

Treatment Authorization Request User Guide



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 self-paced 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

Training Policy

This module is a tool to be used for training and as a desktop reference.

The Medi-Cal Provider Manual contains the most current program, policy, and claims information. The Provider Manual is updated monthly and accessible on the Medi-Cal website (www.medi-cal.ca.gov).

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 have an understanding of the eTAR submission process for the following services:

- Inpatient Services
- Outpatient Services
- Long Term Care Services

General Guidelines

- An asterisk symbol (*) means the field is required.
- A downward arrow next to a field means there is a drop-down list 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.
- Date must be completed with a two digit month, two digit date, and four digit year (mmddyyyy). Example: June 10, 2024 is 06102024.
- Do not click Back 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.
- Provider should confirm recipient eligibility prior to submitting a TAR.

Inpatient Services

Select Service Category

Add Service - Category Unknown

* [Service Code Search](#) 3

1

[eTAR Medical Tutorials](#)

Please Select a Service Category

When finished with all services, click

DME Services	LTC Services	Inpatient Services	Outpatient Services	Other Services
<ul style="list-style-type: none"> • Apnea Monitor • Beds • Hearing Aid • Incontinence Supplies • IV Equipment • Medical Supplies • Mobility • Orthotics/Prosthetics • Ox/Respiratory • Pumps (non-IV) • Other 	<ul style="list-style-type: none"> • ICF-DD • NFA/NFB Non-Electronic MDS • Short Stay • Subacute 	<ul style="list-style-type: none"> • Hospital Days • Hyperbaric Oxygen • Radiology • Surgical/Other Procedures • Transplant Procedure-Kidney • Transplant Procedure-Other 	<ul style="list-style-type: none"> • Allergy • Cochlear Implants • CPSP • Dialysis • FFACT • HopTel • Hyperbaric Oxygen • Radiology • Office Visits - Restricted • Office Visits - Restricted Provider • Plasma Pheresis • Portable X-ray • Psychiatry • Surgical/Other Procedures • TeleMed • Transplant Acquisition 	<ul style="list-style-type: none"> • AAC • ADHC • Detox • EPSDT Nutritional • Home Health • Hospice • Non-Pharmacy Issued Drug • Respiratory Therapy • Speech/Occupational/Physical Therapy • Transportation • Vision - Contact Lens / Evaluation • Vision - Low Vision Aids • Vision - Other Eye Appliances

There are three ways to add a service to a TAR:

1. If you know the code, enter the code in the search field and select **Find Service Category(s)**. This is the preferred method.
2. If you don't know the code, but you know the service category, select the appropriate **Service Category** hyperlink.
3. If you don't know the code or the service category, select the **Service Code Search** hyperlink to initiate the search. See the eTAR User Guide: Basics for additional information on code search.

Note: For Specific Provider Types, refer to the appropriate eTAR Use Guides for additional information.

Note: TAR web pages do not have numbered fields.

Service Selection

eTAR Medical Tutorials

Select appropriate service category for service code listed below:

Code	Description	Code Type	Service Category	Service Grp Desc	TAR Indicator
			4		
59899	MATERNITY CARE PROCEDURE	P	Surgical/Other Procedure	Anesthesia	Generally No TAR, Subject to Billing Limitations
59899	MATERNITY CARE PROCEDURE	P	Surgical/Other Procedure	Surgery	TAR Required
59899	MATERNITY CARE PROCEDURE	P	Surgical/Other Procedure	Asst. Surgeon	Generally No TAR, Subject to Billing Limitations

- If you entered the Service Code (Step 1), it may return multiple service categories for the specific code. If this is the case, select the appropriate **Service Category** hyperlink that applies to the service being requested.

Note: This screen will only appear if the service code has more than one service category.

Note: TAR web pages do not have numbered fields

Hospital Days

Special Considerations/Notes:

- Special Handling Codes for Hospital Admissions (Special Handling Code drop-down is located on the Patient Information page in the eTAR system):
 - Physicians requesting an elective hospital admission for medical procedures and associated hospitalization should select special handling code **Elective Acute Day Hospitalization**.
 - Hospitals requesting emergency hospital admission should select special handling code **Emergency Acute Day Hospitalization**. However, hospitals participating in the Electronic Medical Review (EMR) process should continue selecting special handling code **EMR Approved Access**.
 - Providers located outside of California requesting acute day hospitalization should select special handling code **Out-of-State Acute Day Hospitalization**.

Inpatient Services

eTAR Medical Tutorials

Please Enter Elective Hospital Admissions Information

Service Information

* Service Code (Level of Care or Accommodation Code)

1

* Total Units From Date Through Date Admit Date

2 3 4 5

Discharge Date Rendering Provider #

6 7

1. Enter the **Service Code** being requested if blank. If the service code is unknown, click the Service Code hyperlink to access the Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

Note: For Acute Inpatient Hospital Stay, use Service Code "0."

Note: TAR web pages do not have numbered fields

A Inpatient Services

Page updated: September 2020

2. Enter the **Total Units** requested. *Required
3. Enter the **From Date** (mmddyyyy) for the requested start of the service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.

Note for Emergency Acute Day Hospitalization: For patients with full aid code, request only a single day (admit date). For patients with restricted aid code, enter the first requested hospital day.

4. Enter the **Through Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.

Note for Emergency Acute Day Hospitalization: For patients with full aid code, request only a single day (admit date). For patients with restricted aid code, enter the last requested hospital day, but do not include the discharge date.

5. Enter the **Admit Date** (mmddyyyy) when the patient was or will be admitted.
6. Enter the Discharge Date (mmddyyyy). If discharge date has been selected, this field is required.
7. If the rendering provider is different from the submitting provider, enter a **Rendering Provider #**. This will allow another provider to inquire on eTAR service information. If the submitting and rendering provider numbers are the same, leave this field blank.

For example: Use the surgeon's or doctor's NPI for the specific surgery being performed by the physician. This will allow the surgeon to be reimbursed.

Note: TAR web pages do not have numbered fields

A Inpatient Services

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The screenshot shows a web form for Inpatient Services. At the top, there are four main fields: '* ICD-CM Type' (with a circled '8' next to a dropdown arrow), '* ICD Code (Decimal Required)' (with a circled '9' next to the input field), 'Diagnosis Description' (a disabled text field), and 'Date Of Onset' (with a circled '10' next to a date input field showing 'mmddyyyy'). Below these is a large text area for 'Enter Miscellaneous TAR Information (500 characters accepted)' (with a circled '11' next to the top left corner). At the bottom, there are two buttons: 'Continue' (with a circled '12' next to it) and 'Another Service, Same Category' (with a circled '13' next to it).

8. Use the **ICD-CM** Type drop-down to select the ICD code type. *Required

Note: Must use ICD-10 code for dates of service on or after October 1, 2015.

9. 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. *Required

Note: The **Diagnosis Description** field is disabled and is no longer in use.

10. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.

11. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.

12. Click **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

OR

13. Click **Another Service, Same Category** to create another service line for the same service type.

Note: TAR web pages do not have numbered fields

Hyperbaric Oxygen

Inpatient / Outpatient Services

eTAR Medical Tutorials

Please Enter Hyperbaric Oxygen Information

Attachment A

Service Information

* Service Code (HCPCS or CPT Code) **1**

Modifiers (if applicable) **2**

* Total Units **3**

From Date **4**

Thru Date **5**

* Start of Care **6**

* Frequency / **7**

1. Enter the **Service Code** being requested if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search.
3. Enter the **Total Units** requested. *Required
4. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the range of dates during which service will be provided.
5. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the range of dates during which service will be provided.

Note: TAR web pages do not have numbered fields

A Inpatient Services

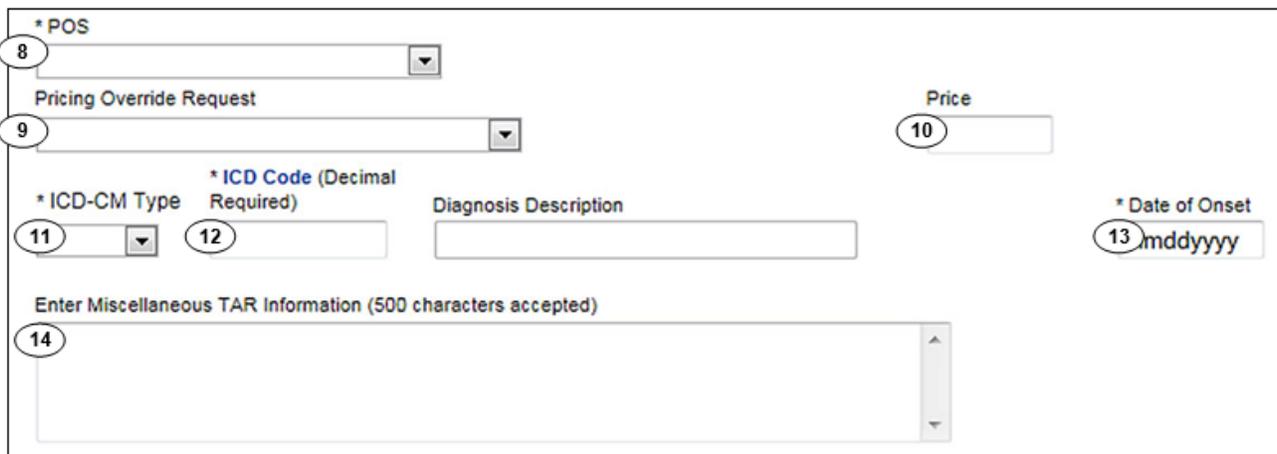
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6. Enter the **Start of Care** (mmddyyyy) date the patient began, or will begin receiving the service requested. *Required
7. Enter the **Frequency** for the number of units that will be used per time period. Enter the number of units in the first field and use the drop-down to select the time period. *Required

Example: If six units per week are needed, enter:



* Frequency
6 / Week



* POS
8

Pricing Override Request
9

Price
10

* ICD-CM Type
11

* ICD Code (Decimal Required)
12

Diagnosis Description

* Date of Onset
13 mmddyyyy

Enter Miscellaneous TAR Information (500 characters accepted)
14

8. Use the **POS** drop-down to select the Place of Service where the service is being rendered. *Required
9. Use the **Pricing Override Request** drop-down to select an override code for unlisted items or prices.
10. Enter the **Price** requested including the decimal point for unlisted items or prices, up to seven digits. If Pricing Override Request is selected, this field is required.
11. Use the **ICD-CM Type** drop-down to select the ICD code type.

Note: Must use ICD-10 code for dates of service on or after October 1, 2015.

12. Enter the **ICD Code** including the decimal point, indicating the diagnosis relative to the requested service. If unknown, click the **ICD Code** hyperlink to access Code Search. *Required.

Note: The **Diagnosis Description** field is disabled and is no longer in use.

13. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
14. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.

Note: TAR web pages do not have numbered fields

A Inpatient Services
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Service

Patient assessment information for this Service (Attachment A)

Please list current **medical status** codes relevant to requested service(s)

15

ICD-CM Type	ICD Code (Decimal Required)	Diagnosis Description	Date Of Onset
16 <input type="text" value="v"/>	17 <input type="text"/>	<input type="text"/>	18 <input type="text"/>
<input type="text" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Steps 15 thru 28 may be bypassed if submitting the information as attachments.

- 15. 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 eTAR User Guide: Basics for more information on Code Search.
- 16. Use the **ICD-CM Type** drop-down to select the ICD code type.
- 17. Use the **ICD Code**, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search.
*Required
- 18. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.

Note: TAR web pages do not have numbered fields

A Inpatient Services

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* Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) -- include dates if applicable. (255 characters accepted)

19

* If it is known that the patient has ever received the requested or similar service(s), please explain -- include dates. (255 characters accepted)

20

Please list alternatives tried or considered and the reason why they are not feasible for this patient

Service Code	22 Describe Alternative Tried/Considered (30 characters accepted)
20	
	Reason 23
	Reason

19. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable** field. If there is no relevant information available, enter none or not known. *Required
20. Enter information regarding any similar services in the **If it is known that the patient has ever received the requested or similar service(s), please explain – include dates** field. This replaces the need for submitting this information as an attachment. *Required
21. Enter the **Service Code** identifying a service that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
22. Enter details in the **Describe Alternative Tried/Considered** field. Leave this field blank if an alternative service code has been entered in the adjacent field.
23. Use the **Reason** drop-down to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave this field blank.

Note: TAR web pages do not have numbered fields

A Inpatient Services
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Prescribing Physician Information

* Physician Prescription (255 characters accepted)

24

* Physician's License #

25

* Physician's Name

26

* Physician's Phone

27

* Prescription Date

28

Attachment A Service

29 Continue

30 Another Service, Same Category

24. Enter the **Physician Prescription** in the exact words as written on the prescription. *Required
25. Enter the National Provider Identifier (NPI) in the **Physician's License #** field. *Required
26. Enter the prescribing **Physician's Name**. *Required
27. Enter the **Physician's Phone** number. *Required
28. Enter the **Prescription Date** (mmddyyyy). *Required
29. Click **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the eTAR.
- OR
30. Click **Another Service, Same Category** to create another service line for the same service type.

Note: TAR web pages do not have numbered fields

Radiology

Outpatient Services

eTAR Medical Tutorials

Please Enter Radiology Information

Attachment A

Service Information

* **Service Code** (HCPCS or CPT Code) **Modifiers** (if applicable)

1 2

Service Description (40 characters accepted)

3

Side *** Total Units** **From Date** **Thru Date**

4 5 6 7

1. Enter the **Service Code** being requested if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search.
3. Enter the **Service Description** if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.
4. Use the **Side** drop-down to select Right, Left or Bilateral.
5. Enter the **Total Units** requested. * Required
6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.
7. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.

