploading attachment(s) (within	8 hours)
O I will be faxing attachment(s) now	
O I will be faxing attachment(s) (within 8 he	ours)
O I will be mailing attachment(s) (within 5 o	tays)
 I will not be submitting attachment(s) 	
FAX in California (877)270-8779 - FAX o	utside of California (916)384-9000
IMPORTANT: You must ALWAYS use the TA attachments.	R 3, Treatment Authorization Request (TAR) ? Attachment Form as the FAX cover sheet when FAXing eTAR
To order additional TAR 3, Treatment Author	zation Request (TAR) ? Attachment Forms please call: (800) 541-5555 and follow the prompts for eTAR.
NOTE: TARs will be deferred if attachments	are not received within the time stated above.
Verify that all information is correct before yo Be sure the following statement is accurate to	ou submit your eTAR. before submitting your eTAR:
	n entered in this electronic submission is true, accurate and complete and the requested services are medically
"To the best of my knowledge, the informatio indicated and necessary to the health of the	patient."

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13. If the service line **Status** reflects "In Review," the request has been successfully updated. See Update Rejected Service section of this User Guide if the status reflects rejected.

		Thank You! Y	our TAR has been su	ccessfully submitted.	
		If you need	o update this TAR, pl	ease wait 5 minutes.	
		* Prior Author	zation Does Not Guar	antee Claim Payment.	
			TAR # : 0400052	927	
Provider Inf Submitting F	ormation rovider : 0099097	7830	Patient Record # :		
Patient Info	rmation				
Recipient ID	P		Patient Name : CHR	IS	
Service Info	rmation				
Service #	Service Ind.			Requested From Date	Requested Thru Date
1	Subacute			12012019	04302020
Service Cod	e	Service Description		(13)	Status
11		Subacute		\sim	In Review

Note: This screen is the only place and time that the update reason code is displayed, and it is important to take a screenshot or make a note of the error message that needs to be corrected.

Update Deferred Service Update Reason Code

The Update Deferred Service update reason code is used to update service information on a TAR that has been deferred by the TAR field office. If the TAR was deferred solely for lack of attachments, submit the attachments and the system will then automatically update the TAR. Please see the "submit attachments" section for further instructions.

Note: The TAR will be denied if no update is received within 30 days of the date of deferral.

- 1. Enter the **Original Recipient ID #** submitted on the TAR. *Required Field.
- 2. Enter the **Original TAR #** that was assigned by the system when the TAR was successfully submitted. *Required Field.
- 3. Use the **Update Reason** dropdown to select *Update Deferred Service*. *Required Field.
- 4. Select **Update TAR** to continue updating the deferred service on an existing TAR.

Update TAR		
Please enter original TAR inf	ormation to retrieve your TAR	for updating.
* Original Submitting Provider #		
1 * Original Recipient ID #		
2 * Original TAR #		
3* Update Reason	~	
4 Update TAR Attachmen	Add Service Administrative Override	
	Aid Paid Pending Cancel Individual Service(s) Cancel TAR	
	Change in Service Correct Recipient ID	<u>ct Medi-Cal Medi-Cal Site Help Medi-Cal Site Map</u>
	First Level Appeal Reauthorization	Back to Top Contact Us Site Help Site Map
	Submit Freeform Attachments Update Deferred Service	<u>Conditions of Use Privacy Policy</u> Copyright © 2007 State of California

5. Select **Update This Service** located above the deferred service that requires updating.

				Patient Re	cord #	
Special Handling						
Last Name						First Name
Phone #		Date of Birth		Gender		Worker's Comp?
		12021970		Female		Unknown
Miscellaneous TAR	Informatio	n				
Residence Status		Medicare Denial Reason	Medicare/OHC Denial Date	; Me De	nial Certification	OHC Denial Reason
		Under 65, does not have		No		No Other Health Coverage
Mother/Transplant F Last Name Date Of Birth Patient's Authorized Name Street/Mailing Addre	Recipient F I Represen	Providing Medi-Cal Eligibility First Name Gender				
City	Informatic	State		Zip Code		
Update Patient	Informatio	on				
Service Informatio	n					
Update This Set	rvice	Cancel This Service				
Service Number : 1						
Ingat/Outpat - MRI	Service	Code		Modifie	IS	Side
(Radiology)	27457			TC		LEFT
Service Description				Total Units	From Date	Thru Date
ICD CMT	Code	Diagnasia Desertativa		12-11		Data of On-st
ICD-CM Type ICD ICD-10 252	.4	Diagnosis Description				Date of Unset
Rendering Provider #				Price Indicator 0 - No special col	ndition	
				o - no opecial co		
Update This Ser	rvice	Cancel This Service				
Service Number : 2						
Ind. Inpat/Outpat - MPI	Service	Code		Modifie	rs	Side
(Radiology)	93303					
Service Description				Total Units	From Date	Thru Date
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ECHO TRANSTHO	Code	Diagnosis Description Exposure to X-rays, in	itial encounter			Date of Onset
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eTAR User Guide: Basics Page updated: January 2021

Update the information required for the selected service line that was deferred.

6. Click **Continue**.

Please Enter Service Information.			
Service Information			
Service Number			
1			
Update Reason			
Update Deferred Service V			
Service Code			
11 ×			
Service Description			
Subacute			
Total Units	Quantity		
151		\checkmark	
Frequency			
Ant. Length of Need	From Date	Thru Date	Admit Date/Start of Care
	12012019	04302020	03272018
Discharge Date			
mmddyyyy			
Admit From			
~			
Discharge			
~			
ICD Code (Decimal			
ICD-CM Type Required)	Diagnosis Description		Date of Onset
ICD-10 V J96.10	Chronic respiratory failure, unsp w hy		03072018
Rendering			
Provider #	Pricing Override Request		
		~	
Enter Miscellaneous TAR Information (500 characters acc	apted)		
		^	
		\sim	
Castinus			
Continue			

eTAR User Guide: Basics Page updated: January 2021

7. Click **Submit TAR** to continue updating the TAR.

			Patient Reco	u #	
Special Handling					
Last Name				Firs	t Name
Phone #	Date of Birth	G	ender	Jan Wo	ker's Comp?
	12021970	F	emale	Uni	nown
Miscellaneous TAR Information	lion				
Residence Status	Medicare Denial Reason	Medicare/OHC Denial Date	Media Denia	are/OHC	OHC Denial Reason
	Under 65, does not have		No		No Other Health Coverage
Mother/Transplant Recipien	t Providing Medi-Cal Eligibility				
Last Name	First Name				
Date Of Birth	Gender				
Patient's Authorized Repres Name	entative				
Street/Mailing Address					
City	State	Z	ip Code		
Update Patient Informa	ition				
Service Information					
Update This Service	Cancel This Service				
Service Number : 1					
Ind. Servic	e Code		Modifiers		Side
(Radiology) 27457	<u>8</u>		тс		LEFT
Service Description		To	otal Units	From Date	Thru Date
		1			
CD-CM Type ICD Code	Diagnosis Description				Date of Onset
Rendering		Pr	rice		
Provider #		In	 No special condi 	ition	
Update This Service	Cancel This Service				
Service Number : 2					
Ind. Servic	e Code		Modifiers		Side
(Radiology) 93303	28				
Service Description		To	otal Units	From Date	Thru Date
	Disease' Develo	L.			Data of Ormal
ICD-CM Type ICD Code W88.0XXA	Exposure to X-rays. ini	tial encounter			Date of Onset
Rendering		Pr	rice		
Provider #		0	No special condition	ition	
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Update Attachment A					
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- 8. Select the appropriate Attachment(s) Submission Option radio button.
- 9. Click **Continue** to submit the eTAR for review.

<u>Or</u>

10. Click Return to Summary to return to the TAR Summary screen.

Treatment Authorization Request
eTAR Medical Tutorials
8 Attachment(s) Submission Option:
 I will be uploading attachment(s) now I will be uploading attachment(s) (within 8 hours) I will be faxing attachment(s) now I will be faxing attachment(s) (within 8 hours) I will be mailing attachment(s) (within 5 days) I will not be submitting attachment(s)
FAX in California (877)270-8779 FAX outside of California (916)384-9000 IMPORTANT: You must ALWAYS use the TAR 3, Treatment Authorization Request (TAR) ? Attachment Form as the FAX cover sheet when FAXing eTAR attachments.
To order additional TAR 3, Treatment Authorization Request (TAR) ? Attachment Forms please call: (800) 541-5555 and follow the prompts for eTAR.
NOTE: TARs will be deferred if attachments are not received within the time stated above.
Verify that all information is correct before you submit your eTAR. Be sure the following statement is accurate before submitting your eTAR:
"To the best of my knowledge, the information entered in this electronic submission is true, accurate and complete and the requested services are medically indicated and necessary to the health of the patient."
9 Continue Return to Summary 10

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11. If the service line **Status** reflects "In Review," the eTAR has been successfully updated. If the status reflects "Rejected," see Update Rejected Service section in this User Guide for more information.

		Thank You! Y	our TAR has been s	successfully submitted.		
		If you need t	to update this TAR,	please wait 5 minutes.		
-		* Prior Author	ization Does Not Gu	arantee Claim Payment.		
			TAR # : 040005	52927		
Provider Inf	ormation					
Submitting P	rovider : 009909	7830	Patient Record # :			
Patient Info	mation					
Recipient ID			Patient Name : CH	IRIS		
Service Info	rmation					
Service #	Service Ind.			Requested From Date	Requested Thru Date	
1	Subacute			12012019	04302020	
Service Code	•	Service Description			Status	11
11		Subacute			In Review	~

Note: This screen is the only place and time that the update reason code is displayed, and it is important to take a screenshot or make a note of the error message that needs to be corrected.

Update Rejected Service Update Reason Code

The Update Rejected Service update reason code is used to correct Rejected service lines.

Note: If the rejected message is due to the Recipient ID being invalid, the provider must use "Correct Recipient ID" as the update reason.

If the reject reason is due to prior TAR being "denied," you will need to request an Appeal TAR.

If the prior denial was due to failure to update a deferred TAR within the required 30-day timeframe, you must submit a new TAR.

If the reject reason is due to "TAR not required," you must use a "Special Handling Code" appropriate for the rejected service.

- 1. Enter the **Original Recipient ID #** submitted on the TAR. *Required Field.
- 2. Enter the **Original TAR #** that was assigned by the system when the TAR was successfully submitted. *Required Field.
- 3. Use the **Update Reason** dropdown to select *Update Rejected Service*. *Required Field.
- 4. Select **Update TAR** to update a rejected service on an existing TAR.

Update TAR		
Please enter original TAR info	ormation to retrieve your TAR	t for updating.
* Original Submitting Provider #		
1 * Original Recipient ID #		
2 * Original TAR #		
3 * Update Reason		
4 Update TAR Attachment	Add Service Administrative Override	
	Aid Paid Pending Cancel Individual Service(s)	
	Change in Service Correct Recipient ID	<u>ct Medi-Cal Medi-Cal Site Help Medi-Cal Site Map</u>
	First Level Appeal Reauthorization	Back to Top Contact Us Site Help Site Map
	Submit Freeform Attachments Update Deferred Service	Conditions of Use Privacy Policy Copyright © 2007 State of California
	Update Rejected Service	1

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5. Click the **Update This Service** to continue updating the rejected service.

			a done ricoo		
Special Handling					
ast Name				Fir	st Name
Phone #	Date of Birth		Gender	W	orker's Comp?
fiscalianaous TAP Inform	12021970		Female	Ur	known
Alsoellaneous TAR Inform	lauon	Medicare/OHC	Medi	care/OHC	
Residence Status	Medicare Denial Reason	Denial Date	Denia	al Certification	OHC Denial Reason
	Medicare Coverage		No		No Other Health Coverage
Mother/Transplant Recipie .ast Name Date Of Birth Patient's Authorized Repression Name Street/Mailing Address	ent Providing Medi-Cal Eligibility First Name Gender esentative				
Update Patient Inform	State		Zip Code		
Service Information					
Update This Service	Cancel This Service				
Service Number : 1					
nd. Sen	vice Code		Modifiers		Side
npat/Outpat - MRI 274	57		тс		LEFT
Service Description			Total Units	From Date	Thru Date
			1		
CD-CM Type ICD Code	e Diagnosis Description				Date of Onset
CD-10 252.4			Deles		
Provider #			Indicator		
			0 - No special cond	ition	
Update This Service	Cancel This Service				
Service Number : 2					
nd. Sen	vice Code		Modifiers		Side
npat/Outpat - MRI 933	03				
Service Description			Total Units	From Date	Thru Date
CHO TRANSTHORACIO	C		1		
CD-CM Type ICD Code	Diagnosis Description				Date of Onset
CD 40 14/00 0VV	A Exposure to X-rays, in	itial encounter			
CD-10 9900.0AA			Price Indicator		
Rendering Provider #				ition	
Rendering Provider #			0 - No special cond	luon	
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Change information on the selected service line that was rejected.

6. Click **Continue**.

Please Enter Service Information.	
Service Information	
Service Number	
1	
Update Reason	
Update Rejected Service V	
Service Code	
11 ×	
Service Description	
Subacute	
Total Units Quantity	
151	
Frequency	
Ant. Length of Need From Date Thru Date	Admit Date/Start of Care
/ V 12012019 04302020	03272018
Discharge Date	
mmddyyyy	
Admit From	
✓	
Discharge	
✓	
ICD Code (Decimal	
ICD-CM Type Required) Diagnosis Description	Date of Onset
ICD-10 V J96.10 Chronic respiratory failure, unsp w hy	03072018
Rendering	
Provider # Pricing Override Request	
✓	
Enter Miscellaneous TAR Information (500 characters accepted)	
Continue 6	

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7. Click **Submit TAR** to continue updating the rejected service.

			, abont 100		
Special Handling					
Last Name Doe					First Name Jane
Phone #	Date of Birth		Gender	,	Norker's Comp?
	12021970		Female		Jnknown
Miscellaneous TAR Inform	ation	MadianaiOUO	14-4		
Residence Status	Medicare Denial Reason	Denial Date	Den	ial Certification	OHC Denial Reason
	Under 65, does not have		No		No Other Health Coverage
Mother/Transplant Recipie	ent Providing Medi-Cal Eligibility				
Last Name	First Name				
Date Of Birth	Gender				
Patient's Authorized Repre Name	esentative				
Street/Mailing Address					
City	State		Zip Code		
Update Patient Inform	nation				
Convice Information					
Service Information					
Update This Service	Cancel This Service				
Convice Number - 1					
Ind	daa Cada		Advantille		Olda
Inpat/Outpat - MRI	nce code		Modifiers		Side
(Radiology) 2745	21		тс		LEFT
Service Description		1	Total Units	From Date	Thru Date
					1
ICD-CM Type ICD Code ICD-10 252.4	Diagnosis Description				Date of Onset
Rendering			Price		
Provider #		1	Indicator	dition	
			- no special com		
Service Number : 2					
Service Number : 2 Ind. Serv Inpat/Outpat - MRI 9330	rice Code		Modifiers		Side
Service Number : 2 Ind. Serv Inpat/Outpat - MRI (Radiology) Service Description	rice Code		Modifiers Total Units	From Date	Side Thru Date
Service Number : 2 Ind. Servi Inpat/Outpat - MRI (Radiology) Service Description ECHO TRANSTHORACIC	vice Code 33		Modifiers Total Units	From Date	Side Thru Date
Service Number : 2 Inpat/Outpat - MRI (Radiology) Service Description ECHO TRANSTHORACIC ICD-CM Type ICD Code	ice Code 33 Diagnosis Description		Modifiers Total Units	From Date	Side Thru Date Date of Onset
Service Number : 2 Ind. Service (Radiology) Service Description ECHO TRANSTHORACIC ICD-CM Type ICD Code ICD-C0 W88.0XXA	ice Code 33 Diagnosis Description A Exposure to X-rays, ini	itial encounter	Modifiers Total Units	From Date	Side Thru Date Date of Onset
Service Number : 2 Ind. Service (Radiology) 8330 Service Description Service Description ECHO TRANSTHORACIC ICD-CM Type ICD Code ICD-10 W88.0XXA Rendering Provider #	ice Code 33 Diagnosis Description Exposure to X-rays, ini	itial encounter	Modifiers Total Units 1 Price Indicator	From Date	Side Thru Date Date of Onset
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Service Number : 2 Ind. Service (Radiology) Service Description Service Description Service Description Service Description Service Description Service Network Service Service Description Service Description Ser	ice Code 33 Diagnosis Description Exposure to X-rays, in	itial encounter	Modifiers Total Units 1 Price Indicator 0 - No special com	From Date	Side Thru Date Date of Onset
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Service Number : 2 Ind. Service Ingat/Outpat - MRI IgadiOutpat - MRI Provider # Update Attachment A Patient Assessment Info Pro.T, Adherence In-Home Assistance/Care OHrs/Day ODays/MK Please list current medicate ICD-CM Type ICD Code ICD-CM Type ICD Code ICD CM Type ICD CO	ice Code Diagnosis Description Exposure to X-rays, in Exposure to X-rays, in Feeding Method Giver Inal limitation/physical condition of Istatus codes relevant to request Diagnosis Descriptio ent/procedures/surgeries/clinical intha ever received the request	itial encounter	Modifiers Total Units 1 Price Indicator 0 - No special com Height 0ft. in.	From Date	Side Thru Date Date of Onset Veight Nbs. 00oz.
Service Number : 2 Ind. Service Impat/Outpat - MRI (Radiology) Service Description ECHO TRANSTHORACIC ICD-CM Type ICD Code CCD-10 W88.0XXA Rendering Provider # Update Attachment A Patient Assessment Info PI-0.T. Adherence In-Home Assistance/Care OHrs/Day Obays/Wk Piease list current function Piease list current function Piease list current function Piease list current function Piease summarize treatm If it is known that the patie Piease summarize the the	ice Code Diagnosis Description Exposure to X-rays, in Exposure to X-rays, in Feeding Method Giver Conal limitation/physical condition or a status codes relevant to request Diagnosis Descriptio ent/procedures/surgeries/clinical ent has ever received the request rapeutic goal to be met with the r	itial encounter	Modifiers Total Units 1 Price Indicator 0 - No special com Height Oft. in.	from Date	Side Thru Date Date of Onset Velght Nbs. 00oz.
Service Number : 2 Ind. Service Description ECHO TRANSTHORACIC ICD-CM Type ICD Code ICD-CM Type ICD Code In-Home Assistance/Care In-Home Assistance/Care In-Home Assistance/Care In-Home Assistance/Care In-Home Assistance/Care In-Home Assistance/Care Please list current function Please Ist current function Please Ist current function ICD-CM Type ICD Code Please summarize the the Please summarize the the Please summarize the the Please summarize the the Please list alternatives trie Service Code	ice Code 33 Diagnosis Description Exposure to X-rays, in Exposure to X-rays, in Feeding Method Giver It status codes relevant to request Diagnosis Descriptio ent/procedures/surgeries/clinical int has ever received the request prapeutic goal to be met with the r is do r considered and the reason is Describe Alternative Tried/C	itial encounter	Modifiers	from Date	Side Thru Date Date of Onset Ubs. 00oz.
Service Number : 2 Ind. Service Description ECHO TRANSTHORACIC ICD-CM Type ICD Code ICD-CM Type ICD Code In-Home Assistance/Care OHrs/Day Obays/Wk Please list current function Please list current	ice Code 33 Diagnosis Description Exposure to X-rays, in Exposure to X-rays, in Exposure to X-rays, in Feeding Method Giver Initiation/physical condition or onal limitation/physical condition or Diagnosis Descriptio ent/procedures/surgeries/clinical istatus codes relevant to request Diagnosis Descriptio ent/procedures/surgeries/clinical ent has ever received the request crapeutic goal to be met with the r d or considered and the reason v Describe Alternative Tried/C ast costly method of treatment is	itial encounter	Modifiers	from Date	Side Thru Date Date of Onset Weight Ibs. 00oz.
Service Number : 2 Ind. Service Description ECHO TRANSTHORACIC ICD-CM Type ICD Code ICD-CM Type ICD Code In-Home Assistance/Care In-Home Assistance/Care In-Home Assistance/Care In-Home Assistance/Care In-Home Assistance/Care Please list current function Please list current function Please Ist current function ICD-CM Type ICD Code Please summarize the the Please summarize the the Plea	ice Code 33 Diagnosis Description Exposure to X-rays, in Exposure to X-rays, in Exposure to X-rays, in Feeding Method Giver Initiation/physical condition cc onal limitation/physical condition or Diagnosis Descriptio ent/procedures/surgeries/clinical istatus codes relevant to request Diagnosis Descriptio ent/procedures/surgeries/clinical ent has ever received the request capeutic goal to be met with the r appeutic goal to be met with the reason v Describe Alternative Tried/C ast costly method of treatment is formation	itial encounter	Modifiers	from Date	Side Thru Date Date of Onset Weight Ibs. 00oz.
Service Number : 2 Ind. Service Radiology) Service Description ECHO TRANSTHORACIC ICD-CM Type ICD Code ICD-CM Type ICD Code ICD-CM Type ICD Code ICD-CM Type ICD Code Provider # Patient Assessment Info Port Adhrence In-Home Assistance/Care OHrs/Day Obays/Wk Piease list current function Piease list current function Piease summarize treatm If it is known that the patie Piease summarize the the Piease summarize the	ice Code 33 Diagnosis Description Exposure to X-rays, in Exposure to X-rays, in Exposure to X-rays, in Feeding Method Giver al limitation/physical condition or al limitation/physical condition or bigginosis Descriptio bigginosis Descriptio ent/procedures/surgerles/clinical intast bigginosis Descriptio at status codes relevant to request Diagnosis Descriptio at a sever received the request Diagnosis Descriptio at a considered and the reason or Describe Atternative Tried/C ast costly method of treatment is formation	itial encounter	Modifiers	dition	Side Thru Date Date of Onset Weight Ibs. 00oz. Date Of Onset ude dates if applicable) Reason
Service Number : 2 Ind. Service Description ECHO TRANSTHORACIC CD-CM Type ICD Code (CD-CM Type ICD Code ICD-CM Type ICD Code ICD-CM Type ICD Code Please list current function Please summarize the the Please summarize	A Diagnosis Description Exposure to X-rays, in Exposure to X-rays, in Freeding Method Giver Initiation/physical condition of onal limitation/physical condition of onal limitation/physical condition of Diagnosis Descriptio Ent/procedures/surgerles/clinical ient has ever received the request prapeutic goal to be met with the r ed or considered and the reason Describe Alternative Tried/C ast costly method of treatment is information	itial encounter	Modifiers Total Units 1 Price Indicator 0 - No special cons Height Oft. in. Height (s) easible for this patie	dition	Veight Mose of Onset Ude dates if applicable)
Service Number : 2 Ind. Service Ind. Service Service Description ECHO TRANSTHORACIC ICD-CM Type ICD Code ICD-0 W88.0XXA Rendering Provider # Update Attachment A Patient Assessment Info PA:SDay ObsyrWk Please list current function Please list current function Please list current medica ICD-CM Type ICD Code Please summarize treatm If it is known that the patie Please summarize the the Please summarize	A Diagnosis Description Exposure to X-rays, in Exposure to X-rays, in Feeding Method Giver Inal limitation/physical condition of Diagnosis Description Diagnosis Description Diagnosis Description ent/procedures/surgerles/clinical ent has ever received the request prapeutic goal to be met with the r Describe Alternative Tried/C ast costly method of treatment is formation	itial encounter	Modifiers Total Units Total Units The indicator The indicator The indicator Height Off. In. Height (s) easible for this path me	tition	Side Thru Date Date of Onset Veight Nbs. 00oz. Date Of Onset ude dates if applicable) Reason
Service Number : 2 Ind. Service Ind. Service Service Description ECHO TRANSTHORACIC ICD-CM Type ICD Code ICD-CM Type ICD Code Please Ist current function Please Ist atternatives trie Service Code Please explain why the lex Prescribing Physician In Physician Prescription Necessary service Physician's License # 0099212421 Physician's Stores #	A Diagnosis Description Exposure to X-rays, in Exposure to X-rays, in Feeding Method Giver Initiation/physical condition of ornal limitation/physical condition of the status codes relevant to request Diagnosis Descriptio ent/procedures/surgeries/clinical ent has ever received the request trapeutic goal to be met with the r d or considered and the reason of Describe Alternative Tried/C ast costly method of treatment is formation	itial encounter	Modifiers Total Units Total Units Total Units The second s	tion	Side Thru Date Date of Onset Veight Nbs. 00oz. Date Of Onset ude dates if applicable) Reason