Note: TAR web pages do not have numbered fields

A Inpatient Services

Page updated: September 2020

The screenshot shows a web form with the following fields and labels:

- Rendering Provider #**: A text input field with a circled '8' to its left.
- * ICD-CM Type**: A dropdown menu with a circled '9' to its left.
- * ICD Code (Decimal Required)**: A text input field with a circled '10' to its left.
- Diagnosis Description**: A text input field that is disabled (grayed out).
- Date of Onset**: A text input field with a circled '11' to its left and a placeholder 'mmddyyyy'.
- Enter Miscellaneous TAR Information (500 characters accepted)**: A large text area with a circled '12' to its left.

8. Enter a **Rendering Provider #** if rendering provider to allow another provider to inquire on eTAR service information. If the submitting and rendering provider numbers are the same, leave this field blank.
9. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required
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. *Required

Note: The **Diagnosis Description** field is disabled and is no longer in use.

11. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
12. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.

Note: TAR web pages do not have numbered fields

A Inpatient Services
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Service

Patient assessment information for this Service (Attachment A)

Weight

13 lbs. oz.

14 Please list current **functional limitation** /physical condition codes

15 * Please list current **medical status** codes relevant to requested service(s)

Note: Steps 13 thru 29 may be bypassed if submitting the information as attachments.

13. Enter the patient's **Weight** in pounds and ounces.

14. Enter the current functional limitation or physical condition relative to the requested services in the **Please list current functional limitation/physical condition codes** field. If unknown, click the functional limitation link to access Code Search. *Required

15. 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 eTAR User Guide: Basics for more information on Code Search. *Required

Note: TAR web pages do not have numbered fields

A Inpatient Services

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ICD-CM Type	ICD Code (Decimal Required)	Diagnosis Description	Date Of Onset
16	17		18

Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) -- include dates if applicable. (255 characters accepted)

19

* If it is known that the patient has ever received the requested or similar service(s), please explain -- include dates. (255 characters accepted)

20

16. Use the **ICD-CM Type** drop-down to select the ICD code type.

17. Enter secondary **ICD Code** including the decimal point, indicating the diagnosis relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

Note: The Diagnosis Description field is disabled and is no longer in use.

18. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.

19. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable** field. *Required

20. In the **If it is known that the patient has ever received the requested or similar service(s), please explain – include dates** field, enter information regarding any similar services. *Required

Note: TAR web pages do not have numbered fields

A Inpatient Services

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Please list alternatives tried or considered and the reason why they are not feasible for this patient

Service Code	Describe Alternative Tried/Considered (30 characters accepted)
<input type="text"/>	<input type="text"/>
<input type="text"/>	Reason <input type="text"/>
<input type="text"/>	Reason <input type="text"/>
<input type="text"/>	Reason <input type="text"/>
<input type="text"/>	Reason <input type="text"/>

Please explain why the least costly method of treatment is not being used. (255 characters accepted)

21. Enter the **Service Code** being requested if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
22. Enter details in the **Describe Alternative Tried/Considered** field. If an alternative service code has been entered in the adjacent field, leave field blank.
23. Use a **Reason** drop-down to identify why the service is not feasible for this patient. If alternative service code or description is not entered, leave this field blank.
24. Enter a brief explanation in the **Please explain why the least costly method of treatment is not being used** field.

Note: TAR web pages do not have numbered fields

A Inpatient Services
Page updated: September 2020

Prescribing Physician Information

* Physician Prescription (255 characters accepted)

25

* Physician's License #

26

* Physician's Name

27

* Physician's Phone

28

* Prescription Date

29

Attachment A Service

30 Continue 31 Another Service, Same Category

25. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required
 26. Enter the National Provider Identifier (NPI) in the **Physician's License #** field. *Required
 27. Enter the prescribing **Physician's Name**. *Required
 28. Enter the **Physician's Phone** number. *Required
 29. Enter the **Prescription Date** (mmddyyyy). *Required
 30. Click **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the eTAR.
- OR
31. Click **Another Service, Same Category** to create another service line for the same service type. OR Click **Another Service, Same Category** to create another service line for the same service type.

Note: TAR web pages do not have numbered fields

Surgical/Other Procedures

The screenshot shows a web form titled "Outpatient Services" with a sub-header "Please Enter Surgical Procedure Information". The form includes a "Continue" button and a "Service Information" section. The fields are numbered 1 through 8:

- 1: Service Code (CPT or HCPCS Code)
- 2: Modifiers (if applicable)
- 3: Service Description (40 characters accepted)
- 4: Side (drop-down menu)
- 5: Total Units
- 6: From Date (mmddyyyy)
- 7: Thru Date (mmddyyyy)
- 8: Admit Date (mmddyyyy)

1. Enter the **Service Code** being requested if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers link to access Code Search.
3. Enter the **Service Description** if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.
4. Use the **Side** drop-down to select Right, Left or Bilateral. *Required
5. Enter the **Total Units** requested. *Required
6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.
7. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.
8. Enter the **Admit Date** (mmddyyyy) when the patient was or will be admitted.

Note: TAR web pages do not have numbered fields

A Inpatient Services
Page updated: September 2020

The screenshot shows a web form for Inpatient Services. It contains the following fields and callouts:

- 9**: A drop-down menu labeled "POS".
- 10**: A text input field labeled "Rendering Provider #".
- 11**: A drop-down menu labeled "* ICD-CM Type".
- 12**: A text input field labeled "* ICD Code (Decimal Required)".
- 13**: A text input field labeled "Date of Onset" with a placeholder "mmddyyyy".
- 14**: A large text area labeled "Enter Miscellaneous TAR Information (500 characters accepted)".

9. Use the **POS** drop-down to select the Place of Service where the service is being rendered.
 10. Enter a **Rendering Provider #** to allow another provider to inquire on eTAR service information. If the submitting and rendering provider numbers are the same, leave this field blank.
 11. Use the **ICD-CM Type** drop-down to select the ICD code type.
 12. 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. *Required
- Note:** The **Diagnosis Description** field is disabled and is no longer in use.
13. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
 14. Enter **Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.

Note: TAR web pages do not have numbered fields

A Inpatient Services
Page updated: September 2020

Service

Patient assessment information for this Service (Attachment A)

Height ' "

Weight lbs. oz.

*Please list current medical status codes relevant to requested service(s)

Note: Steps 15 thru 31 may be bypassed if submitting the information as attachments.

15. Enter the patient's **Height** in feet and inches.

16. Enter the patient's **Weight** in pounds and ounces.

17. 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 eTAR User Guide: Basics for more information on Code Search. *Required

Note: TAR web pages do not have numbered fields

A Inpatient Services

Page updated: September 2020

ICD-CM Type	ICD Code (Decimal Required)	Diagnosis Description	Date Of Onset
18 <input type="text"/>	19 <input type="text"/>	<input type="text"/>	20 <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) (include dates if applicable. (255 characters accepted))

21

If it is known that the patient has ever received the requested or similar service(s), please explain -- include dates. (255 characters accepted)

22

18. Use the **ICD-CM Type** drop-down to select the ICD code type.

19. Enter secondary **ICD Code**, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. *Required

Note: The **Diagnosis Description** field is disabled and is no longer in use.

20. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.

21. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable** field.

22. Enter information regarding any similar services in the **If it is known that the patient has ever received the requested or similar service(s), please explain – include dates** field. *Required

Note: TAR web pages do not have numbered fields

A Inpatient Services

Page updated: September 2020

Please list alternatives tried or considered and the reason why they are not feasible for this patient

Service Code	24 Describe Alternative Tried/Considered (30 characters accepted)
23 <input type="text"/>	<input type="text"/>
<input type="text"/>	Reason 25 <input type="text"/>
<input type="text"/>	Reason <input type="text"/>
<input type="text"/>	Reason <input type="text"/>
<input type="text"/>	Reason <input type="text"/>

Please explain why the least costly method of treatment is not being used. (255 characters accepted)

26

23. Enter secondary ICD Code, including the decimal point, in the **Service Code** field indicating the diagnosis(es) relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search.
24. Enter the details in the **Describe Alternative Tried/Considered** field. If an alternative service has been entered in the adjacent field, leave this field blank.
25. Use the **Reason** drop-down to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave the field blank.
26. Enter a brief explanation in the **Please explain why the least costly method of treatment is not being used** field. *Required

Note: TAR web pages do not have numbered fields

A Inpatient Services

Page updated: September 2020

Prescribing Physician Information

Physician Prescription (255 characters accepted)

Physician's License #

Physician's Name

Physician's Phone

Prescription Date

Attachment A Service

Continue Another Service, Same Category

27. Enter the **Physician Prescription** in the exact words as written on the prescription. *Required
 28. Enter the National Provider Identifier (NPI) in the **Physician's License #** field. *Required
 29. Enter the prescribing **Physician's Name**. *Required
 30. Enter the **Physician's Phone** number. *Required
 31. Enter the **Prescription Date** (mmddyyyy). *Required
 32. Click **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the eTAR.
- OR
33. Click **Another Service, Same Category** to create another service line for the same service type.

Note: TAR web pages do not have numbered fields

Transplant Procedure – Kidney

Special Considerations/Notes:

Providers requesting organ transplant/acquisition should select special handling code **Transplant Related Services**. Special Handling Code drop-down is located on the Patient Information page in the eTAR system.

Please Enter Transplant Procedure - Kidney Information

Service Information

<p>* Service Code (CPT Code)</p> <p>1 <input style="width: 100%;" type="text"/></p>	<p>Modifiers (if applicable)</p> <p>2 <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/></p>
<p>* Total Units</p> <p>3 <input style="width: 100%;" type="text"/></p>	<p>Rendering Provider #</p> <p>4 <input style="width: 100%;" type="text"/></p>
<p>From Date</p> <p>5 <input style="width: 100%;" type="text" value="mmddyyyy"/></p>	<p>Thru Date</p> <p>6 <input style="width: 100%;" type="text" value="mmddyyyy"/></p>

1. Enter the **Service Code** being requested if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search.
3. Enter the **Total Units** requested. *Required
4. Enter a **Rendering Provider #** to allow another provider to inquire on eTAR service information. If the submitting and rendering provider numbers are the same, leave this field blank.
5. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter range of dates during which service will be provided.
6. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter range of dates during which service will be provided.

Note: TAR web pages do not have numbered fields

A Inpatient Services

Page updated: September 2020

The screenshot shows a web form for Inpatient Services. It includes the following fields and controls:

- * ICD-CM Type**: A drop-down menu with a downward arrow, circled with the number 7.
- * ICD Code (Decimal Required)**: A text input field, circled with the number 8.
- Diagnosis Description**: A text input field, currently empty.
- Date of Onset**: A text input field with the placeholder "mmddyyyy", circled with the number 9.
- Enter Miscellaneous TAR Information (500 characters accepted)**: A large text area with a vertical scrollbar, circled with the number 10.
- Continue**: A button, circled with the number 11.
- Another Service, Same Category**: A button, circled with the number 12.

7. Use the **ICD-CM Type** drop-down to select the ICD code type.
8. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis relative to the requested service, including the decimal point. If unknown, click the ICD Code hyperlink to access Code Search. *Required

Note: The **Diagnosis Description** field is disabled and is no longer in use.

9. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
10. Enter **Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.
11. Click **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

OR

12. Click **Another Service, Same Category** to create another service line for the same service type.

Note: TAR web pages do not have numbered fields

Transplant Procedure – Other

Special Considerations/Notes:

Providers requesting organ transplant/acquisition should select special handling code Transplant Related Services. Special Handling Code drop-down is located on the Patient Information page in the eTAR system.

The screenshot shows a web form titled "Inpatient Services" with a sub-header "Please Enter Transplant Procedure - Other Information". The form is divided into "Service Information" and contains the following fields:

- * Service Code (CPT Code)**: A single text input field with a circled '1' next to it.
- Modifiers (if applicable)**: Four separate text input fields with a circled '2' next to the first one.
- * Total Units**: A single text input field with a circled '3' next to it.
- From Date**: A text input field with a circled '4' next to it, containing the placeholder "mmddyyyy".
- Thru Date**: A text input field with a circled '5' next to it, containing the placeholder "mmddyyyy".

1. Enter the **Service Code** being requested, if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search *Required
2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
3. Enter the **Total Units** requested. *Required
4. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.
5. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which service the will be provided.

Note: TAR web pages do not have numbered fields

A Inpatient Services

Page updated: September 2020

The screenshot shows a web form for Inpatient Services. At the top, there are four fields: a dropdown menu for '* ICD-CM Type' (callout 6), a text input for '* ICD Code (Decimal Required)' (callout 7), a disabled text input for 'Diagnosis Description', and a text input for 'Date of Onset' with a placeholder 'mmddyyyy' (callout 8). Below these is a large text area for 'Enter Miscellaneous TAR Information (500 characters accepted)' (callout 9). At the bottom, there are two buttons: 'Continue' (callout 10) and 'Another Service, Same Category' (callout 11).

6. Use the **ICD-CM** Type drop-down to select the ICD code type. *Required
7. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis relative to the requested service, including the decimal point. If unknown, click the ICD Code hyperlink to access Code Search.