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- 8. Select the appropriate Attachment(s) Submission Option radio button.
- 9. Click Continue to submit the eTAR for review.

<u>Or</u>

10. Click Return to Summary to return to the TAR Summary screen.

Treatment Authorization Request
eTAR Medical Tutorials
 Attachment(s) Submission Option: I will be uploading attachment(s) now I will be uploading attachment(s) (within 8 hours) I will be faxing attachment(s) now I will be faxing attachment(s) (within 8 hours) I will be faxing attachment(s) (within 8 hours) I will be mailing attachment(s) (within 5 days) I will not be submitting attachment(s)
FAX in California (877)270-8779 - FAX outside of California (916)384-9000 IMPORTANT: You must ALWAYS use the TAR 3, Treatment Authorization Request (TAR) ? Attachment Form as the FAX cover sheet when FAXing eTAR attachments. To order additional TAR 3, Treatment Authorization Request (TAR) ? Attachment Forms please call: (800) 541-5555 and follow the prompts for eTAR.
NOTE: TARs will be deferred if attachments are not received within the time stated above.
Verify that all information is correct before you submit your eTAR. Be sure the following statement is accurate before submitting your eTAR: "To the best of my knowledge, the information entered in this electronic submission is true, accurate and complete and the requested services are medically indicated and necessary to the health of the patient."
9 Continue Return to Summary 10

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11. If the service line **Status** reflects "In Review," the status has been successfully updated. Return to this section again if the status is rejected.

		Thank You! Y If you need	Your TAR has been su to update this TAR, p	uccessfully submitted. lease wait 5 minutes.		
		* Prior Author	ization Does Not Gua	rantee Claim Payment.		
			TAR # : 040005	2927		
Provider Inf	ormation					
Submitting P	rovider : 0099097	7830	Patient Record # :			
Patient Info	mation					
Recipient ID	P		Patient Name : CHR	RIS		
Service Info	rmation					
Service #	Service Ind.			Requested From Date	Requested Thru Date	
1	Subacute			12012019	04302020	
Service Code	9	Service Description			Status	(11)
11		Subacute			In Review	-

Note: This screen is the only place and time that the update reason code is displayed, and it is important to take a screenshot or make a note of the error message that needs to be corrected.

eTAR User Guide: Basics Page updated: January 2021

Submit Attachments

Upload Attachments Online

1. Click Upload TAR Attachments.

	TAR Menu	eTAR Medical Tutorials
Nonaca -	Welcome to the Treatment Authorization Request (TAR) menu. Please choose from one of the following options:	
	-» Create a New TAR	
IAR	->> Update an existing TAR	
->> New TAR	1 ->> Upload TAR Attachments	
->> Attachments	->> Inquire on a TAR	
->> TAR Inquiry	->> View TAR Responses	
->> Code Search	-> Code Search	
->> Pharmacy Service		
TRANSACTIONS		

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The NPI used to log in to Transaction Services will automatically populate in the **Original Submitting Provider #** field.

- **Note:** If attachments need to be uploaded under a different provider number, log out and log in using the correct provider number. Legacy number usage is permitted only to providers authorized by DHCS.
- 2. Enter the **Original Recipient ID #** submitted on the TAR. *Required Field.
- 3. Enter the **Original TAR #** that was assigned by the system when the TAR was successfully submitted. *Required Field.
- 4. Click **Submit Attachment**.

Update TAR
Please enter original TAR information to retrieve your TAR for updating.
* Original Submitting Provider #
2 * Original Recipient ID #
4 Submit Attachment

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5. Click **Continue** to submit online attachments.

<u>Or</u>

6. Click **Cancel TAR Update** to return to the TAR menu.

Treatment Authorization Request	
The information you entered has passed validation. Click on Continue to send your attachments or Cancel to return to the TAR Menu.	
Verify that all information is correct before you submit your eTAR. Be sure the following statement is accurate before submitting your eTAR:	
"To the best of my knowledge, the information entered in this electronic submission is true, accurate and complete and the requested services are medically indicated and necessary to the health of the patient."	
5 Continue Cancel TAR Update 6	

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Online attachments must be uploaded in either .jpg, .jpeg, .gif, .png, .tif, .bmp, .pdf, or .txt file format to be accepted by California MMIS Fiscal Intermediary. Attachments <u>cannot</u> exceed more than 20MB combined. California MMIS Fiscal Intermediary recommends that image attachments be grayscale.

Note: The NPI is populated automatically in the Provider ID field.