Note: The **Diagnosis Description** field is disabled and is no longer in use.

8. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
9. Enter **Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.
10. Click **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

OR

11. Click **Another Service, Same Category** to create another service line for the same service type.

Outpatient Services

Select Service Category

Add Service - Category Unknown

* [Service Code Search](#) 3

1

[eTAR Medical Tutorials](#)

Please Select a Service Category
When finished with all services, click [Submit TAR](#)

DME Services	LTC Services	Inpatient Services	Outpatient Services 2	Other Services
<ul style="list-style-type: none"> • Apnea Monitor • Beds • Hearing Aid • Incontinence Supplies • IV Equipment • Medical Supplies • Mobility • Orthotics/Prosthetics • Ox/Respiratory • Pumps (non-IV) • Other 	<ul style="list-style-type: none"> • ICF-DD • NFA/NFB Non-Electronic MDS • Short Stay • Subacute 	<ul style="list-style-type: none"> • Hospital Days • Hyperbaric Oxygen • Radiology • Surgical/Other Procedures • Transplant Procedure-Kidney • Transplant Procedure-Other 	<ul style="list-style-type: none"> • Allergy • Cochlear Implants • CPSP • Dialysis • FFACT • HopTel • Hyperbaric Oxygen • Radiology • Office Visits - Restricted • Office Visits - Restricted Provider • Plasma Pheresis • Portable X-ray • Psychiatry • Surgical/Other Procedures • TeleMed • Transplant Acquisition 	<ul style="list-style-type: none"> • AAC • ADHC • Detox • EPSDT Nutritional • Home Health • Hospice • Non-Pharmacy Issued Drug • Respiratory Therapy • Speech/Occupational/Physical Therapy • Transportation • Vision - Contact Lens / Evaluation • Vision - Low Vision Aids • Vision - Other Eye Appliances

There are three ways to add a service to a TAR:

1. If you know the code, enter the code in the search field and select **Find Service Category(s)**. This is the preferred method.
2. If you don't know the code, but you know the service category, select the appropriate **Service Category** hyperlink.
3. If you don't know the code or the service category, select the **Service Code Search** hyperlink to initiate the search. See the eTAR User Guide: Basics for additional information on code search.

Note: For Specific Provider Types, refer to the appropriate eTAR User Guides for additional information.

Note: TAR web pages do not have numbered fields.

Service Category Selection

Service Category Selection

[eTAR Medical Tutorials](#)

Select appropriate service category for service code listed below:

Code	Description	Code Type	Service Category	Service Grp Desc	TAR Indicator
93303	ECHO TRANSTHORACIC	P	Surgical/Other Procedure	Medicine	POS/Provider Depend., May Require TAR OR Medi Reservation
93303	ECHO TRANSTHORACIC	P	Off Visit, restricted provider	Medicine	POS/Provider Depend., May Require TAR OR Medi Reservation

**Code Type: P = Procedure L = Level of Care A = Accommodation*

[Return to TAR Services Menu](#)

- If you entered the Service Code (Step 1), it may return multiple service categories for the specific code. If this is the case, select the appropriate **Service Category** hyperlink that applies to the service being requested.

Note: This screen will only appear if the service code has more than one service category.

Note: TAR web pages do not have numbered fields.

Adult Day Health Care (ADHC)

Other Services

eTAR Medical Tutorials

Please Enter ADHC Information

Service Information

* Service Code (HCPCS or FQHC Per Visit Code) Modifiers (if applicable)

1 2

* Total Units * Schedule * Frequency

3 4

Note:

- **ADHC** is now known as **Community-Based Adult Services (CBAS)**. Because the eTAR system still uses ADHC, this user guide refers to ADHC, not CBAS.
- ADHC providers have to submit TARs with one calendar month per service line.

Example: Line 1 = May 15 – May 31, Line 2 = June 1 – June 30

- Providers may claim up to 4 carryover (unused) days per month. Unless, the claim is in the sixth month of service of one TAR to the first month of service on a new TAR.
- Providers may only submit up to six lines of service on one TAR, even if the first service line's date of service starts mid-calendar month.
- Reauthorizations will be accepted for ADHC TARs as long as the extension is within one calendar month from what is already listed on the TAR.
- If the TAR has less than six months of service submitted and the provider needs to extend the services beyond one service line, they may extend the service using Add Service for up to a total of six months (six service lines).

If an extension is needed past six months, a new TAR is required.

Note: TAR web pages do not have numbered fields.

B Outpatient Services

Page updated: September 2020

Other Services

eTAR Medical Tutorials

Please Enter ADHC Information

Service Information

* **Service Code** (HCPCS or FQHC Per Visit Code) **Modifiers** (if applicable)

1 2

* **Total Units** * **Schedule** * **Frequency**

3 4 /

1. Enter the **Service Code** being requested if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
3. Enter the **Total Units** requested. *Required
4. Use the **Schedule** drop-down to select the appropriate details for the requested service. If Other is selected, enter the schedule in the Miscellaneous TAR Information field. *Required

Note: TAR web pages do not have numbered fields.

B Outpatient Services

Page updated: September 2020

The screenshot shows a form with the following fields and callouts:

- * Total Units**: A text input field.
- * Schedule**: A dropdown menu.
- * Frequency**: A field with a callout '5' containing a text input and a dropdown menu.
- * From Date**: A text input field with a callout '6' and the format 'mmddyyyy'.
- * Thru Date**: A text input field with a callout '7' and the format 'mmddyyyy'.
- * Admit Date**: A text input field with a callout '8' and the format 'mmddyyyy'.
- Discharge Date**: A text input field with a callout '9' and the format 'mmddyyyy'.
- Discharge**: A dropdown menu with a callout '10'.
- * Admit From**: A dropdown menu with a callout '11'.

5. Enter the **Frequency** for the number of units to be used per time period. Enter the number of units in the first field and use the drop-down to select the time period. *Required

Example: If three units per week are needed, enter:

* Frequency
3 / Week

6. Enter the **From Date** (mmddyyyy) for the requested start of service date. If the request is planned, enter range of dates during which service will be provided. *Required

Note: ADHC providers must request one calendar month per service line.

Example: Line 1 = 05152019 – 05312019

Line 2 = 06012019 - 06302019

7. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. If the request is planned, enter range of dates during which service will be provided. *Required

Note: ADHCS providers must request one calendar month per service line.

Example: Line 1 = 05152019 – 05312019

Line 2 = 06012019 - 06302019

8. Enter the **Admit Date** (mmddyyyy) date the patient was or will be admitted. *Required

9. Enter the **Discharge Date** (mmddyyyy). If Discharge (Step 10) will be selected, this field is required.

10. Use the **Discharge** drop-down to select the location where the patient will be going. If this field is selected, you must also complete the Discharge Date (Step 9).

11. Use the **Admit From** drop-down to select the location where the patient came from. *Required

Note: TAR web pages do not have numbered fields.

B Outpatient Services

Page updated: September 2020

The screenshot shows a web form for Outpatient Services. At the top, there are three main sections: '* ICD-CM Type' with a dropdown menu (callout 12), '* ICD Code (Decimal Required)' with a text input field (callout 13), and 'Diagnosis Description' with a disabled text input field. To the right is a 'Date of Onset' field with a date format 'mmddyyyy' (callout 14). Below these is a large text area for 'Enter Miscellaneous TAR Information (500 characters accepted)' (callout 15). At the bottom right are two buttons: 'Continue' (callout 16) and 'Another Service, Same Category' (callout 17).

12. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required

Note: Must use ICD-10 code for dates of service on or after October 1, 2015.

13. Enter the **ICD Code** indicating the primary diagnosis relative to the requested service. If unknown, click the ICD code hyperlink to access Code Search. *Required

Note: The **Diagnosis Description** field is disabled and is no longer in use.

14. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.

15. Enter **Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.

16. Click **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the TAR.

Or

17. Click **Another Service, Same Category** to create another service line for the same service type.

Note: TAR web pages do not have numbered fields.

Allergy

The screenshot shows a web form titled "Outpatient Services" with a sub-header "eTAR Medical Tutorials". The main heading is "Please Enter Allergy Information". Below this is a link for "Attachment A" and a "Continue" button. The form is divided into "Service Information" and "Modifiers (if applicable)". Under "Service Information", there are five numbered fields: 1. * Service Code (CPT Code) - a text input field. 2. Modifiers (if applicable) - four text input fields. 3. * Total Units - a text input field. 4. * Frequency - a text input field followed by a drop-down menu. 5. * Ant. Length of Need - a text input field followed by a drop-down menu.

1. Enter the **Service Code** being requested, if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
3. Enter the **Total Units** requested. *Required
4. Enter the **Frequency** for the number of units that will be used per time period. Enter the number of units in the first field and use the drop-down to select the time period. *Required

Example: If six units per week are needed, enter:

* Frequency
6 / Week

5. Enter the **Ant. Length of Need** to indicate the anticipated period of time the requested services are needed. Enter the number of units in the first field and use the drop-down to select the time period. *Required

Example: If the patient will need the services for two months, enter:

* Ant. Length of Need
2 / Month

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

The screenshot shows a web form with the following fields and annotations:

- From Date** (mmddyyyy) - circled 6
- Through Date** (mmddyyyy) - circled 7
- * ICD-CM Type** (Required) - circled 8, dropdown arrow
- * ICD Code (Decimal)** (Required) - circled 9, text input
- Diagnosis Description** - disabled text input
- Date of Onset** (mmddyyyy) - circled 10
- Enter Miscellaneous TAR Information (500 characters accepted)** - circled 11, large text area

6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start date of the range of dates during which the service will be provided.
7. Enter the **Through Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end date of the range of dates during which service the will be provided.
8. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required
Note: Must use ICD-10 code for dates of service on or after October 1, 2015.
9. 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. *Required
Note: The **Diagnosis Description** field is disabled and is no longer in use.
10. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
11. Enter **Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

Note: Steps 12 thru 21 may be bypassed if submitting the information as attachments.

12. 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.

13. Use the **ICD-CM Type** drop-down to select the ICD code type.

14. Enter secondary **ICD Code**, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search.

Note: The **Diagnosis Description** field is disabled and is no longer in use.

15. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.

16. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable** field.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

Prescribing Physician Information

* Physician Prescription (255 characters accepted)

17

* Physician's License #

18

* Physician's Name

19

* Physician's Phone

20

* Prescription Date

21

Attachment A Service

22 Continue

23 Another Service, Same Category

17. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required
 18. Enter the National Provider Identifier (NPI) in the **Physician's License #** field. *Required
 19. Enter the prescribing **Physician's Name**. *Required
 20. Enter the **Physician's Phone** number. *Required
 21. Enter the **Prescription Date** (mmddyyyy). *Required
 22. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.
- Or
23. Click **Another Service, Same Category** to create another service line for the same service type.

Note: TAR web pages do not have numbered fields.

Cochlear Implants

Outpatient Services

eTAR Medical Tutorials

Please Enter Cochlear Implant Information

Service Information

* **Service Code** (HCPCS or CPT Code) **Modifiers** (if applicable)

1 [] 2 [] [] [] []

Service Description (40 characters accepted)

3 []

* **Total Units** * **Side** **From Date** **Thru Date**

4 [] 5 [v] 6 mmddyyyy 7 mmddyyyy

Discharge Date **Admit Date**

8 mmddyyyy 9 mmddyyyy

1. Enter the **Service Code** being requested, if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
3. Enter the **Service Description** if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.
4. Enter the **Total Units** requested. *Required
5. Use the **Side** drop-down to select Right, Left or Bilateral. *Required
6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start date of the range of dates during which the service will be provided.
7. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end date of the range of dates during which the service will be provided.

Note: TAR web pages do not have numbered fields.

B Outpatient Services

Page updated: September 2020

8. Enter the **Discharge Date** (mmddyyyy). If Discharge (step 11) will be selected, this field is required.
9. Enter the **Admit Date** the patient was or will be admitted (mmddyyyy).

The screenshot shows a web form for Outpatient Services. It includes the following fields and controls:

- Admit From**: A drop-down menu with a downward arrow, circled with the number 10.
- Discharge**: A drop-down menu with a downward arrow, circled with the number 11.
- Rendering Provider #**: A text input field, circled with the number 12.
- * ICD-CM Type**: A drop-down menu with a downward arrow, circled with the number 13.
- * ICD Code (Decimal Required)**: A text input field, circled with the number 14.
- Diagnosis Description**: A text input field.
- Date of Onset**: A text input field with the placeholder text "mmddyyyy".
- Enter Miscellaneous TAR Information (500 characters accepted)**: A large text area with a vertical scrollbar.
- Buttons**: "Continue" and "Another Service, Same Category".

10. Use the **Admit From** drop-down to select the location where the patient came from.
11. Use the **Discharge** drop-down to select the location where the patient will be going. If this field is selected, you must complete the Discharge Date (step 8).
12. If the rendering provider is different from the submitting provider, enter a **Rendering Provider #**. This will allow another provider to inquire on the eTAR service information. If the submitting and rendering provider numbers are the same, leave this field blank.
13. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required
Note: Must use ICD-10 code for dates of service on or after October 1, 2015.
14. Enter the **ICD Code**, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search.
*Required
Note: The Diagnosis Description field is disabled and is no longer in use.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

The screenshot shows a web form for Outpatient Services. At the top, there are two dropdown menus labeled 'Admit From' and 'Discharge'. Below them is a text input field for 'Rendering Provider #'. The main section contains a table with four columns: '* ICD-CM Type', '* ICD Code (Decimal Required)', 'Diagnosis Description', and 'Date of Onset'. The 'Date of Onset' field is a text input with a placeholder 'mmddyyyy' and a callout '15'. Below the table is a large text area labeled 'Enter Miscellaneous TAR Information (500 characters accepted)' with a callout '16'. At the bottom, there are two buttons: 'Continue' with callout '17' and 'Another Service, Same Category' with callout '18'.

15. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
 16. Enter **Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.
 17. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.
- Or
18. Click **Another Service, Same Category** to create another service line for the same service type.

Note: TAR web pages do not have numbered fields.

Comprehensive Perinatal Services Program (CPSP)

Outpatient Services

eTAR Medical Tutorials

Please Enter CPSP Information

Attachment A

Service Information

* Service Code (HCPCS or CPT Code) Modifiers (if applicable)

1 2

Service Description (40 characters accepted)

3

* Total Units * Frequency Ant. Length of Need

4 5 / /

1. Enter the **Service Code** being requested, if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
3. Enter the **Service Description** if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.
4. Enter the **Total Units** requested. *Required
5. Enter the **Frequency** for the number of units that will be used per time period. Enter the number of units in the first field and use the drop-down to select the time period. *Required

Example: If three units per week are needed, enter:

* Frequency

3 / Week

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

The screenshot shows a form with the following fields and callouts:

- 6**: Points to the "Ant. Length of Need" field, which consists of a text input and a dropdown menu.
- 7**: Points to the "From Date" field, a text input with the format "mmddyyyy".
- 8**: Points to the "Thru Date" field, a text input with the format "mmddyyyy".
- 9**: Points to the "Rendering Provider #" field, a text input.
- 10**: Points to the "* ICD-CM Type" dropdown menu.
- 11**: Points to the "* ICD Code (Decimal Required)" text input.

Other fields include: "* Total Units" (text input), "* Frequency" (text input with a dropdown), "Diagnosis Description" (text input), "Date of Onset" (text input with format "mmddyyyy"), and "Enter Miscellaneous TAR Information (500 characters accepted)" (text area).

6. Enter the **Ant. Length of Need** to indicate the anticipated period of time the requested services. Enter the number of units in the first field and use the drop-down to select the time period.

Ant. Length of Need
1 / Month

Example: If the patient will need the services for one month, enter:

7. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.
8. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.
9. If the rendering provider is different from the submitting provider, enter a **Rendering Provider #**. This will allow another provider to inquire on the eTAR service information. If the submitting and rendering provider numbers are the same, leave this field blank.
10. Use the **ICD-CM Type** drop-down to select the ICD code type.

Note: Must use ICD-10 code for dates of service on or after October 1, 2015.

11. 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. *Required

Note: The **Diagnosis Description** field is disabled and is no longer in use.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

* Total Units	* Frequency	Ant. Length of Need
<input type="text"/>	<input type="text"/> / <input type="text"/> ▼	<input type="text"/> / <input type="text"/> ▼
From Date	Thru Date	Rendering Provider #
<input type="text"/> mmddyyyy	<input type="text"/> mmddyyyy	<input type="text"/>
* ICD-CM Type	* ICD Code (Decimal Required)	Diagnosis Description
<input type="text"/> ▼	<input type="text"/>	<input type="text"/>
		Date of Onset
		<input type="text"/> mmddyyyy
Enter Miscellaneous TAR Information (500 characters accepted)		
<input type="text"/>		

- 12. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
- 13. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

Service

Patient assessment information for this Service (Attachment A)

P.O.T. Adherence

Height ' "

Weight lbs. oz.

* Please list current **medical status** codes relevant to requested service(s)

ICD-CM Type	ICD Code(Decimal Required)	Diagnosis Description	Date Of Onset
<input type="text" value="18"/> <input type="button" value="v"/>	<input type="text" value="19"/>	<input type="text"/>	<input type="text" value="20"/>
<input type="text"/> <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Steps 14 thru 31 may be bypassed if submitting the information as attachments.

14. Use the **P.O.T. Adherence** drop-down to select the level of compliance the patient has to the Plan of Treatment.

15. Enter the patient's **Height** in feet and inches.

16. Enter the patient's **Weight** in pounds and ounces.

17. 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. *Required

18. Use the **ICD-CM Type** drop-down to select the ICD code type.

19. Enter secondary **ICD Code**, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search.

Note: The **Diagnosis Description** field is disabled and is no longer in use.

20. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.

Note: TAR web pages do not have numbered fields.

B Outpatient Services

Page updated: September 2020

* Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) -- include dates if applicable. (255 characters accepted)

21

If it is known that the patient has ever received the requested or similar service(s), please explain -- include dates. (255 characters accepted)

22

Please summarize the therapeutic goal to be met with the requested service(s). (255 characters accepted)

23

21. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable** field. *Required
22. Enter information regarding any similar services in the **If it is known that the patient has ever received the requested or similar service(s), please explain – include dates** field.
23. Enter a summary of the therapeutic goal to be met in the **Please summarize the therapeutic goal to be met with the requested service(s)** field.

Note: TAR web pages do not have numbered fields.

B Outpatient Services

Page updated: September 2020

Please list alternatives tried or considered and the reason why they are not feasible for this patient

Service Code	25 Describe Alternative Tried/Considered (30 characters accepted)
24	
	Reason 26
	Reason
	Reason
	Reason

24. Enter the **Service Code** that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code hyperlink to access Code Search.
25. Enter details in the **Describe Alternative Tried/Considered** field. If a service code has been entered in the adjacent field leave this field blank.
26. Use the **Reason** drop-down to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave this field blank.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

Prescribing Physician Information

* Physician Prescription (255 characters accepted)

27

* Physician's License #

28

* Physician's Name

29

* Physician's Phone

30

* Prescription Date

31

Attachment A Service

32 **Continue**

33 **Another Service, Same Category**

27. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required
 28. Enter the National Provider Identifier (NPI) in the **Physician's License #** field. *Required
 29. Enter the prescribing **Physician's Name**. *Required
 30. Enter the **Physician's Phone** number. *Required
 31. Enter the **Prescription Date** (mmddyyyy). *Required
 32. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.
- Or
33. Click **Another Service, Same Category** to create another service line for the same service type.

Note: TAR web pages do not have numbered fields.

EPSDT – Nutritional Services

Other Services

eTAR Medical Tutorials

Please Enter EPSDT Nutritional Information

Attachment A

Service Information

* Service Code (HCPCS Code) Modifiers (if applicable)

1 2

Service Description (40 characters accepted)

3

* Total Units * Quantity * Ant. Length of Need

4 5 / /

1. Enter the **Service Code** being requested, if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
3. Enter the **Service Description** if an unlisted, generic or miscellaneous service code is used. Otherwise, leave this field blank.
4. Enter the **Total Units** requested. *Required
5. Enter the **Quantity** of units to be used per time period. Enter the number of units in the first field and use the drop-down to select the time period. *Required

Example: If 30 units are anticipated to be used per month, enter: /

Note: TAR web pages do not have numbered fields.

B Outpatient Services

Page updated: September 2020

The screenshot shows a web form with the following fields and callouts:

- * Total Units**: A text input field.
- * Quantity**: A text input field followed by a slash and a dropdown menu.
- * Ant. Length of Need**: A text input field followed by a slash and a dropdown menu. Callout 6 points to the first input field.
- From Date**: A text input field with the format 'mmddyyyy'. Callout 7 points to the field.
- Through Date**: A text input field with the format 'mmddyyyy'. Callout 8 points to the field.
- * POS**: A dropdown menu. Callout 9 points to the menu.
- Rendering Provider #**: A text input field. Callout 10 points to the field.
- Price**: A text input field. Callout 11 points to the field.
- Price Override**: A dropdown menu. Callout 12 points to the menu.

6. Enter the **Ant. Length of Need** to indicate the anticipated period of time the requested services are needed. Enter the number of units in the first field and use the drop-down to select the time period. *Required

Example: If the patient will need two services per month, enter:

* Ant. Length of Need
2 / Month

7. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.
8. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.
9. Use the **POS** drop-down to select the place of service where the service is being rendered. *Required
10. If the rendering provider is different from the submitting provider, enter a **Rendering Provider #**. This will allow another provider to inquire on TAR service information. If the submitting and rendering provider numbers are the same, leave this field blank.
11. Enter the **Price** requested, including the decimal point, for unlisted items or prices, up to seven digits. If a Price Override (step 12) is selected, this field is required.
12. Use the **Price Override** drop-down to select an override code for unlisted items or prices.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

The screenshot shows a web form with the following elements:

- 13**: A dropdown menu labeled "* ICD-CM Type Required".
- 14**: A text input field labeled "* ICD Code (Decimal)".
- Diagnosis Description**: A disabled text input field.
- 15**: A text input field labeled "Date of Onset" with a placeholder "mmddyyyy".
- 16**: A large text area labeled "Enter Miscellaneous TAR Information (500 characters accepted)".

13. Use the **ICD-CM Type** drop-down to select the ICD code type.

Note: Must use ICD-10 code for dates of service on or after October 1, 2015.

14. 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. *Required

Note: The **Diagnosis Description** field is disabled and is no longer in use.

15. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.

16. Enter **Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

Patient assessment information for this Service (Attachment A)

P.O.T. Adherence Feeding Method

17 18

* Height * Weight

19 . " 20 lbs. oz.

Please list current functional limitation /physical condition codes

21

Please list current medical status codes relevant to requested service(s)

22

ICD-CM Type	ICD Code (Decimal Required)	Diagnosis Description	Date Of Onset
23 <input type="text"/>	24 <input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Steps 17 thru 36 may be bypassed if submitting the information as attachments.

17. Use the **P.O.T. Adherence** drop-down to select the level of compliance the patient has to the Plan of Treatment.
18. Use the **Feeding Method** drop-down to select the method by which the patient is fed.
19. Enter the patient's **Height** in feet and inches. *Required
20. Enter the patient's **Weight** in pounds and ounces. *Required
21. Enter the current functional limitation or physical condition relative to the requested services in the **Please list current functional limitation/physical condition codes** field. If unknown, click the functional limitation hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
22. Enter current medical status codes that 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 eTAR User Guide: Basics for more information on Code Search.
23. Use the **ICD-CM Type** drop-down to select the ICD code type.
24. Enter secondary **ICD Code**, including the decimal point, indicating the diagnosis relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

ICD-CM Type	ICD Code (Decimal Required)	Diagnosis Description	Date Of Onset
<input type="text" value=""/> ▾	<input type="text"/>	<input type="text"/>	<input type="text" value="25"/>
<input type="text" value=""/> ▾	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value=""/> ▾	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) -- include dates if applicable. (255 characters accepted)

If it is known that the patient has ever received the requested or similar service(s), please explain -- include dates. (255 characters accepted)

Please summarize the therapeutic goal to be met with the requested service(s). (255 characters accepted)

Note: The **Diagnosis Description** field is disabled and is no longer in use.

- 25. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
- 26. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable** field.
- 27. Enter information regarding any similar services in the **If it is known that the patient has ever received the requested or similar service(s), please explain – include dates** field.
- 28. Enter a summary of the therapeutic goal to be met in the **Please summarize the therapeutic goal to be met with the requested service(s)** field.

Note: TAR web pages do not have numbered fields.

B Outpatient Services

Page updated: September 2020

Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) -- include dates if applicable. (255 characters accepted)

If it is known that the patient has ever received the requested or similar service(s), please explain -- include dates. (255 characters accepted)

Please summarize the therapeutic goal to be met with the requested service(s). (255 characters accepted)

Please list alternatives tried or considered and the reason why they are not feasible for this patient

Service Code	30 Describe Alternative Tried/Considered (30 characters accepted)
29 <input type="text"/>	<input type="text"/>
	Reason <input type="text"/> 31 <input type="text"/>

29. Enter the **Service Code** that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
30. Enter details in the **Describe Alternative Tried/Considered** field. If a service code has been entered in the adjacent field, leave this field blank.
31. Use the **Reason** drop-down to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave the field blank.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

Prescribing Physician Information

* Physician Prescription (255 characters accepted)

32

* Physician's License #

33

* Physician's Name

34

* Physician's Phone

35

* Prescription Date

36

Attachment A Service

37 Continue

38 Another Service, Same Category

32. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required
 33. Enter the National Provider Identifier (NPI) in the **Physician's License #** field. *Required
 34. Enter the prescribing **Physician's Name**. *Required
 35. Enter the **Physician's Phone** number. *Required
 36. Enter the **Prescription Date** (mmddyyyy). *Required
 37. Click **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics information on submitting the TAR.
- Or
38. Click **Another Service, Same Category** to create another service line for the same service type.

Note: TAR web pages do not have numbered fields.

Family PACT (FPACT)

The screenshot shows a web form titled "Outpatient Services" with a sub-header "eTAR Medical Tutorials". Below this is a section titled "Please Enter FPACT Information". Underneath, there is a sub-section "Service Information". The form contains several input fields and dropdown menus, each with a circled number indicating a step in the process:

- 1: * Service Code (HCPCS or CPT Code) - a text input field.
- 2: Modifiers (if applicable) - four text input fields.
- 3: Service Description (40 characters accepted) - a long text input field.
- 4: Side - a dropdown menu.
- 5: * Total Units - a text input field.
- 6: From Date - a text input field with the format "mmddyyyy".
- 7: Thru Date - a text input field with the format "mmddyyyy".
- Start of Care - a text input field with the format "mmddyyyy".
- Frequency - a text input field followed by a dropdown menu.
- Ant. Length of Need - a text input field followed by a dropdown menu.