7. Click **Browse** to locate the document that is saved on your computer to upload as an attachment.

TCN:	0400001556	FAX Nu	mber:	
Provider ID:	9876543210	Recipie	ent ID:	87654321A95001
Provider Cntl				
Nbr:				
Medi-Cal recomme	ends that image attach	nments be gre	yscale, I	between 150 and 300 DPI
Medi-Cal (only accepts attachm	ents with the f	ollowing	file extensions:
	.jpg, .jpeg, .git, .	png, .tif, .bmp	, .pdf, .tr	xt
	Enter the file	name(s) to up	load	
[Brows	e 1
ĺ			Brows	e
[Brows	e
			Brows	e
[Brows	e
			Brows	e
Use ti After selectin	he Browse button to s g the file(s), click on t M	elect the file n he Upload File edi-Cal.	ame from button	m your PC. to upload the file to
	Upload Fil	es Re	eset	
Note: If a butto	on labeled "Browse" not supp	does not appo ort File Upload	ear, ther I.	n your browser does

8. Find the appropriate file on your computer to upload. Click **Open** to load the file.

Choose file					? 🛛
Look jn:		ENTS	•	🗢 🗈 💣 💷 •	
My Recent Documents Desktop My Documents	EXAMPLE.PD	F			
My Computer My Network Places	File name: Files of type:	EXAMPLE.PDF All Files (".")		•	Qpen Cancel

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9. Click **Upload Files** to submit attachments. Continue steps 7-8 until all necessary files are uploaded

<u>Or</u>

10. Click **Reset** to clear all files.

TCN:	0400001556	FAX Nu	ımber:	
Provider ID:	9876543210	Recipie	ent ID:	87654321A95001
Provider Cntl Nbr:]		
Medi-Cal recomme	ends that image attac	hments be are	vscale.	between 150 and 300 DPI
Medi-Cal	only accepts attachm	ents with the fi	ollowing	file extensions:
10004290-00-00-0010083944	.jpg, .jpeg, .gif, .	png, .tif, .bmp	, .pdf, .tr	xt
	Enter the file	name(s) to up	load	
	D:\Documents and S	ettings\fzcy5\	Brows	e
			Brows	e
Use t After selectin	he Browse button to s g the file(s), click on t	select the file n he Upload File 1edi-Cal.	ame from button f	m your PC. to upload the file to
	(9)	10		
	Upload Fil	les Re	eset	
Note: If a butt	on labeled "Browse' not supp	' does not app ort File Upload	ear, ther I.	n your browser does

Confirmation Message

A confirmation message appears after uploading file(s) and contains the file name, tracking number, as well as the start and end times of the uploaded attachment.

eTAR Medical Tutorials
Thank you for uploading your TAR attachment(s) for TCN 0400029755. The attachment was saved successfully.
Please verify the following information about your attachment file(s); D:/Documents and Settings/zzwrq0/Desktop/patient assessment.jpg
Your tracking number is: 1013128
Start time ===> 2009.04.23 at 13:41:51 PDT End time ===> 2009.04.23 at 13:41:53 PDT Total time ===> 1 seconds.
Return to TAR Menu
Return to Pharmacy Online TAR

Note: It is important that you make a note of the tracking number and capture a screen print before stepping out of this screen because the tracking number will not be saved.

Select **Return to TAR Menu** to return to the TAR Main Menu. To add additional attachments, repeat this process.

TAR 3 Attachment Form

The *TAR 3 Attachment Form* is used to submit attachments when eTARs are submitted by fax or mail.

Important: The *TAR 3 Attachment Form* can be ordered by calling TSC at 1-800-541-5555 and following the appropriate prompts or by downloading the form from the eTAR tab. Use this form as the cover sheet for all faxed and mailed attachments. Do not use any other cover.

The TAR number must be indicated on the *TAR 3 Attachment Form* or the attachments will not attach to the TAR. This will require a resubmission.

	STATE OF CALIFORNIA DEPAR	TMENT OF HEALTH SERVICE	ES
Г	INTERNAL CONTROL N	UMBER - FLUSE ONLY	7 7
1			_ _
CONFU	DENTIAL DATIENT INFORMATION		
CONTR	Delthac Parlett InFormation	PLEASE ITPE INF	ORMATION
PART I: PRO	OVIDER INFORMA	TION	
1 SUBMITTING PROV	/IDER # 2 PATIENT RECORD #	3 PROVIDER PHONE	# 4 PROVIDER FAX #
5 PROVIDER NAME			DICARE CERTIFIED
6 PROVIDER STREE	T/MAILING ADDRESS	11 PF	ROVIDER CONTACT NAME
7 CITY	8 STA	TE 9 ZIP CODE 12 PF	ROVIDER CONTACT PHONE #
21	CA		
TO THE BEST C SERVICES ARE SIGNATUI	DF MY KNOWLEDGE, THE ABOVI MEDICALLY INDICATED AND N RE OF PHYSICIAN OR	E IS TRUE, ACCURATE, AND E IS TRUE, ACCURATE, AND E CESSARY TO THE HEALTH PROVIDER	34 SEX STAT 36 WRC
V			
X			
Note: AUTHOR SUBJECT TO CURRENT BE CONFIDENTIAI and may contain disclosure or dis contact the send	RIZATION DOES NOT PATIENT'S ELIGIBILIT FORE RENDERING SI LITY NOTICE: This fax tra n confidential and privileg stribution is prohibited. If y der and destroy all copies	GUARANTEE PAYN Y. BE SURE THE P ERVICE. ansmission is for the s ed information. Any ur rou are not the intende of the fax transmissio	MENT. PAYMENT IS ATIENT'S ELIGIBILITY IS ole use of the intended recipient nauthorized review or use, including recipient, please n.

Note: TAR web pages do not have numbered fields.

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The following fields are required on the TAR 3 Attachment Form. Type or print neatly.

- 1. Enter the **Submitting Provider #**. This number must match the information entered on the TAR.
- 2. Enter the **Provider Phone #**.
- 3. Enter the **Provider Fax #**.
- 4. Enter the **Provider Name** of the submitting provider.
- 5. Enter the Provider Street/Mailing Address.
- 6. Enter the City.
- 7. Enter the State.
- 8. Enter the Zip Code.
- 9. Enter the **Original TAR Number** associated with the attachments being submitted. The number assigned must match the TCN created by eTAR.

TREATMENT AUTHORIZATION REQUEST - ATTACHMENT FORM
STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES
INTERNAL CONTROL NUMBER - FI USE ONLY
CONFIDENTIAL PATIENT INFORMATION PLEASE TYPE INFORMATION PART I: PROVIDER INFORMATION
1 SUBMITTING PROVIDER # 2 PATIENT RECORD # 2 PROVIDER PHONE # 3 PROVIDER FAX #
5 PROVIDER NAME 10 MEDICARE CERTIFIED
4
6 PROVIDER STREET/MAILING ADDRESS 11 PROVIDER CONTACT NAME
5
7 CITY 7 STATE 8 ZIP CODE 12 PROVIDER CONTACT PHONE #
6 CA
13 ORIGINAL TAR NUMBER 14 UPDATE RSN 15 SPCL HNDLG 16 RETRO RSN 17 RETRO DATE
9

- 10. Enter the patient's **Medi-Cal Identification Number** submitted on the eTAR. This number must match the information entered on the eTAR.
- 11. Sign the attachment form at the **Signature of Physician or Provider**.
 - **Note:** Due to the *Internet/POS Network Agreement* form submission, the person completing the eTAR can provide this signature.
- 12. Enter the **Date** (mmddyyyy).

NUMBER	ICATION 32 PATIENT NAME, LAST 33 FIRST	34 SEX STAT 36 WRC
TO THE BEST OF SERVICES ARE M	MY KNOWLEDGE, THE ABOVE IS TRUE, ACCURATE, AN MEDICALLY INDICATED AND NECESSARY TO THE HEALT	ID COMPLETE AND THE REQUESTED H OF THE PATIENT.
X		12
Note: ALITHORI	TATION DOES NOT CUADANTEE DAV	
SUBJECT TO P CURRENT BEF CONFIDENTIALI and may contain disclosure or distr contact the sende	ATIENT'S ELIGIBILITY. BE SURE THE ORE RENDERING SERVICE. TY NOTICE: This fax transmission is for the confidential and privileged information. Any u ribution is prohibited. If you are not the intender and destroy all copies of the fax transmissi	MENT. PAYMENT IS PATIENT'S ELIGIBILITY IS sole use of the intended recipient unauthorized review or use, including ded recipient, please ion.

Download TAR 3 Attachment Form

13. Access the **eTAR** tab on the Transaction Services Menu to download the TAR 3 Attachment Form.

Transaction Services	
You are logged in as:	
Elig Claims eTAR Prgms Other	
->> Inquire Only	->> Inquire Tutorial
* Medical Services	->> Medical Tutorials
->> Pharmacy - Submit to Medi-Cal Rx	Pharmacy Tutorial - Refer to Medi-Cal Rx
* TAR 3 Attachment Form 13	

Note: The completed *TAR 3 Attachment Form* must be used as the cover sheet for faxes and mail.

Attachment Submission

Use the completed TAR 3 Attachment Form as the cover sheet for either faxing or mailing.

Fax eTAR attachments to (877) 270-8779. If outside of California, fax eTAR attachments to (916) 384-9000.

Mail eTAR attachments to the following address:

Medi-Cal P.O. Box 526011 Sacramento, CA 95852

Notes:

- Attach the completed *TAR 3 Attachment Form* as the cover sheet for faxed and mailed attachments to mail and fax attachments.
- When faxing attachments for multiple TCNs, submit attachments for each TCN as its own fax. The fax system does not differentiate attachments for different TAR numbers when sent together as a single fax.
- It is important to turn off batching function options or auto coversheet options on the fax machines used.
- Overnight delivery or FedEx cannot be used. A signature is required upon delivery and mailed attachments arrive to a P.O. Box.

Inquire on a TAR

TAR Inquiry

 Select the Inquire on a TAR link to view adjudication decisions and field office comments on a TAR. Both View TAR Responses and Inquire on a TAR provide the Pricing Indicator (PI) for an Approved or Modified TAR, which is required to submit a claim. The PI is the 11th digit of the TAR Control Number.

	TAR Menu eTAR Medical Tutorials
	Welcome to the Treatment Authorization Request (TAR) menu. Please choose from one of the following options:
TAR New TAR Update TAR TAR TAR TAR TAR TAR TAR TAR TAR TAR	-» Create a New TAR -» Update an existing TAR -» Upload TAR Attachments •» Inquire on a TAR -» View TAR Responses -» Code Search

Note: Entering a rendering provider number on an eTAR will give the provider access to Inquire on a TAR.

Inquire by TAR Number

The provider number used to log in to Transaction Services populates automatically. To view a TAR submitted under a different provider number, log out and log in using the correct provider number.

- 1. Enter the **TAR Number** to search for the appropriate TAR. Ignore all other fields.
- 2. Click **Continue** and a window appears.