1. Enter the **Service Code** being requested, if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
3. Enter the **Service Description** if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.
4. Use the **Side** drop-down to select Right, Left or Bilateral. *Required
5. Enter the **Total Units** requested. *Required
6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.
7. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.

Note: TAR web pages do not have numbered fields.

Outpatient Services

eTAR Medical Tutorials

Please Enter FPACT Information

Service Information

* Service Code (HCPCS or CPT Code) Modifiers (if applicable)

Service Description (40 characters accepted)

Side * Total Units From Date Thru Date

Start of Care Frequency Ant. Length of Need

8 9 / 10 /

8. Enter the **Start of Care** (mmddyyyy) date the patient began, or will begin, receiving the service requested.
9. Enter the **Frequency** for the number of units that will be used per time period. Enter the number of units in the first field and use the drop-down to select the time period.

Example: If three units per week are needed, enter: /

10. Enter the **Ant. Length of Need** to indicate the anticipated period of time requested services are needed. Enter the number of units in the first field and use the drop-down to select the time period.

Example: If the patient will need the services for one month, enter: /

Note: TAR web pages do not have numbered fields.

B Outpatient Services

Page updated: September 2020

The screenshot shows a web form for outpatient services. It contains the following elements:

- Discharge Date** (11): A text input field with a placeholder 'mmddyyyy'.
- Discharge** (12): A dropdown menu.
- Rendering Provider #** (13): A text input field.
- *ICD-CM Type** (14): A dropdown menu.
- *ICD Code (Decimal Required)** (15): A text input field.
- Diagnosis Description**: A disabled text input field.
- Date of Onset** (16): A text input field with a placeholder 'mmddyyyy'.
- Enter Miscellaneous TAR Information (500 characters accepted)** (17): A large text area with a scrollbar.
- Buttons** (18, 19): 'Continue' and 'Another Service, Same Category'.

11. Enter the **Discharge Date** (mmddyyyy). If Discharge (step 12) will be selected, this field is required.
12. Use the **Discharge** drop-down to select the location for the patient will be going. If this field is selected, you must also complete the Discharge Date (step 11).
13. If rendering provider is different from the submitting provider, enter a **Rendering Provider #**. This will allow another provider to inquire on the eTAR service information. If the submitting and rendering provider numbers are the same, leave this field blank.
14. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required
Note: Must use ICD-10 code for dates of service on or after October 1, 2015.
15. 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. *Required
Note: The **Diagnosis Description** field is disabled and is no longer in use.
16. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
17. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.
18. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.
Or
19. Click **Another Service, Same Category** to create another service line for the same service type.

Note: TAR web pages do not have numbered fields.

Hemodialysis (Dialysis)

Outpatient Services
eTAR Medical Tutorials

Please Enter Dialysis Information

Attachment A

Service Information

* Service Code (HCPCS or CPT Code) Modifiers (if applicable)

1 2

Service Description (40 characters accepted)

3

* Schedule

4

* Total Units * Frequency Ant. Length of Need

5 6

1. Enter the **Service Code** being requested, if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
3. Enter the **Service Description** if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.
4. Use the **Schedule** drop-down to select the appropriate weekly schedule for the requested service. If Other is selected, enter the schedule in the Enter Miscellaneous TAR Information field. *Required.
5. Enter the **Total Units** requested. *Required
6. Enter the **Frequency** for the number of units that will be used per time period. Enter the number of units in the first field and use the drop-down to select the time period. *Required.

Example: If three units per week are needed, enter:

* Frequency
3 / Week

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

7. Enter the **Ant. Length of Need** to indicate the anticipated period of time the requested services are needed. Enter the number of units in the first field and use the drop-down to select the time period.

Example: If the patient will need the services for one month, enter:

8. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.
9. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.
10. If the rendering provider is different from the submitting provider, enter a **Rendering Provider #**. This will allow another provider to inquire on the eTAR service information. If the submitting and rendering provider numbers are the same, leave this field blank.
11. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required

Note: Must use ICD-10 code for dates of service on or after October 1, 2015.

12. 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. *Required

Note: The **Diagnosis Description** field is disabled and is no longer in use.

13. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
14. Enter **Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.

Note: TAR web pages do not have numbered fields.

B Outpatient Services

Page updated: September 2020

ICD-CM Type	ICD Code(Decimal Required)	Diagnosis Description	Date Of Onset
15	16		17

* Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) -- include dates if applicable. (255 characters accepted)

18

If it is known that the patient has ever received the requested or similar service(s), please explain -- include dates. (255 characters accepted)

19

Please summarize the therapeutic goal to be met with the requested service(s). (255 characters accepted)

20

Note: Steps 15 thru 25 may be bypassed if submitting the information as attachments.

15. Use the **ICD-CM Type** drop-down to select the ICD code type.

16. Enter secondary **ICD Code**, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search.

Note: The **Diagnosis Description** field is disabled and is no longer in use.

17. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.

18. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable** field. *Required

19. Enter information regarding any similar services in the **If it is known that the patient has ever received the requested or similar service(s), please explain – include dates** field.

20. Enter a summary of the therapeutic goal to be met in the **Please summarize the therapeutic goal to be met with the requested service(s)** field.

Note: TAR web pages do not have numbered fields.

B Outpatient Services

Page updated: September 2020

Prescribing Physician Information

* Physician Prescription (255 characters accepted)

21

* Physician's License #

22

* Physician's Name

23

* Physician's Phone

24

* Prescription Date

25

Attachment A Service

26 Continue

27 Another Service, Same Category

21. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required
 22. Enter the National Provider Identifier (NPI) in the **Physician's License #** field. *Required
 23. Enter the prescribing **Physician's Name**. *Required
 24. Enter the **Physician's Phone** number. *Required
 25. Enter the **Prescription Date** (mmddyyyy). *Required
 26. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.
- Or
27. Click **Another Service, Same Category** to create another service line for the same service type.

Note: TAR web pages do not have numbered fields.

Home Health

Note:

- Providers rendering Pediatric Day Health Care (PDHC) services under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit must indicate so on their *Treatment Authorization Request*. The special handling code, EPSDT PDHC, must be selected under the **Patient Information** screen.
- Providers rendering Private Duty Nursing (PDN) services under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit must indicate so on their **Treatment Authorization Request**. The special handling code EPSDT PDN, must be selected under the **Patient Information** screen.

The screenshot shows a web form titled "Other Services" with a sub-header "Please Enter Home Health Information". The form is divided into "Service Information" and "Modifiers (if applicable)".

- Service Information:**
 - * Service Code (HCPCS Code): A text input field with a circled "1" next to it.
 - * Total Units: A text input field with a circled "3" next to it.
 - * Frequency: A text input field followed by a dropdown menu with a circled "4" next to it.
 - From Date: A text input field with a circled "5" next to it, containing the format "mmddyyyy".
 - Thru Date: A text input field with a circled "6" next to it, containing the format "mmddyyyy".
- Modifiers (if applicable):** A group of four text input fields with a circled "2" next to the first one.

1. Enter the **Service Code** being requested if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
3. Enter the **Total Units** requested. *Required
4. Enter the **Frequency** for the number of units to be used per time period. Enter the number of units in the first field and use the drop-down to select the time period. *Required

A close-up of the Frequency field from the form. It shows a text input field containing the number "3" and a dropdown menu with "Week" selected.

Example: If the patient will need three visits per week, enter:

5. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.
6. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.

Note: TAR web pages do not have numbered fields.

B Outpatient Services

Page updated: September 2020

The screenshot shows a form with the following fields and callouts:

- 7: Discharge Date (mmddyyyy)
- 8: * Admit Date/Start of Care (mmddyyyy)
- 9: Discharge (drop-down menu)
- 10: Admit From (drop-down menu)
- 11: POS (drop-down menu)
- 12: *ICD-CM Type (drop-down menu)
- 13: * ICD Code (Decimal Required) (text input)
- 14: * Date of Onset (mmddyyyy)

7. Enter the **Discharge Date** (mmddyyyy). If Discharge (step 9) will be selected, this field is required.
 8. Enter the date the patient was or will be admitted in the **Admit Date/Start of Care** field (mmddyyyy). *Required
 9. Use the **Discharge** drop-down to select the location where the patient will be going. If this field is selected, you must also complete the Discharge Date (step 7).
 10. Use the **Admit From** drop-down to select the location where the patient came from.
 11. Use the **POS** drop-down to select the place of service where the service is being rendered.
 12. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required
- Note:** Must use ICD-10 code for dates of service on or after October 1, 2015.
13. 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 eTAR User Guide: Basics for more information on Code Search.
*Required
- Note:** The **Diagnosis Description** field is disabled and is no longer in use.
14. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
*Required

Note: TAR web pages do not have numbered fields.

B Outpatient Services

Page updated: September 2020

The screenshot shows a web form for Outpatient Services. At the top, there are three input fields: '* ICD Code (Decimal)', '* ICD-CM Type Required', and 'Diagnosis Description'. To the right is a 'Date of Onset' field with a 'mmddyyyy' placeholder. Below these is a large text area labeled 'Enter Miscellaneous TAR Information (500 characters accepted)'. At the bottom of the form are two buttons: 'Continue' and 'Another Service, Same Category'. Circled numbers 15, 16, and 17 are overlaid on the form to indicate step locations.

15. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.
 16. Click **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the TAR.
- Or
17. Click **Another Service, Same Category** to create another service line for the same service type.

Note: TAR web pages do not have numbered fields.

HopTel

Outpatient Services

eTAR Medical Tutorials

Please Enter Hoptel Information

Service Information

* Service Code (HCPCS Code) Modifiers (if applicable)

1 2

* Total Units Ant. Length of Need From Date Thru Date

3 4 5 6

mmddyyyy mmddyyyy

1. Enter the **Service Code** being requested, if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
3. Enter the **Total Units** requested. *Required
4. Enter the **Ant. Length of Need** to indicate the anticipated period of time the requested services are needed. Enter the number of units in the first field and use the drop-down to select the time period.

Ant. Length of Need

1 Month

Example: If the patient will need the services for one months, enter:

5. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.
6. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

The screenshot shows a web form for Outpatient Services. It includes the following fields and controls:

- 7**: * Start of Care (mmddyyyy) - Text input field.
- 8**: Discharge Date (mmddyyyy) - Text input field.
- 9**: * Admit From - Drop-down menu.
- 10**: *ICD-CM Type - Drop-down menu.
- 11**: * ICD Code (Decimal Required) - Text input field.
- Diagnosis Description - Disabled text input field.
- 12**: Enter Miscellaneous TAR Information (500 characters accepted) - Large text area.
- 13**: Continue - Button.
- 14**: Another Service, Same Category - Button.

7. Enter the **Start of Care** (mmddyyyy) date the patient began, or will begin, receiving the service requested. *Required
8. Enter the **Discharge Date** (mmddyyyy).
9. Use the **Admit From** drop-down to select the location where the patient came from *Required

10. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required

Note: Must use ICD-10 code for dates of service on or after October 1, 2015.

11. 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 eTAR User Guide: Basics for more information on Code Search.

Note: The **Diagnosis Description** field is disabled and is no longer in use.

12. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.

13. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

Or

14. Click **Another Service, Same Category** to create another service line for the same service type.

Note: TAR web pages do not have numbered fields.

Hospice

Other Services

eTAR Medical Tutorials

Please Enter Hospice Information

Attachment A

Service Information

* Service Code (HCPCS Code) Modifiers (if applicable)

* Total Units From Date Thru Date * Start of Care Discharge Date

Discharge

1. Enter the **Service Code** being requested, if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
3. Enter the **Total Units** requested. *Required
4. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.
5. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.
6. Enter the **Start of Care** (mmddyyyy) date the patient was admitted to hospice. *Required
7. Enter the **Discharge Date** (mmddyyyy). If Discharge (step 8) will be selected, this field is required.
8. Use the **Discharge** drop-down to select the location where the patient will be going. If this field is selected, you must also complete the Discharge Date (step 7).

Note: TAR web pages do not have numbered fields.

B Outpatient Services

Page updated: September 2020

The screenshot shows a web form for outpatient services. It contains the following fields and controls:

- Admit From** (9): A drop-down menu.
- * POS** (10): A drop-down menu, marked as required.
- Rendering Provider #** (11): A text input field.
- * ICD-CM Type** (12): A drop-down menu, marked as required.
- * ICD Code (Decimal Required)** (13): A text input field, marked as required.
- Diagnosis Description**: A disabled text input field.
- Date of Onset** (14): A text input field with a mask 'mmddyyyy'.
- Enter Miscellaneous TAR Information (500 characters accepted)** (15): A large text area with a scroll bar.

9. Use the **Admit From** drop-down to select the location where the patient came from.
 10. Use the **POS** drop-down to select the place of service where the service is being rendered. *Required
 11. If the rendering provider is different from the submitting provider, enter a **Rendering Provider #**. This will allow another provider to inquire on eTAR service information. If the submitting and rendering provider numbers are the same, leave this field blank.
 12. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required
- Note:** Must use ICD-10 code for dates of service on or after October 1, 2015.
13. 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 eTAR User Guide: Basics for more information on Code Search. *Required
- Note:** The **Diagnosis Description** field is disabled and is no longer in use.
14. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
 15. Enter **Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

The screenshot shows a web form with the following elements:

- 16** Feeding Method: A dropdown menu.
- 17** * Please list current medical status codes relevant to requested service(s): A row of eight empty text boxes.
- 18** ICD-CM Type: A dropdown menu.
- 19** ICD Code (Decimal Required): A text box.
- Diagnosis Description: A text box.
- 20** * Date Of Onset: A text box.
- Below the table: A large text area with a scroll bar for summarizing treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) -- include dates if applicable. (255 characters accepted).
- Attachment A Service: A link.
- Continue: A button.
- Another Service, Same Category: A button.

Note: Steps 16 thru 21 may be bypassed if submitting the information as attachments.

16. Use the **Feeding Method** drop-down to select the method by which the patient is fed.

17. Enter current medical status codes that 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 hyper link to access Code Search. *Required

18. Use the **ICD-CM Type** drop-down to select the ICD code type.

19. Enter secondary **ICD Code**, including the decimal point, indicating the diagnosis relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

Note: The **Diagnosis Description** field is disabled and is no longer in use.

20. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field. *Required.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

The screenshot shows a web form for Outpatient Services. At the top is a 'Feeding Method' dropdown menu. Below it is a row of seven empty boxes for medical status codes, with the instruction: '* Please list current medical status codes relevant to requested service(s)'. The main section is a table with four columns: 'ICD-CM Type' (three dropdown menus), 'ICD Code (Decimal Required)' (three text boxes), 'Diagnosis Description' (three text boxes), and '* Date Of Onset' (three text boxes). Below the table is a large text area for a summary, with the instruction: '* Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) -- include dates if applicable. (255 characters accepted)'. A circled '21' points to this text area. At the bottom, there are two buttons: 'Continue' (circled '22') and 'Another Service, Same Category' (circled '23').

21. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable** field. *Required
22. Click **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the TAR.
Or
23. Click **Another Service, Same Category** to create another service line for the same service type.

Note: TAR web pages do not have numbered fields.

Hyperbaric Oxygen

Inpatient / Outpatient Services

eTAR Medical Tutorials

Please Enter Hyperbaric Oxygen Information

Attachment A

Service Information

* Service Code (HCPCS or CPT Code) **Modifiers (if applicable)**

* Total Units **From Date** **Thru Date** *** Start of Care**

* Frequency /

1. Enter the **Service Code** being requested, if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
3. Enter the **Total Units** requested. *Required
4. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.
5. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.
6. Enter the **Start of Care** (mmddyyyy) date the patient began, or will begin, receiving the service requested. *Required

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

The screenshot shows a web form with the following elements:

- Field 7: * Frequency, with an input field containing '6' and a dropdown menu set to 'Week'.
- Field 8: * POS, a dropdown menu.
- Field 9: Pricing Override Request, a dropdown menu.
- Field 10: Price, an input field.
- Field 11: * ICD-CM Type, a dropdown menu.
- Field 12: * ICD Code (Decimal Required), an input field.
- Diagnosis Description, an input field.
- * Date of Onset, an input field with the format 'mmdyyy'.
- A large text area for 'Enter Miscellaneous TAR Information (500 characters accepted)'.

7. Enter the **Frequency** for the number of units that will be used per time period. Enter the number of units in the first field and use the drop-down to select the time period.
*Required

* Frequency
6 / Week

Example: If six units per week are needed, enter:

8. Use the **POS** drop-down to select the place of service where the service is being rendered. *Required
9. Use the **Pricing Override Request** drop-down to select an override code for unlisted items or prices.
10. Enter the **Price** requested, including a decimal point for unlisted items or prices, up to seven digits. If Pricing Override Request (step 9) is selected, this field is required.
11. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required
- Note:** Must use ICD-10 code for dates of service on or after October 1, 2015.
12. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis relative to the requested service. If unknown, use the ICD Code hyper link to access Code Search.
- Note:** The **Diagnosis Description** field is disabled and is no longer in use.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

* Frequency
/

* POS

Pricing Override Request

Price

* ICD-CM Type * ICD Code (Decimal
Required) Diagnosis Description * Date of Onset
mmddyyyy

13

14

Enter Miscellaneous TAR Information (500 characters accepted)

13. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
*Required
14. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.

Note: TAR web pages do not have numbered fields.

B Outpatient Services

Page updated: September 2020

Note: Steps 15 thru 28 may be bypassed if submitting the information as attachments.

15. 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 eTAR User Guide: Basics for more information on Code Search. *Required

16. Use the **ICD-CM Type** drop-down to select the ICD code type.

17. Enter secondary **ICD Code**, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. See the eTAR User Guide: Basics more information on Code Search.

Note: The **Diagnosis Description** field is disabled and is no longer in use.

18. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.

19. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/ history relevant to the requested service(s) – include dates if applicable** field. * Required

20. Enter information regarding any similar services in the **If it is known that the patient has ever received the requested or similar service(s), please explain – include dates** field.

Note: TAR web pages do not have numbered fields.

B Outpatient Services

Page updated: September 2020

Please list alternatives tried or considered and the reason why they are not feasible for this patient

Service Code	22 Describe Alternative Tried/Considered (30 characters accepted)
21	
	Reason 23
	Reason
	Reason

21. Enter the **Service Code** identifying a service that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code hyperlink to access Code Search.
22. Enter details in the **Describe Alternative Tried/Considered** field. If an alternative service code has been entered in the adjacent field leave the field blank.
23. Use the **Reason** drop-down to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave this field blank.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

Prescribing Physician Information

* Physician Prescription (255 characters accepted)

* Physician's License #

* Physician's Name

* Physician's Phone

* Prescription Date

Attachment A Service

Continue Another Service, Same Category

24. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required
 25. Enter the National Provider Identifier (NPI) in the **Physician's License #** field. *Required
 26. Enter the prescribing **Physician's Name**. *Required
 27. Enter the **Physician's Phone** number. *Required
 28. Enter the **Prescription Date** (mmddyyyy). *Required
 29. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.
- Or
30. Click **Another Service, Same Category** to create another service line for the same service type.

Note: TAR web pages do not have numbered fields.

Non-Pharmacy Issued Drug

Other Services

eTAR Medical Tutorials

Please Enter Non-Pharmacy Issued Drug Information

Service Information

* Service Code (HCPCS or CPT Code) Modifiers (if applicable)

1 2

* Total Units * Frequency Ant. Length of Need

3 4 / 5 /

1. Enter the **Service Code** being requested, if blank. If the service code is unknown, click the Service Codes hyperlink, to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers link to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
3. Enter the **Total Units** requested. *Required
4. Enter the **Frequency** for the number of units to be used per time period. Enter the number of units in the first field and use the drop-down to select the time period. *Required

* Frequency

3 / Week

Example: If three units per week are needed, enter:

5. Enter the **Ant. Length of Need** to indicate the anticipated period of time the requested services are needed. Enter the number of units in the first field and use the drop-down to select the time period.

Ant. Length of Need

2 / Month

Example: If the patient will need two services per month, enter:

Note: TAR web pages do not have numbered fields.

B Outpatient Services

Page updated: September 2020

The screenshot shows a web form for Outpatient Services. It includes the following fields and controls:

- 6**: From Date (mmddyyyy)
- 7**: Thru Date (mmddyyyy)
- 8**: Rendering Provider #
- 9**: POS (drop-down menu)
- 10**: * ICD-CM Type (drop-down menu)
- 11**: * ICD Code (Decimal Required) (text input)
- Diagnosis Description (disabled text input)
- 12**: Enter Miscellaneous TAR Information (500 characters accepted) (text area)
- 13**: Continue (button)
- 14**: Another Service, Same Category (button)

6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.
7. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.
8. If the rendering provider is different from the submitting provider, enter a **Rendering Provider #**. This will allow another provider to inquire on TAR service information. If the submitting and rendering provider numbers are the same, leave this field blank.
9. Use the **POS** drop-down to select the place of service where the service is being rendered.
10. Use the **ICD-CM Type** drop-down to select the ICD code type.
Note: Must use ICD-10 code for dates of service on or after October 1, 2015.
11. 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. *Required
Note: The **Diagnosis Description** field is disabled and is no longer in use.
12. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.
13. Click **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the TAR.
Or
14. Click **Another Service, Same Category** to create another service line for the same service type.

Note: TAR web pages do not have numbered fields.

Office Visits – Restricted

Outpatient Services

eTAR Medical Tutorials

Please Enter Office Visit - Restricted Information

Attachment A

Service Information

* Service Code (CPT or HCPCS Code)

Modifiers (if applicable)

Side

* Total Units

From Date

Thru Date

1. Enter the **Service Code** being requested, if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
3. Use the **Side** drop-down to select Right, Left or Bilateral.
4. Enter the **Total Units** requested. *Required
5. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.
6. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

The screenshot shows a web form with the following elements:

- * Frequency** (7): A text input field followed by a slash and a dropdown menu.
- * Ant. Length of Need** (8): A text input field followed by a slash and a dropdown menu.
- * ICD-CM Type** (9): A dropdown menu.
- * ICD Code** (10): A text input field with "(Decimal Required)" below it.
- Diagnosis Description**: A text input field.
- Date of Onset** (11): A text input field with the format "mmddyyyy" below it.
- Enter Miscellaneous TAR Information (500 characters accepted)** (12): A large text area with a scrollbar.

7. Enter the **Frequency** for the number of units that will be used per time period. Enter the number of units in the first field and use the drop-down to select the time period. *Required

* Frequency
3 / Week

Example: If three units per week are needed, enter:

8. Enter the **Ant. Length of Need** to indicate the anticipated period of time the requested services are needed. Enter the number of units in the first field and use the drop-down to select the time period. *Required

Ant. Length of Need
2 / Month

Example: If the patient will need the services for two months, enter:

9. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required

Note: Must use ICD-10 code for dates of service on or after October 1, 2015.

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. *Required

Note: The **Diagnosis Description** field is disabled and is no longer in use.

11. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.

12. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

Note: Steps 13 thru 26 may be bypassed if submitting the information as attachments.

13. Use the **P.O.T. Adherence** drop-down to select the level of compliance the patient has to the Plan of Treatment.

14. Enter the current functional limitation or physical condition relative to the requested services in the **Please list current functional limitation/physical condition codes** field. If unknown, click the functional limitation hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

15. 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 link to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

16. Use the **ICD-CM Type** drop-down to select the ICD code type.

17. Enter secondary **ICD Code**, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

Note: The Diagnosis Description field is disabled and is no longer in use.

18. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.

Note: TAR web pages do not have numbered fields.

B Outpatient Services

Page updated: September 2020

Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) -- include dates if applicable. (255 characters accepted)
19 <input type="text"/>
If it is known that the patient has ever received the requested or similar service(s), please explain -- include dates. (255 characters accepted)
20 <input type="text"/>
Please summarize the therapeutic goal to be met with the requested service(s). (255 characters accepted)
21 <input type="text"/>

19. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable** field.
20. Enter information regarding any similar services in the **If it is known that the patient has ever received the requested or similar service(s), please explain – include dates** field.
21. Enter a summary of the therapeutic goal to be met in the **Please summarize the therapeutic goal to be met with the requested service(s)** field.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

Prescribing Physician Information

* Physician Prescription (255 characters accepted)

22

* Physician's License #

23

* Physician's Name

24

* Physician's Phone

25

* Prescription Date

26

Attachment A Service

27 Continue

28 Another Service, Same Category

22. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required
 23. Enter the National Provider Identifier (NPI) in the **Physician's License #** field. *Required
 24. Enter the prescribing **Physician's Name**. *Required
 25. Enter the **Physician's Phone** number. *Required
 26. Enter the **Prescription Date** (mmddyyyy). *Required
 27. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.
- Or
28. Click **Another Service, Same Category** to create another service line for the same service type

Note: TAR web pages do not have numbered fields.

Office Visit – Restricted Provider

Outpatient Services

eTAR Medical Tutorials

Please Enter Office Visit - Restricted Provider Information

Attachment A

Service Information

* **Service Code** (CPT or HCPCS Code) **Modifiers** (if applicable)

1 2

Side * **Total Units** **Ant. Length of Need**

3 4 5 /

1. Enter the **Service Code** being requested, if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
3. Use the **Side** drop-down to select Right, Left or Bilateral.
4. Enter the **Total Units** requested. * Required
5. Enter the **Ant. Length of Need** to indicate the anticipated period of time the requested services are needed. Enter the number of units in the first field and use the drop-down to select the time period.

Example: If the patient will need the services for one month, enter:

Ant. Length of Need
1 / Month

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

The screenshot shows a web form for outpatient services. It contains the following fields and callouts:

- 6**: From Date (mmddyyyy)
- 7**: Thru Date (mmddyyyy)
- 8**: Rendering Provider #
- 9**: * ICD-CM Type (Required) (drop-down menu)
- 10**: * ICD Code (Decimal) (Required) (text input)
- Diagnosis Description (disabled text input)
- 11**: Date of Onset (mmddyyyy)
- 12**: Enter Miscellaneous TAR Information (500 characters accepted) (text area)

6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.
 7. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.
 8. If the rendering provider is different from the submitting provider, enter a **Rendering Provider #**. This will allow another provider to inquire on the eTAR service information. If the submitting and rendering provider numbers are the same, leave the field blank.
 9. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required
- Note:** Must use ICD-10 code for dates of service on or after October 1, 2015.
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 eTAR User Guide: Basics for more information on Code Search.
*Required
- Note:** The **Diagnosis Description** field is disabled and is no longer in use.
11. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code. *Required
 12. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

Service

Patient assessment information for this Service (Attachment A)

* P.O.T. Adherence * Height * Weight

13 14 15

 , " lbs. oz.