Please Enter Inquiry Selection Info Service Indicator	v v	Provider: 0099212421 TAR Number: Patient Record #:
Special Handling		V
Status	Receipt Dates Begin: mmddyyyy End: mmddyyyy	
Approved	Service Dates Begin: miniod yyyy End: miniod yyyy	
Deferred	Service From Dates Begin, mmddyyyy End; mmddyyyy	
Denied	Connee Third Dates Degin. [·
Modified		
In Review		

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3. Click **OK** to proceed to the **Inquiry Selection** page.



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Inquire without TAR Number

If a TCN is not available, use the fields for inquiry selection.

- 4. Use the Service Indicator dropdown to select the type of service for inquiry.
- 5. Use the Special Handling dropdown to select the special handling reason for inquiry.
- 6. Select the appropriate **Status** for the inquiry.
 - A. Click the **Approved** checkbox to view a list of approved TARs.
 - B. Click the **Deferred** checkbox to view a list of deferred TARs.
 - C. Click the **Denied** checkbox to view a list of denied TARs.
 - D. Click the **Modified** checkbox to view a list of modified TARs.
 - E. Click the In-Review checkbox to view a list of TARs waiting to be reviewed

tiry Selection Criteria	<u>i</u>	
Please Enter Inquiry Selection Inf Service Indicator	TAR Number: Patient Record #: Recipient ID:	
Special Handling 3 Status 6 Approved A Deferred B Denied C Modified D In Review E	Receipt Dates Begin: mmddyyyy End: mmddyyyy Service Dates Begin: mmddyyyy End: mmddyyyy Service From Dates Begin: mmddyyyy End: mmddyyyy Service Thru Dates Begin: mmddyyyy End: mmddyyyy Service Thru Dates Begin: mmddyyyy End: mmddyyyy	
	Continue	

Note: More than one status may be selected at one time.

- 7. Enter the **Patient Record #** submitted on the TAR.
- 8. Enter the **Recipient ID** submitted on the TAR.
- 9. Enter a date range in the **Receipt Dates Begin** and **End** (mmddyyyy) field to search for TARs submitted on a specific date.
- 10. Enter a date range in the Service Dates Begin and End (mmddyyyy) field to search for TARs with specific service dates.
- 11. Enter a date range in the Service From Dates Begin and End (mmddyyyy) field to search for TARs with specific From dates.
- 12. Enter a date range in the Service Thru Dates Begin and End (mmddyyyy) field to search for TARs with specific Thru dates.
- 13. Select **Continue** to initiate the search.

|--|

Inquiry Selection List

1. To view detailed TAR Response information, select the **TCN** for the appropriate TAR service line.

								eTA	R Medical T	utorials		
	Please click on the TAR Inquiry you would like to retrieve.											
	TCN	P.I.	Patient Record #	Recip ID	Service #	Indicator	Service Code	Service Description	Rendering Provider	Last Name	Received	Status
1	0400052692	0		90004999A	1	Inpat/Outpat - MRI (Radiology)	70557	MRI BRAIN W/O DYE		Doe	11232020	Rejected
	0400052692	0		90004999A	2	Inpat/Outpat - MRI (Radiology)	93303	ECHO TRANSTHORACIC		Doe	11232020	Rejected
	0400052692	0		90004999A	3	Inpat/Outpat - MRI (Radiology)	27457	REALIGNMENT OF KNEE		Doe	11232020	Rejected

View TAR Summary

From the TAR Inquiry page, view TAR information submitted on the TAR as well as the TAR's current status.

1. Select **Responses** to view the reasons for adjudication of the TAR service lines and field office consultant comments. Responses are not available while the TAR is being adjudicated by field office reviewers.

Devidentelation				
Provider Information		Martine Contractor		
Submitting Provider		Medicare Centilled		
0033031820		N		
Provider Name		Phone #	Fax	
COMMUNITY HOSPITAL		(916)555-5555		
StreetMailing Address		City	State	Zip Code
1027 MAIN STREET		ANYTOWN	CA	95823
Contact Name	Contact Phone #		Contact E	dension
TAR Completed By				
JOE DOE				
Update Provider Infor	mation			
Patient Information		Defect	Durand B	
Reopient ID 97654334405001		Patient	Record #	
Control Manufico				
operat Handling				
LastName			First	IName
Cheer #	Data of Birth	Cander	Joe	hada Camat
Phone #	10101934	Gender	1 Ink	nown
Miscallanaous TAD Information	10101034	ingere -		in the second se
		114 6 4 4 4 1 9 1 1 9	11. 4	
Residence Status	Medicare Denial Reason	Denial Date	Denial Certification	OHC Denial Reason
	Under 65, does not have Medicare			
	Coverage		No	No Other Health Coverage
Mother/Transplant Recipient Providi	ing Medi-Cal Eligibility			
LastName	First Name			
Date Of Birth	Gender			
Patient's Authorized Representative				
Name				
StreetMailing Address				
City	State	Zip Code		
Undate Patient Information				
opoare Parent monnation				
Service Information				
Indute This Series Cance	This Casica			
opoace mis Service	This Service			
Temporary Service Number : 1				
Ind. S	ervice Code		Modifiers	
Home Health G	20154			
Service Description		Total Units	From Date	Thru Date
Adapt Date:		10	01012008	02292006
Admit Dater Start of Care	Admit From	Discharge Date	Disc	rhama
01012008	Home	chaosarye case	Charles and Charle	unary e
Frequency				
1 / Day				
POS	ICD-CM Type ICD Code Diagno	sis Description		Date of Onset
				01012007
Price				
Indicator				
0 - No special condition		\bigcirc		
		0		
		Responses		

Response Selection List

- Current and previously adjudicated versions of the TAR are listed on the Response Selection List. To view the current version, locate the most recent date in the Response Date column of the service line.
- 3. Select the **TCN** of the TAR service line to view the detailed TAR Response information.

sb	onse Se	electio	on List				
	Please clic	k on the 1		TAR Medi	ical Tutoria	ls	
	TCN	Service #	Service Description	Status	Patient Record #	Response Date	2
)	0400026184	1	SKILLED NURSING SERVICES	Deferred		01042018	
	0400026184	1	SKILLED NURSING SERVICES	Deferred		01042018	

TAR Response

- 1. The **PI** for each service line is shown on this page. This digit is required for submitting claims. Once the TAR is approved, the PI becomes the 11th digit of the TCN, which is used when submitting claims.
- 2. The **Action Reason List** provides specific reasons why the TAR service line was deferred, denied, modified or approved.
- 3. The **TAR Review Comments** displays comments entered by the Medi-Cal field office reviewer. See the Updating an Existing TAR section of this User Guide for more information.

	1		eTAR Medical Tutorials
TAR Control # :	P.I. :	Service # :	Response Date :
0400026184	0	1	01082008
Recipient ID :			
87654321D95001			
Submitting Provider :		Patient R	Record # :
1234567890			
Service Code :			Modifiers :
G0154			
Service Description :			
SKILLED NURSING SI	ERVICES		
From Date :		Thru Dat	te:
12012007		1231200	77
Quantity :		Units :	
Status :		16	
Deferred			
Service Code Se	rvice Descri	ption	Total Units
Action Reason List			
The request has he	on deferr	d Place cas the	reviewers comments for deferral
reasons.	en dererro	ea. Please see ule l	evenuers comments for deferrar

Page updated: January 2021

The TAR Response page is displayed to view specific information regarding the adjudication of the TAR.

4. A TAR that has been cancelled appears under Inquiry as approved with zero units. A TAR that has paid units then cancelled will show as approved with only the units paid on the TAR.

				eTAR Medical Tutori
TAR Control # :	P.I. :	Service	#:	Response Date :
0400026184	0	1		01082008
Recipient ID :				
87654321D95001				
Submitting Provider :			Patient Recor	d#:
1234567890				
Service Code :			h	Modifiers :
G0154				
Service Description	:			
SKILLED NURSING	SERVICES			
From Date :			Thru Date :	
12012007			12312007	
Quantity :		(4)	Units :	
Status :		<u> </u>	0	
Approved				
Service Code S	ervice Descript	ion		Total Units
Action Reason List :				
Approved as subr	nitted			

Note: Generally, approved with zero units indicates a cancelled TAR. However, most LTC services will appear with zero units even when the TAR has not been cancelled.

View TAR Responses

TAR Response

 Select the View TAR Responses link to view adjudication decisions and field office comments on a TAR. Both TAR Inquiry and View TAR Responses provide the PI for an Approved or Modified TAR which is required to submit a claim. The PI becomes the 11th digit of the TAR Control Number.

	Home ->> Transaction Services
SPI-S	TAR Menu
	Welcome to the Treatment Authorization Request (TAR) menu. Please choose from one of the following options:
тар	->> Create a New TAR
	->> Update an existing TAR
->> New TAR	->> Upload TAR Attachments
->>> Update TAR ->>> Attachments	->> Inquire on a TAR
->> TAR Inquiry	1 ->> View TAR Responses
->> TAR Response ->> Code Search	-» Code Search
->> Pharmacy Service	

Note: Entering a rendering provider number on an eTAR gives the provider access to inquire on an eTAR.

Selection Criteria

- 2. Enter the **TAR Number** to search for the appropriate TAR. If using the TAR number, no other fields are necessary and will be ignored.
- 3. The **Submitting Provider ID** will self-populate. To view a TAR submitted under a different provider number, log out and log in using the correct provider number.
- 4. Enter the **Incoming Recipient ID** submitted on the TAR.
- 5. Enter the **Patient Record Number** submitted on the TAR.
- 6. Select the **Deferred**, **Denied**, **Modified**, **Approved or All** radio button. If **All** is selected, enter a date range..
- **Note:** Generally, approved with zero units indicates a cancelled TAR. However, most LTC services appear with zero units even when the TAR has not been cancelled.
- 7. Select the **Unviewed** or **Viewed** radio button depending on whether the TAR response was previously viewed by others. It may be necessary to choose between unviewed and viewed to reveal all responses for the TAR.
- 8. Enter the Begin Date (mmddyyyy) for the requested start of service date.
- 9. Enter the **End Date** (mmddyyyy) for the requested end of service date. When using response dates, the End Date must be no more than 31 days after Begin Date.
- 10. Click **Continue** once the information is complete.

	;			
Response Selection	Criteria			
Please Enter Response	Selection Information.			
Service Information				
TAR Number		3 Subr	mitting Provider ID	
		\cup		
A Incoming Recipient ID		5 Pati	ent Record Number	
6 Please Choose Service	Status ted is "All", a response date rang	a is required		
6 Please Choose Service Service Status select	Status ted is "All", a response date rang	je is required.		All
Please Choose Service S If the Service Status select Deferred Please Choose View State	Status ted is "All", a response date rang O Denied tus	ge is required. O Modified	○ Approved	 All
6 Please Choose Service 3 If the Service Status selec O Deferred 7 Please Choose View Stat If the view status selected	Status ted is "AIF, a response date rang O Denied tus is "Viewed", a response date ran	pe is required. O Modified nge is required, except when request	 Approved ing responses for a specific TAR. 	All
6 Please Choose Service 1 If the Service Status selec O Deferred 7 Please Choose View Status If the view status selected If the view status selected	Status ted is "AII", a response date rang O Denied tus is "Viewed", a response date ran	je is required. O Modified nge is required, except when request O Viewed	 Approved ing responses for a specific TAR. 	All
6 Please Choose Service 1 If the Service Status select O Deferred 7 Please Choose View Status If the view status select @ Unviewed Response Date Range	Status ted is "AII", a response date rang O Denied tus is "Viewed", a response date rar	ye is required. ○ Modified nge is required, except when request ○ Viewed	 Approved ing responses for a specific TAR. 	All
6 Please Choose Service 1 If the Service Status select O Deferred Please Choose View Stat If the view status selected If Unviewed Response Date Range When selecting Response	Status ted is "All", a response date rang O Denied tus is "Viewed", a response date rar	ge is required. Modified nge is required, except when request Viewed more than 31 days after the Begin D	 Approved ing responses for a specific TAR. Date. 	III
6 Please Choose Service 1 If the Service Status select O Deferred 7 Please Choose View Stat If the view status selected	Status ted is "AII", a response date rang O Denied tus is "Viewed", a response date ran dates, the End Date must be no	pe is required. Modified nge is required, except when request Viewed more than 31 days after the Begin D 9 End	 Approved ing responses for a specific TAR. Date. Date 	III
6 Please Choose Service I If the Service Status select O Deferred Please Choose View Stat If the view status selected	Status ted is "AII", a response date rang O Denied tus is "Viewed", a response date ran dates, the End Date must be no	pe is required. Modified nge is required, except when request Viewed more than 31 days after the Begin D 9 End mm	Approved ing responses for a specific TAR. Date. Date inddyyyy	All
 6 Please Choose Service if the Service Status select C Deferred 7 Please Choose View Statis selected If the view status selected Inviewed Response Date Range When selecting Response 8 Begin Date mmddyyyy 	Status ted is "AII", a response date rang O Denied tus is "Viewed", a response date ran dates, the End Date must be no	ge is required. Modified nge is required, except when request Viewed more than 31 days after the Begin D 9 End mn	Approved ing responses for a specific TAR. Date. Date nddyyyy	All
 6 Please Choose Service 1 If the Service Status select C Deferred 7 Please Choose View Stat If the view status selected Inviewed Response Date Range When selecting Response 8 Begin Date mmddyyyy 	Status ted is "AII", a response date rang O Denied tus is "Viewed", a response date rar dates, the End Date must be no	ge is required. Modified nge is required, except when request Viewed more than 31 days after the Begin D <u>9</u> End mn	Approved ing responses for a specific TAR. Date. Date inddyyyy	All

Note: TAR web pages do not have numbered fields.

Response Selection List

1. To view detailed TAR Response information, select the **TCN** for the appropriate TAR service.

oonse S	electio	on List			
Please cli	k on the 1	e FAR Response vou	TAR Medi would lik	cal Tutoria e to retriev	ls e
тсн	Service #	Service Description	Status	Patient Record #	Response Date
0400026184	1	SKILLED NURSING SERVICES	Deferred		01042018
0400026184	1	SKILLED NURSING SERVICES	Approved		01042018

View TAR Response

- 1. The **PI** for each service line is shown on this page. This digit is required for submitting claims. Once the TAR is approved, the PI becomes the 11th digit of the TCN for submitting claims.
- 2. The **Action Reason List** provides specific reasons why the TAR service line was Deferred, Denied, Modified or Approved.
- 3. The **TAR Review Comments** displays comments entered by the Medi-Cal field office reviewer. See the Updating an Existing TAR section of this User Guide for more information.

1	>		eTAR Medical Tutorials
TAR Control # :	P.I. :	Service #:	Response Date :
0400026184	0	1	01082008
Recipient ID :			
87654321D95001			
Submitting Provider :		Patient	Record # :
1234567890			
Service Code :			Modifiers :
G0154			
Service Description :			
SKILLED NURSING SE	RVICES		
From Date :		Thru Da	ate :
12012007		123120	07
Quantity :		Units :	
Status :		16	
Deferred			
Service Code Ser	vice Descrij	ption	Total Units
Action Reason List :			
) The request has be reasons.	en deferre	ed. Please see the	reviewers comments for deferral
TAR Review Comment	s:		
View TAR Response (Cont.)

The TAR Response screen is displayed to view specific information regarding the adjudication of the TAR.

4. A TAR that has been <u>cancelled</u> appears under Inquiry as approved with zero units.

A TAR that has paid units then cancelled will show as approved but with only the units paid on the TAR.

			erak medical futori
TAR Control # :	P.I. :	Service #:	Response Date :
0400026184	0	1	01082008
Recipient ID :			
87654321D95001			
Submitting Provider	:	Patient I	Record # :
1234567890			
Service Code :			Modifiers :
G0154			
Service Description	:		
SKILLED NURSING	SERVICES		
From Date :		Thru Da	te:
12012007		123120	07
Quantity :		(4) Units :	
Status :		0	
Approved			
Service Code	Service Descriptio	n	Total Units
Action Reason List :			
Approved as sub	mitted		
Approved as sub	inteeu		

Note: Generally, approved with zero units indicates a cancelled TAR. However, most LTC services appear with zero units even when the TAR has not been cancelled.

TAR Menu Code Search

Accessing Code Search

A Code Search may be accessed from the TAR Menu. Select **Code Search** to begin.

	Home ->> Transaction Services
<u> </u>	TAR Menu
	Welcome to the Treatment Authorization Request (TAR) menu. Please choose from one of the following options:
	->> Create a New TAR
IAK	->> Update an existing TAR
->> New TAR	->> Upload TAR Attachments
->>> Update TAR ->>> Attachments	->> Inquire on a TAR
->> TAR Inquiry	->> View TAR Responses
->> TAR Response ->> Code Search	-» Code Search
->> Pharmacy Service	

Using Code Search

- 1. Select the appropriate code type from the **Please choose the type of code to search for:** to search for the following types of codes or descriptions:
 - Select the **Procedure** radio button to search for procedure codes. The Medi-Cal Provider Manual is the final resource to determine if a TAR is required.
 - Select the **Modifier** radio button to search for a modifier code.
 - Select the Accommodation radio button when submitting Long Term Care services code.
 - Select the Level of Care radio button when submitting Long Term Care or Hospital Day services codes.
 - Select the appropriate **Diagnosis** radio button when submitting ICD codes.
 - Select the **Functional Limits** radio button to search for functional limitation codes.
 - Select the Medical Status radio button for medical status codes. Select the Get Service Category from Service Code radio button to determine what service category to select based on the service code.
- 2. Select the appropriate type of search under Please choose the type of search:
 - Click the **Search by Description** radio button when the service code is unknown.
 - Click the Search by Code radio button when the description is unknown.
- 3. In the blank Please enter text to search for: field, enter the description or code.
- 4. Click **Search** to complete the search function.

ease coose the type of code to search for:	
Procedure O Modifier O Accommodation O Level of Care	
Diagnosis ICD-9 O Diagnosis ICD-10 O Functional Limits O Me	dical Status
Get Service Category from Service Code	
ease choose the type of search:	
Search by Description	
Search by Code	
ease enter text to search for	

Code Search List

5. A list of all codes and associated descriptions that match the search criteria are displayed.

Coc	le Search List		
Code	Description	Туре	TAR Indicator
G0152	HHCP-SERV OF OT, EA 15 MIN	SMA/HCPCS	POS/Provider Depend., May Require TAR OR Medi Reservation
G0151	HHCP-SERV OF PT,EA 15 MIN	SMA/HCPCS	POS/Provider Depend., May Require TAR OR Medi Reservation
G0156	HHCP-SVS OF AIDE, EA 15 MIN	SMA/HCPCS	TAR Required
G0155	HHCP-SVS OF CSW, EA 15 MIN	SMA/HCPCS	POS/Provider Depend., May Require TAR OR Medi Reservation
G0154	HHCP-SVS OF RN,EA 15 MIN	AIDS Waiver	Generally No TAR, Subject to Billing Limitations
G0154	HHCP-SVS OF RN,EA 15 MIN	SMA/HCPCS	Generally No TAR, Subject to Billing Limitations
G0153	HHCP-SVS OF S/L PATH, EA 15MN	SMA/HCPCS	POS/Provider Depend., May Require TAR OR Medi Reservation

Appendix

Acronyms

Acronym	Description
AEVS	Automated Eligibility Verification System
ALLOW	Allowed
AMT	Amount
A/R	Accounts Receivable
BIC	Benefits Identification Card
CCN	Claim Control Number
CIF	Claims Inquiry Form
CIN	Client Index Number
СМС	Computer Media Claims
CMS	Centers for Medicare & Medicaid Services
CNM	Certified Nurse Midwife
COBC	Coordination of Benefits Contractor
CPT-4	Current Procedural Terminology 4th Edition
CWF	Common Working File
DHCS	Department of Health Care Services
DOB	Date of Birth
DOI	Date of Issue
DOS	Date of Service
E&M	Evaluation and Management
EMG	Emergency
EOB	Explanation of Benefits
EOMB	Explanation of Medicare Benefits
ERA	Electronic Remittance Advice