* Please list current **functional limitation** /physical condition codes

16

Please list previous **functional limitation** /physical condition codes

17

* Please list current **medical status** codes relevant to requested service(s)

18

Note: Steps 13 thru 32 may be bypassed if submitting the information as attachments.

- 13. Use the **P.O.T. Adherence** drop-down to select the level of compliance the patient has to the Plan of Treatment. *Required
- 14. Enter the patient's **Height** in feet and inches. *Required
- 15. Enter the patient's **Weight** in pounds and ounces. *Required
- 16. Enter the current functional limitation or physical condition relative to the requested services in the **Please list current functional limitation/physical condition codes** field. If unknown, click the functional limitation hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
- 17. Enter the previous functional limitation or physical condition relative to the requested services in the **Please list previous functional limitation/physical condition codes** field. If unknown, click the functional limitation hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
- 18. 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 eTAR User Guide: Basics for more information on Code Search. *Required.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

ICD-CM Type	ICD Code(Decimal Required)	Diagnosis Description	Date Of Onset
19 <input type="text" value="19"/>	20 <input type="text" value="20"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) -- include dates if applicable. (255 characters accepted)

21

If it is known that the patient has ever received the requested or similar service(s), please explain -- include dates. (255 characters accepted)

22

Please summarize the therapeutic goal to be met with the requested service(s). (255 characters accepted)

23

- 19. Use the **ICD-CM Type** drop-down to select the ICD code type.
- 20. Enter secondary **ICD Code**, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search.
- Note:** The **Diagnosis Description** field is disabled and is no longer in use.
- 21. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable** field. *Required
- 22. Enter information regarding any similar services in the **If it is known that the patient has ever received the requested or similar service(s), please explain – include dates** field.
- 23. Enter a summary of the therapeutic goal to be met in the **Please summarize the therapeutic goal to be met with the requested service(s)** field. *Required

Note: TAR web pages do not have numbered fields.

B Outpatient Services

Page updated: September 2020

Please list alternatives tried or considered and the reason why they are not feasible for this patient

Service Code	25 Describe Alternative Tried/Considered (30 characters accepted)
24	
	Reason 26
	Reason
	Reason

* Please explain why the least costly method of treatment is not being used. (255 characters accepted)

27

24. Enter the **Service Code** that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code hyperlink to access Code Search.
25. Enter details in the **Describe Alternative Tried/Considered** field. If an alternative service code has been entered in the adjacent field, leave this field blank.
26. Use the **Reason** drop-down to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave this field blank.
27. Enter a brief explanation in the **Please explain why the least costly method of treatment is not being used** field. *Required

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

Prescribing Physician Information

* Physician Prescription (255 characters accepted)

28

* Physician's License #

29

* Physician's Name

30

* Physician's Phone

31

* Prescription Date

32

Attachment A Service

33 Continue 34 Another Service, Same Category

28. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required
 29. Enter the National Provider Identifier (NPI) in the **Physician's License #** field. *Required
 30. Enter the prescribing **Physician's Name**. *Required
 31. Enter the **Physician's Phone** number. *Required
 32. Enter the **Prescription Date** (mmddyyyy). *Required
 33. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.
- Or
34. Click **Another Service, Same Category** to create another service line for the same service type.

Note: TAR web pages do not have numbered fields.

Opiate Detoxification

Note:

- This option is not listed on the TAR Services Menu
- The following codes may be entered in the Service Code field
 - Z6602- OUTPT.HEROIN DETOX-SERV.REND.8TH THRU 21
 - Z6600- OUTPT.HEROIN DETOX-SERV.REND.DURING 1ST

Other Services eTAR Medical Tutorials

Please Enter Detox Information

Service Information

* Service Code (HCPCS Code) Modifiers (if applicable)

1 2

* Total Units * From Date * Thru Date

3 4 5

* ICD-CM Type Required * ICD Code (Decimal) Diagnosis Description Date of Onset

Enter Miscellaneous TAR Information (500 characters accepted)

1. Enter the **Service Code** being requested, if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
3. Enter the **Total Units** requested. *Required
4. Enter the **From Date** (mmddyyyy) for the requested start of service date. If the request is planned, enter the start of the range of dates during which the service will be provided. *Required
5. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. If the request is planned, enter the end of the range of dates during which the service will be provided. *Required

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

6. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required
Note: Must use ICD-10 code for dates of service on or after October 1, 2015.
7. 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. *Required
Note: The **Diagnosis Description** field is disabled and is no longer in use.
8. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
9. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.
10. Click **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the TAR.
Or
11. Click **Another Service, Same Category** to create another service line for the same service type.

Note: TAR web pages do not have numbered fields.

Plasma Pheresis

1. Enter the **Service Code** being requested, if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyper link to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
3. Enter the **Total Units** requested. *Required
4. Enter the **Frequency** for the number of units that will be used per time period. Enter the number of units in the first field and use the drop-down to select the time period. *Required

Example: If two units per week are needed, enter:

5. Enter the **Ant. Length of Need** to indicate the anticipated period of time the requested services are needed. Enter the number of units in the first field and use the drop-down to select the time period. *Required

Example: If the patient will need the services for two months, enter:

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

The screenshot shows a web form for outpatient services. It includes the following fields and callouts:

- 6**: From Date (mmddyyyy)
- 7**: Thru Date (mmddyyyy)
- 8**: Rendering Provider #
- 9**: * ICD-CM Type (Required) (drop-down menu)
- 10**: * ICD Code (Decimal) (Required) (text input)
- 11**: Date of Onset (mmddyyyy)
- 12**: Enter Miscellaneous TAR Information (500 characters accepted) (text area)

6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.
 7. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.
 8. If the rendering provider is different from the submitting provider, enter a **Rendering Provider #**. This will allow another provider to inquire on the eTAR service information. If the submitting and rendering provider numbers are the same, leave the field blank.
 9. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required
- Note:** Must use ICD-10 code for dates of service on or after October 1, 2015.
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. *Required
- Note:** The **Diagnosis Description** field is disabled and is no longer in use.
11. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
 12. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

Please list current functional limitation /physical condition codes			
13	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Please list current medical status codes relevant to requested service(s)			
14	<input type="text"/>	<input type="text"/>	<input type="text"/>
ICD-CM			
15	16	17	
Type	ICD Code (Decimal Required)	Diagnosis Description	Date Of Onset
▼	<input type="text"/>	<input type="text"/>	<input type="text"/>
▼	<input type="text"/>	<input type="text"/>	<input type="text"/>
▼	<input type="text"/>	<input type="text"/>	<input type="text"/>

- 13. Enter the current functional limitation or physical condition relative to the requested services in the **Please list current functional limitation/physical condition codes** field. If unknown, click the functional limitation link to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
 - 14. 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 eTAR User Guide: Basics for more information on Code Search. *Required
 - 15. Use the **ICD-CM Type** drop-down to select the ICD code type.
 - 16. Enter secondary **ICD Code**, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the ICD Code hyper link to access Code Search.
- Note:** The **Diagnosis Description** field is disabled and is no longer in use.
- 17. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.

Note: TAR web pages do not have numbered fields.

B Outpatient Services

Page updated: September 2020

* Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) -- include dates if applicable. (255 characters accepted)

18

* If it is known that the patient has ever received the requested or similar service(s), please explain -- include dates. (255 characters accepted)

19

Please list alternatives tried or considered and the reason why they are not feasible for this patient

* Service Code 20

21 * Describe Alternative Tried/Considered (30 characters accepted)

* Reason 22

Reason

18. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable** field. *Required
19. Enter information regarding any similar services in the **If it is known that the patient has ever received the requested or similar service(s), please explain – include dates** field. *Required
20. Enter the **Service Code** identifying a service that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code hyperlink to access Code Search. *Required
21. Enter details in the **Describe Alternative Tried/Considered** field. *Required
22. Use the **Reason** drop-down to identify why the service is not feasible for this patient. *Required

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

Prescribing Physician Information

* Physician Prescription (255 characters accepted)

23

* Physician's License # 24

* Physician's Name 25

* Physician's Phone 26

* Prescription Date 27

Attachment A Service

28 Continue 29 Another Service, Same Category

23. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required
 24. Enter the National Provider Identifier (NPI) in the **Physician's License #** field. *Required
 25. Enter the prescribing **Physician's Name**. *Required
 26. Enter the **Physician's Phone** number. *Required
 27. Enter the **Prescription Date** (mmddyyyy). *Required
 28. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.
- Or
29. Click **Another Service, Same Category** to create another service line for the same service type.

Note: TAR web pages do not have numbered fields.

Portable X-Ray

The screenshot shows a web form titled "Outpatient Services" with a sub-header "eTAR Medical Tutorials". The main heading is "Please Enter Portable X-Ray Information". Below this is a link "Attachment A" and a "Continue" button. The form is divided into "Service Information" with the following fields:

- * Service Code (HCPCS Code): A text input field with a circled "1" next to it.
- Modifiers (if applicable): Four text input fields with a circled "2" next to the first one.
- * Side: A drop-down menu with a circled "3" next to it.
- * Total Units: A text input field with a circled "4" next to it.
- POS: A drop-down menu with a circled "5" next to it.
- From Date: A text input field with a circled "6" next to it, containing the placeholder "mmddyyyy".
- Thru Date: A text input field with a circled "7" next to it, containing the placeholder "mmddyyyy".
- Rendering Provider #: A text input field.

1. Enter the **Service Code** being requested, if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
2. Enter up to four **Modifiers** if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
3. Use the **Side** drop-down to select Right, Left or Bilateral. *Required
4. Enter the **Total Units** requested. *Required
5. Use the **POS** drop-down to select the place of service where the service is being rendered.
6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.
7. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.

Note: TAR web pages do not have numbered fields.

B Outpatient Services

Page updated: September 2020

The screenshot shows a web form for Outpatient Services. It includes the following fields and callouts:

- From Date**: Input field with placeholder 'mmddyyyy'.
- Thru Date**: Input field with placeholder 'mmddyyyy'.
- Rendering Provider #**: Input field with callout 8.
- * ICD-CM Type**: Drop-down menu with callout 9.
- * ICD Code (Decimal Required)**: Input field with callout 10.
- Diagnosis Description**: Disabled input field.
- Date of Onset**: Input field with placeholder 'mmddyyyy' and callout 11.
- Enter Miscellaneous TAR Information (500 characters accepted)**: Large text area with callout 12.

8. If the rendering provider is different from the submitting provider, enter a **Rendering Provider #**. This will allow another provider to inquire on the eTAR service information. If the submitting and rendering provider numbers are the same, leave this field blank.
9. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required
Note: Must use ICD-10 code for dates of service on or after October 1, 2015.
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. *Required
Note: The **Diagnosis Description** field is disabled and is no longer in use.
11. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
12. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

Service

Patient assessment information for this Service (Attachment A)

Height Weight

(13) = (14) lbs. oz.

* Please list current **functional limitation /physical condition codes**

(15)

Please list previous **functional limitation /physical condition codes**

(16)

* Please list current **medical status codes relevant to requested service(s)**

(17)

13. Enter the patient's **Height** in feet and inches.
14. Enter the patient's **Weight** in pounds and ounces.
15. Enter the current functional limitation or physical condition relative to the requested services in the **Please list current functional limitation/physical condition codes** field. If unknown, click the functional limitation hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
16. Enter the previous functional limitation or physical condition relative to the requested services in the **Please list previous functional limitation/physical condition codes** field. If unknown, click the functional limitation hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
17. 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 eTAR User Guide: Basics for more information on Code Search. *Required

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

ICD-CM Type	ICD Code (Decimal Required)	Diagnosis Description	Date Of Onset
18 <input type="text" value=""/> ▼	19 <input type="text" value=""/>	<input type="text" value=""/>	20 <input type="text" value=""/>
<input type="text" value=""/> ▼	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/> ▼	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

If it is known that the patient has ever received the requested or similar service(s), please explain -- include dates. (255 characters accepted)

21

- 18. Use the **ICD-CM Type** drop-down to select the ICD code type.
- 19. Enter secondary **ICD Code**, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search.
- Note:** The **Diagnosis Description** field is disabled and is no longer in use.
- 20. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
- 21. Enter information regarding any similar services in the **If it is known that the patient has ever received the requested or similar service(s), please explain – include dates** field.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

Prescribing Physician Information

* Physician Prescription (255 characters accepted) [22]

* Physician's License # [23] * Physician's Name [24]

* Physician's Phone [25] * Prescription Date [26]

Attachment A Service

[27] Continue [28] Another Service, Same Category

22. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required
 23. Enter the National Provider Identifier (NPI) in the **Physician's License #** field. *Required
 24. Enter the prescribing **Physician's Name**. *Required
 25. Enter the **Physician's Phone** number. *Required
 26. Enter the **Prescription Date** (mmddyyyy). *Required
 27. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.
- Or
28. Click **Another Service, Same Category** to create another service line for the same service type.

Note: TAR web pages do not have numbered fields.