Acronym	Description
FI	Fiscal Intermediary; contractor for DHCS responsible for claims processing, provider services, and other fiscal operations of the Medi-Cal program
GHI	Group Health Incorporated
HCP	Health Care Plan
HCPCS	Healthcare Common Procedure Coding System
HHS	Department of Health and Human Services
HIC	Health Insurance Claim
HMO	Health Maintenance Organization
ID	Identification
IP	Inpatient Services
LTC	Long Term Care
MAC	Medicare Administrative Contractor
MCP	Managed Care Plan
MAPD	Medicare Advantage Prescription Drug
MNSIRA	Medicare National Standard Intermediary Remittance Advice
MREP	Medicare Remit Easy Print Software
MRN	Medicare Remittance Notice
MSA	Medi-Cal Savings Account
NCCI	National Correct Coding Initiative
NMP	Non-Physician Medical Practitioner
NF	Nursing Facility
NP	Nurse Practitioner
PA	Physician Assistant
PC	Personal Computer
PDP	Prescription Drug Plan
PFFS	Private Fee-For-Service
POE	Proof of Eligibility
POS	Point of Service
PPO	Preferred Provider Organization

Acronyms (continued)

Acronym	Description
QMB	Qualified Medicare Beneficiary
RA	Remittance Advice
RAD	Remittance Advice Details
REIMB	Reimbursable
RTD	Resubmission Turnaround Document
SNP	Special Needs Plan
SOC	Share of Cost
SSA	Social Security Administration
SSL	Secure Socket Layer
SSN	Social Security Number
TAR	Treatment Authorization Request
TCN	TAR Control Number
TSC	Telephone Service Center

Acronyms (continued)

Appendix A: eTAR Glossary

Medical Status Codes and Descriptions

Code	Description
001	Symptom control: Asymptomatic, no treatment needed at this time
002	Symptom control: well controlled with current therapy
003	Symptom control: Difficult, affects ADLs; patient needs ongoing monitoring
004	Symptom control: Poor, patient needs frequent adjustment
005	Symptom control: Poor, history of hospitalizations
011	IV: hydration only
012	IV: chemotherapy
013	IV: blood/blood products
014	IV medication: continuous with/without pump
015	IV medication: intermittent with/without pump
016	IV medication: bolus
017	Parenteral nutrition (TPN or lipids): central
018	Parenteral nutrition (TPN or lipids): peripheral
019	Enteral nutrition (ng, g-tube, jejunostomy, other artificial entry into alimentary canal)
021	Drainage tube: Chest
022	Drainage tube: Nasogastric
023	Drainage tube: Gastrostomy
024	Drainage tube: Jackson Pratt
025	Drainage tube: Hemovac
026	Drainage tube: Urinary
027	Drainage tube: Intracranial/ intraventricular
031	Prognosis: Little or no recovery is expected and/or further decline is imminent
032	Prognosis: Partial to full recovery is expected
1	

Page updated: January 2021

Code	Description
033	Prognosis: Minimal improvement in functional status is expected, decline is possible
034	Prognosis: Marked improvement in functional status is expected
035	Life expectancy: greater than 6 months
036	Life expectancy: 6 months or fewer
041	Pain Description: Aching
042	Pain Description: Throbbing
043	Pain Description: Constant
044	Pain Description: Intermittent
045	Pain Description: Sharp
046	Pain Description: Dull
047	Pain Description: Widespread
048	Pain Description: Localized
049	Pain Description: Intractable
061	Pain Location: Abdominal
062	Pain Location: Chest
063	Pain Location: Back
064	Pain Location: Head
065	Pain Location: Face
066	Pain Location: Ear
067	Pain Location: Eye
068	Pain Location: Mouth
069	Pain Location: Throat
070	Pain Location: Neck
071	Pain Location: Foot
072	Pain Location: Leg
073	Pain Location: Hand
074	Pain Location: Arm
075	Pain Location: Pelvis
076	Pain Location: Hip

Code	Description
077	Pain Location: Buttocks
078	Pain Location: Perineal/Genital Area
079	Pain Location: Joints (generalized)
081	Pain Frequency: Less often than daily
082	Pain Frequency: Daily, but not constantly
083	Pain Frequency: Constantly
091	Pain Management: No current pain management
092	Pain management: Non-medication methods
093	Pain management: Oral analgesics
094	Pain management: Topical analgesics
095	Pain management: IM analgesics
096	Pain management: IV analgesics
097	Pain Management: Pump analgesia (chronic)
099	Pain management: Combination (oral/topical/IM/IV)
101	Lesion: Head/torso, front
102	Lesion: Head/torso, back
103	Lesion: LUE
104	Lesion: RUE
105	Lesion: LLE
106	Lesion: RLE
111	Open wound(s), head/torso, front
112	Open wound(s), head/torso, front: not healing
113	Open wound(s), head/torso, back
114	Open wound(s), head/torso, back: not healing
115	Open wound(s), LUE
116	Open wound(s), LUE: not healing
117	Open wound(s), RUE
118	Open wound(s), RUE: not healing
119	Open wound(s), LLE

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Code	Description
120	Open wound(s), LLE, not healing
121	Open wound(s), RLE
122	Open wound(s), RLE: not healing
131	Surgical wound(s), head/torso, front
132	Surgical wound(s), head/torso, front: not healing
133	Surgical wound(s), head/torso, back
134	Surgical wound(s), head/torso, back: not healing
135	Surgical wound(s), LUE
136	Surgical wound(s), LUE: not healing
137	Surgical wound(s), RUE
138	Surgical wound(s), RUE: not healing
139	Surgical wound(s), LLE
140	Surgical wound(s), LLE, not healing
141	Surgical wound(s), RLE
142	Surgical wound(s), RLE: not healing
151	Pressure ulcer(s), head/torso, front: worst ulcer = Stage I
152	Pressure ulcer(s), head/torso, front: worst ulcer = Stage II
153	Pressure ulcer(s), head/torso, front: worst ulcer = Stage III
154	Pressure ulcer(s), head/torso, front: worst ulcer = Stage IV
155	Pressure ulcer(s), head/torso, back: worst ulcer = Stage I
156	Pressure ulcer(s), head/torso, back: worst ulcer = Stage II
157	Pressure ulcer(s), head/torso, back: worst ulcer = Stage III
158	Pressure ulcer(s), head/torso, back: worst ulcer = Stage IV
159	Pressure ulcer(s), LUE: worst ulcer = Stage I
160	Pressure ulcer(s), LUE: worst ulcer = Stage II
161	Pressure ulcer(s), LUE: worst ulcer = Stage III
162	Pressure ulcer(s), LUE: worst ulcer = Stage IV
163	Pressure ulcer(s), RUE: worst ulcer = Stage I
164	Pressure ulcer(s), RUE: worst ulcer = Stage II

Code	Description
165	Pressure ulcer(s), RUE: worst ulcer = Stage III
166	Pressure ulcer(s), RUE: worst ulcer = Stage IV
167	Pressure ulcer(s), LLE: worst ulcer = Stage I
168	Pressure ulcer(s), LLE: worst ulcer = Stage II
169	Pressure ulcer(s), LLE: worst ulcer = Stage III
170	Pressure ulcer(s), LLE: worst ulcer = Stage IV
171	Pressure ulcer(s), RLE: worst ulcer = Stage I
172	Pressure ulcer(s), RLE: worst ulcer = Stage II
173	Pressure ulcer(s), RLE: worst ulcer = Stage III
174	Pressure ulcer(s), RLE: worst ulcer = Stage IV
181	Stasis ulcer(s), head/torso, front
182	Stasis ulcer(s), head/torso, front: not healing
183	Stasis ulcer(s), head/torso, back
184	Stasis ulcer(s), head/torso, back: not healing
185	Stasis ulcer(s), LUE
186	Stasis ulcer(s), LUE: not healing
187	Stasis ulcer(s), RUE
188	Stasis ulcer(s), RUE: not healing
189	Stasis ulcer(s), LLE
190	Stasis ulcer(s), LLE: not healing
191	Stasis ulcer(s), RLE
192	Stasis ulcer(s), RLE: not healing
301	Breathing sounds: Clear
302	Breathing sounds: Decreased
303	Breathing sounds: Increased
304	Breathing sounds: Dullness
305	Breathing sounds: Rales
306	Breathing sounds: Rhonchi
307	Breathing sounds: Wheezing, expiratory

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Code	Description
308	Breathing sounds: Wheezing, inspiratory
311	Dyspneic or noticeably SOB: walking > 20 feet
312	Dyspneic or noticeably SOB: moderate exertion (while dressing, toileting, walking < 20 feet)
313	Dyspneic or noticeably SOB: minimal exertion (while eating, talking, or performing other ADLs)
314	Dyspneic or noticeably SOB: at rest
315	Dyspneic or noticeably SOB: Orthopneic
321	Chest pain: with radiation to RUE/LUE
322	Chest pain: progressive
323	Chest pain: on exertion
324	Chest pain: at rest
330	Residential respiratory treatments: oxygen: intermittent
331	Residential respiratory treatments: oxygen: continuous
332	Residential respiratory treatments: oxygen: at night
333	Residential respiratory treatments: ventilator: continuously
334	Residential respiratory treatments: ventilator: intermittent
335	Residential respiratory treatments: ventilator: at night
336	Residential respiratory treatments: percussion & drainage: intermittent
337	Residential respiratory treatments: percussion & drainage: infrequently
338	Residential respiratory treatments: suctioning: oral
339	Residential respiratory treatments: suctioning: nasopharyngeal
340	Residential respiratory treatments: suctioning: tracheostomy
341	Residential respiratory treatments: nebulizer with medication
342	Residential respiratory treatments: metered dose inhalers
343	Residential respiratory treatments: oximeter
344	Residential respiratory treatments: CPAP
345	Residential respiratory treatments: Bi-PAP
346	Residential respiratory treatments: air mist
347	Residential respiratory treatments: IPPB

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Code	Description
348	Residential respiratory treatments: apnea/cardiac monitor
351	Cardiac: palpitation: regular
352	Cardiac: palpitation: irregular
353	Cardiac: palpitation: paroxysmal
354	Cardiac: arrhythmia
355	Cardiac: tachycardia
356	Cardiac: bradycardia
357	Cardiac: pacemaker
361	Bowel: incontinence: occasional
362	Bowel: incontinence: frequent
363	Bowel: incontinence: total
364	Bowel: Patient has ostomy for bowel elimination
365	Bowel: Blood in stool (melena)
366	Bowel: Constipation
367	Bowel: Diarrhea
371	Urinary: incontinence: occasional
372	Urinary: incontinence: frequent
373	Urinary: incontinence: total
374	Urinary: Intermittent catheterization
375	Urinary: Foley catheter (indwelling)
376	Urinary: Condom catheter
377	Urinary: Urostomy
378	Urinary: Urinary conduit
379	Urinary: Indwelling/suprapubic catheter
380	Urinary: stents
381	Urinary: Urinary tract infection
382	Urinary: Blood in urine (hematura)
391	Allergy: None known
392	Allergy: penicillins

Code Description 393 Allergy: tetracycline 394 Allergy: sulphonamides 395 Allergy: other antibiotics 396 Allergy: anticholinergic 397 Allergy: anti-epileptics 398 Allergy: animal serum 399 Allergy: pollen 400 Allergy: Latex 401 Allergy: analgesics 402 Allergy: anti-rheumatics 411 Risk factor: Smoking 412 **Risk factor: Obesity** 413 Risk factor: Eating disorder 414 Risk factor: Alcohol dependency 415 Risk factor: Drug dependency 416 Risk factor: SIDS sibling 417 Risk factor: Strong family history of high risk factors 421 General patient condition: Pregnancy 422 General patient condition: Implanted medical device (non-pacemaker) 423 General patient condition: Coughing 424 General patient condition: Blood in sputum (hemoptysis) 425 General patient condition: Nausea and vomiting 426 General patient condition: Vomit with blood (hematemisis) 427 General patient condition: Sleep Apnea 428 General patient condition: Syncope 429 General patient condition: Dizziness/lightheadedness 430 General patient condition: Fever (febrile) 431 General patient condition: Jaundiced 432 General patient condition: Cyanosis

Code	Description
433	General patient condition: Seizures
434	General patient condition: Tremors
435	General patient condition: Edema: generalized
436	General patient condition: Edema: peripheral
437	General patient condition: Tinnitus
438	General patient condition: Herniated disk
439	General patient condition: Clubbing
451	Patient behavior: Sleep disturbances
452	Patient behavior: Recent change in appetite
453	Patient behavior: Disruptive, infantile or socially inappropriate behavior: nonverbal
454	Patient behavior: Disruptive, infantile or socially inappropriate behavior: verbal
455	Patient behavior: Physical aggression towards self
456	Patient behavior: physical aggression towards others
457	Patient behavior: Suicide attempt
458	Patient behavior: Flat affect
459	Patient behavior: Mood changes
460	Patient behavior: Tearful
461	Patient behavior: Delusional
462	Patient behavior: Hallucinations
463	Patient behavior: Paranoid
464	Patient behavior: Anxiety
465	Patient behavior: Fearful
466	Patient behavior: Wandering episodes

Appendix B: eTAR Glossary

Functional Limitation Codes and Descriptions

Code	Description
501	Ambulation: Independent: steady gait
502	Ambulation: Independent: unsteady gait
503	Ambulation: Independent: history of falls
504	Ambulation: Independent: limited distance (less than 20 feet)
505	Ambulation: Requires use of device to walk alone
506	Ambulation: assistance: cane
507	Ambulation: assistance: crutches
508	Ambulation: assistance: braces
509	Ambulation: assistance: prosthesis
510	Ambulation: assistance: walker
511	Ambulation: assistance: human help needed for steps or uneven surface
512	Ambulation: assistance: human help needed to walk at all times
513	Ambulation: assistance: human help needed to stand
514	Ambulation: wheelchair-bound: independent
515	Ambulation: wheelchair-bound: unable to wheel self
516	Ambulation: bed-bound: positions self
517	Ambulation: bed-bound: requires assistance to position
518	Ambulation: bed-bound: requires mechanical assistance to leave bed
531	Physical limitation: quadriplegia
532	Physical limitation: paraplegia
533	Physical limitation: left hemiplegia
534	Physical limitation: right hemiplegia
535	Physical limitation: bilateral amputee: lower extremities
536	Physical limitation: bilateral amputee: upper extremities
537	Physical limitation: amputee: LLE

Code	Description
538	Physical limitation: amputee: RLE
539	Physical limitation: amputee: LUE
540	Physical limitation: amputee: RUE
541	Physical limitation: contracture(s): LLE
542	Physical limitation: contracture(s): RLE
543	Physical limitation: contracture(s): LUE
544	Physical limitation: contracture(s): RUE
545	Physical limitation: generalized weakness
546	Physical limitation: weakness: right side
547	Physical limitation: weakness: left side
548	Physical limitation: weakness: bilateral lower extremities
549	Physical limitation: weakness: bilateral upper extremities
550	Physical limitation: limited ROM: head/neck
551	Physical limitation: limited ROM: trunk
552	Physical limitation: limited ROM: LLE
553	Physical limitation: limited ROM: RLE
554	Physical limitation: limited ROM: LUE
555	Physical limitation: limited ROM: RUE
561	Vision: sees clearly using eyeglasses
562	Vision: sees clearly using contact lenses
563	Vision: minimally impaired: sees objects clearly, cannot read print
564	Vision: partially impaired: sees shapes, objects
565	Vision: severely impaired: sees light/dark, some shapes
566	Vision: blind: one eye
567	Vision: blind: both eyes
571	Hearing/comprehension: no deficits, naturally or with a hearing aid
572	Hearing/comprehension: moderate deficits: one-step instruction and brief conversation
573	Hearing/comprehension: severe deficits: simple greetings and short comments

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Code	Description
574	Hearing/comprehension: severe deficits: unable to hear and understand consistently
575	Hearing/comprehension: deaf
576	Hearing/comprehension: cochlear implant
581	Communication: nonverbal
582	Communication: device: board
583	Communication: device: writing
584	Communication: device: instrument/mechanical/computer
585	Communication: American Sign Language
586	Communication: speech: slurred
587	Communication: speech: stutters
588	Communication: speech: aphasia: sensory
589	Communication: speech: aphasia motor
590	Communication: speech: minimal difficulty expressing ideas and needs
591	Communication: speech: moderate difficulty expressing simple ideas or needs
592	Communication: speech: severe difficulty expressing basic ideas or needs
593	Communication: speech: interpreter required
594	Communication: unable to express basic needs but is not comatose or unresponsive
595	Communication: patient is non-responsive
601	Cognitive functioning alert
602	Cognitive functioning: oriented
603	Cognitive functioning: impaired decision-making
604	Cognitive functioning: requires prompting under stressful or unfamiliar condition
605	Cognitive functioning: requires assistance and direction in specific situations
607	Cognitive functioning: requires considerable assistance in routine situations
608	Cognitive functioning: disorientation, coma, persistent, vegetative state or delirium
609	Confusion: new or complex situations
610	Confusion: upon awakening or at night
611	Confusion: during sundown/twilight

Code	Description
612	Confused: constantly
613	Memory deficit: failure to recognize familiar persons or places
614	Memory deficit: inability to recall events of past 24 hours
615	Memory deficit: to the extent that supervision is required
621	Feeding/Eating: independent
622	Feeding/Eating: requires meal set-up
623	Feeding/Eating: requires intermittent aid or supervision
624	Feeding/Eating: requires total feeding assistance/supervision
625	Feeding/Eating: mechanical soft diet
626	Feeding/Eating: liquid/pureed diet
627	Feeding/Eating: takes in nutrients orally AND receives oral supplements
628	Feeding/Eating: takes in nutrients orally AND receives enteral supplements
629	Feeding/Eating: total enteral nutrition (ng. g-tube, j-tube, other)
630	Feeding/Eating: unable to take in nutrients orally or by tube feeding
631	Feeding/Eating: dysphagia
641	Feeding/Eating: able to prepare light meals
642	Feeding/Eating: unable to prepare light meals on a regular basis
643	Feeding/Eating: unable to prepare ANY light meals
651	Medication: able to independently administer all medications
652	Medication: oral: needs dose preparation, daily reminders or a drug chart
653	Medication: oral: must be administered by someone else
654	Medication: topical: needs dose preparation, daily reminders or a drug chart
655	Medication: topical: must be administered by someone else
656	Medication: inhalants/mist: needs dose preparation, daily reminders or a drug chart
657	Medication: inhalants/mist: must be administered by someone else
658	Medication: injections: needs dose preparation, daily reminders or a drug chart
659	Medication: injections: must be administered by someone else
660	Medication: patient non-compliant with medication regimen

Code Description 671 Equipment: patient manages all related tasks 672 Equipment: patient requires assistance with setup 673 Equipment: patient requires assistance to operate 674 Equipment: patient is completely dependent on others 675 Equipment: caregiver manages all related tasks 676 Equipment: caregiver requires assistance with setup 677 Equipment: caregiver requires assistance to operate 678 Equipment: caregiver is completely dependent on others 691 Barriers: stairs: used to access toileting, sleeping and/or eating areas 692 Barriers: stairs: used optionally (e.g., to access laundry facilities) 693 Barriers: stairs: leading from inside to outside 694 Barriers: doorways: narrow or obstructed 695 Barriers: hallways: narrow or obstructed 696 Barriers: living environment: small or cluttered 701 Transportation: able to independently drive a regular or adapted car 702 Transportation: uses a regular or handicap accessible public bus 703 Transportation: able to ride in car driven by another person 704 Transportation: able to use a bus or handicap van with assistance 705 Transportation: unable to rise in a car, taxi, bus or van 801 Socioeconomic: lacks electricity 802 805 Socioeconomic: lacks refrigeration/appliances 806 807 Socioeconomic: homeless 801 Socioeconomic: lacks electricity 802 805 Socioeconomic: lacks refrigeration/appliances 806 807 Socioeconomic: homeless

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