Psychiatry

Outpatient Services

eTAR Medical Tutorials

Please Enter Psychiatry Information

Attachment A

Service Information

* Service Code (HCPCS or CPT Code) Modifiers (if applicable)

Service Description (40 characters accepted)

* Total Units * Frequency / Ant. Length of Need /

1. Enter the **Service Code** being requested, if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
3. Enter the **Service Description** if an unlisted, generic or miscellaneous service code is used. Otherwise, leave this field blank.
4. Enter the **Total Units** requested. *Required
5. Enter the **Frequency** for the number of units that will be used per time period. Enter the number of units in the first field and use the drop-down to select the time period. *Required

Example: If two units per week are needed, enter:

* Frequency /

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

6. Enter the **Ant. Length of Need** to indicate the anticipated period of time the requested services are needed.

Example: If the patient will need the service for two months, enter:

- 7. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.
 - 8. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.
 - 9. If the rendering provider is different from the submitting provider, enter a **Rendering Provider #**. This will allow another provider to inquire on the eTAR service information. If the submitting and rendering provider numbers are the same, leave this field blank.
 - 10. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required
- Note:** Must use ICD-10 code for dates of service on or after October 1, 2015.
- 11. 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. *Required.
- Note:** The **Diagnosis Description** field is disabled and is no longer in use.
- 12. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
 - 13. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

Service

Patient assessment information for this Service (Attachment A)

* P.O.T. Adherence

Feeding Method

Height ' "

Weight lbs. oz.

Please list current **functional limitation** /physical condition codes

Please list previous **functional limitation** /physical condition codes

Please list current **medical status** codes relevant to requested service(s)

14. Use the **P.O.T. Adherence** drop-down to select the level of compliance the patient has to the Plan of Treatment. *Required
15. Use the **Feeding Method** drop-down to select the method of feeding for the patient.
16. Enter the patient's **Height** in feet and inches.
17. Enter the patient's **Weight** in pounds and ounces.
18. Enter the current functional limitation or physical condition relative to the requested services in the **Please list current functional limitation/physical condition codes** field. If unknown, click the functional limitation hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

Service

Patient assessment information for this Service (Attachment A)

* P.O.T. Adherence Feeding Method

Height ' " Weight lbs. oz.

Please list current **functional limitation** /physical condition codes

19

Please list previous **functional limitation** /physical condition codes

20

Please list current **medical status** codes relevant to requested service(s)

19. Enter the previous functional limitation or physical condition relative to the requested services in the **Please list previous functional limitation/physical condition codes** field. If unknown, click the functional limitation hyperlink to access Code Search.
20. 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 hyper link to access Code Search.

Note: TAR web pages do not have numbered fields.

B Outpatient Services

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ICD-CM Type	ICD Code(Decimal Required)	Diagnosis Description	Date Of Onset
21	22		23

* Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) -- include dates if applicable. (255 characters accepted)

24

If it is known that the patient has ever received the requested or similar service(s), please explain -- include dates. (255 characters accepted)

Please summarize the therapeutic goal to be met with the requested service(s). (255 characters accepted)

21. Use the **ICD-CM Type** drop-down to select the ICD code type.
 22. Enter secondary **ICD Code**, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
- Note:** The **Diagnosis Description** field is disabled and is no longer in use.
23. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
 24. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable** field. *Required

Note: TAR web pages do not have numbered fields.

B Outpatient Services

Page updated: September 2020

If it is known that the patient has ever received the requested or similar service(s), please explain -- include dates. (255 characters accepted)

25

Please summarize the therapeutic goal to be met with the requested service(s). (255 characters accepted)

26

Please list [service codes](#) for alternatives tried considered

27

25. Enter information regarding any similar services in the **If it is known that the patient has ever received the requested or similar service(s), please explain – include dates** field.
26. Enter a summary of the therapeutic goal to be met in the **Please summarize the therapeutic goal to be met with the requested service(s)** field.
27. Enter a service code in the **Please list service codes for alternatives tried considered** field. If unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

Prescribing Physician Information
Physician Prescription (255 characters accepted)

Physician's License #

Physician's Name

Physician's Phone

Prescription Date

Attachment A Service

Continue Another Service, Same Category

28. Enter the **Physician Prescription** instructions in the exact words as written on the prescription.
 29. Enter the National Provider Identifier (NPI) in the **Physician's License #** field.
 30. Enter the prescribing **Physician's Name**.
 31. Enter the **Physician's Phone** number.
 32. Enter the **Prescription Date** (mmddyyyy).
 33. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.
- Or
34. Click **Another Service, Same Category** to create another service line for the same service type.

Note: TAR web pages do not have numbered fields.

Radiology

The screenshot shows a web form titled "Outpatient Services" with a sub-header "eTAR Medical Tutorials". The main heading is "Please Enter Radiology Information". Below this is a link "Attachment A" and a "Continue" button. The "Service Information" section contains several fields: a required "Service Code (HCPCS or CPT Code)" field (1), a "Modifiers (if applicable)" field with four sub-inputs (2), a "Service Description (40 characters accepted)" text area (3), a "Side" drop-down menu (4), a required "* Total Units" field (5), a "From Date" field with a "mmddyyyy" format (6), and a "Thru Date" field with a "mmddyyyy" format (7).

1. Enter the **Service Code** being requested, if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
3. Enter the **Service Description** if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.
4. Use the **Side** drop-down to select Right, Left or Bilateral.
5. Enter the **Total Units** requested. *Required
6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.
7. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.

Note: TAR web pages do not have numbered fields.

B Outpatient Services

Page updated: September 2020

The screenshot shows a web form for Outpatient Services. At the top is a text input field for 'Rendering Provider #' with a circled '8' to its left. Below this are three main input areas: a dropdown menu for '* ICD-CM Type' with a circled '9' to its left; a text input field for '* ICD Code (Decimal Required)' with a circled '10' to its left; and a text input field for 'Date of Onset' with a circled '11' to its left and a placeholder 'mmddyyyy'. Below these is a large text area for 'Enter Miscellaneous TAR Information (500 characters accepted)' with a circled '12' to its left. At the bottom are two buttons: 'Continue' and 'Another Service, Same Category'.

8. If the rendering provider is different from the submitting provider, enter a **Rendering Provider #**. This will allow another provider to inquire on the eTAR service information. If the submitting and rendering provider numbers are the same, leave this field blank.
9. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required
Note: Must use ICD-10 code for dates of service on or after October 1, 2015
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. *Required
Note: The **Diagnosis Description** field is disabled and is no longer in use.
11. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
12. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

Weight							
13	<input type="text"/>	lbs.	<input type="text"/>	oz.			
Please list current functional limitation /physical condition codes							
14	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Please list current medical status codes relevant to requested service(s)							
15	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ICD-CM							
Type	ICD Code (Decimal Required)	Diagnosis Description	Date Of Onset				
16	17		18				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				

- 13. Enter the patient's **Weight** in pounds and ounces.
- 14. Enter the current functional limitation or physical condition relative to the requested services in the **Please list current functional limitation/physical condition codes** field. If unknown, click the functional limitation hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
- 15. 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 hyper link to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
- 16. Use the **ICD-CM Type** drop-down to select the ICD code type.
- 17. Enter secondary **ICD Code**, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
- Note:** The **Diagnosis Description** field is disabled and is no longer in use.
- 18. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) -- include dates if applicable. (255 characters accepted)

19

* If it is known that the patient has ever received the requested or similar service(s), please explain -- include dates. (255 characters accepted)

20

Please list alternatives tried or considered and the reason why they are not feasible for this patient

Service Code 21	Describe Alternative Tried/Considered (30 characters accepted) 22
<input type="text"/>	<input type="text"/>
<input type="text"/>	Reason <input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	Reason <input type="text"/>

Please explain why the least costly method of treatment is not being used. (255 characters accepted)

19. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable** field.
20. Enter information regarding any similar services in the **If it is known that the patient has ever received the requested or similar service(s), please explain – include dates** field. *Required
21. Enter the **Service Code** identifying a service that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code hyper link to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
22. Enter details in the **Describe Alternative Tried/Considered** field. If an alternative service code has been entered in the adjacent field leave the field blank.

Note: TAR web pages do not have numbered fields.

B Outpatient Services

Page updated: September 2020

Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) -- include dates if applicable. (255 characters accepted)

* If it is known that the patient has ever received the requested or similar service(s), please explain -- include dates. (255 characters accepted)

Please list alternatives tried or considered and the reason why they are not feasible for this patient

Service Code	Describe Alternative Tried/Considered (30 characters accepted)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> (23) Reason <input type="text"/>
<input type="text"/>	<input type="text"/>
	Reason <input type="text"/>

Please explain why the least costly method of treatment is not being used. (255 characters accepted)

(24)

23. Use the **Reason** drop-down to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave the field blank.
24. Enter a brief explanation in the **Please explain why the least costly method of treatment is not being used** field.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

Prescribing Physician Information

* Physician Prescription (255 characters accepted)

25

* Physician's License # 26

* Physician's Name 27

* Physician's Phone 28

* Prescription Date 29

Attachment A Service

30 Continue 31 Another Service, Same Category

25. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required
 26. Enter the National Provider Identifier (NPI) in the **Physician's License #** field. *Required
 27. Enter the prescribing **Physician's Name**. *Required
 28. Enter the **Physician's Phone** number. *Required
 29. Enter the **Prescription Date** (mmddyyyy). *Required
 30. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.
- Or
31. Click **Another Service, Same Category** to create another service line for the same service type.

Note: TAR web pages do not have numbered fields.

Surgical Procedure/Other Procedures

Outpatient Services
eTAR Medical Tutorials

Please Enter Surgical Procedure Information

Attachment A

Service Information

* Service Code (CPT or HCPCS Code) Modifiers (if applicable)

Service Description (40 characters accepted)

Side * Total Units From Date Thru Date Admit Date

POS

1. Enter the **Service Code** being requested, if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search.
3. Enter the **Service Description** if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.
4. Use the **Side** drop-down to select Right, Left or Bilateral.
5. Enter the **Total Units** requested. *Required
6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.
7. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.
8. Enter the date the patient was or will be admitted in the **Admit Date** field (mmddyyyy).
9. Use the **POS** drop-down to select the place of service where the service is being rendered.

Note: TAR web pages do not have numbered fields.

B Outpatient Services

Page updated: September 2020

The screenshot shows a web form for Outpatient Services. At the top is a text input field for 'Rendering Provider #' with a circled '10' next to it. Below this are three main sections: 1. '* ICD-CM Type' with a dropdown menu and a circled '11' next to it. 2. '* ICD Code (Decimal Required)' with a text input field and a circled '12' next to it. 3. 'Date of Onset' with a text input field containing 'mmddyyyy' and a circled '13' next to it. Below these is a large text area for 'Enter Miscellaneous TAR Information (500 characters accepted)' with a circled '14' next to it. At the bottom are two buttons: 'Continue' and 'Another Service, Same Category'.

10. If the rendering provider is different from the submitting provider, enter a **Rendering Provider #**. This will allow another provider to inquire on the eTAR service information. If the submitting and rendering provider numbers are the same, leave this field blank.
11. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required
Note: Must use ICD-10 code for dates of service on or after October 1, 2015.
12. 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. *Required
Note: The **Diagnosis Description** field is disabled and is no longer in use.
13. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
14. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

Patient assessment information for this Service (Attachment A)

Height Weight

15 . " 16 lbs. oz.

Please list current [medical status](#) codes relevant to requested service(s)

17

ICD-CM Type	ICD Code (Decimal Required)	Diagnosis Description	Date Of Onset
18 <input type="text"/> ▼	19 <input type="text"/>	<input type="text"/>	20 <input type="text"/>
<input type="text"/> ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>

- 15. Enter the patient's **Height** in feet and inches.
 - 16. Enter the patient's **Weight** in pounds and ounces.
 - 17. 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 link to access Code Search.
 - 18. Use the **ICD-CM Type** drop-down to select the ICD code type.
 - 19. 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. *Required
- Note:** The **Diagnosis Description** field is disabled and is no longer in use.
- 20. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.

Note: TAR web pages do not have numbered fields.

B Outpatient Services

Page updated: September 2020

Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) (include dates if applicable. (255 characters accepted)

21

If it is known that the patient has ever received the requested or similar service(s), please explain -- include dates. (255 characters accepted)

22

Please list alternatives tried or considered and the reason why they are not feasible for this patient

Service Code	24 Describe Alternative Tried/Considered (30 characters accepted)
23 <input type="text"/>	<input type="text"/>
Reason	<input type="text"/>
<input type="text"/>	<input type="text"/>
Reason	<input type="text"/>

Please explain why the least costly method of treatment is not being used. (255 characters accepted)

21. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable** field.
22. Enter information regarding any similar services in the **If it is known that the patient has ever received the requested or similar service(s), please explain – include dates** field.
23. Enter the **Service Code** identifying a service that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code hyperlink to access Code Search.
24. Enter details in the **Describe Alternative Tried/Considered** field. If an alternative service code has been entered in the adjacent field, leave the field blank.

Note: TAR web pages do not have numbered fields.

B Outpatient Services

Page updated: September 2020

Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) (include dates if applicable. (255 characters accepted)

If it is known that the patient has ever received the requested or similar service(s), please explain -- include dates. (255 characters accepted)

Please list alternatives tried or considered and the reason why they are not feasible for this patient

Service Code	Describe Alternative Tried/Considered (30 characters accepted)
<input type="text"/>	<input type="text"/>
Reason	<input type="text"/> 25 
<input type="text"/>	<input type="text"/>
Reason	<input type="text"/> 

Please explain why the least costly method of treatment is not being used. (255 characters accepted)

26

25. Use the **Reason** drop-down to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave the field blank.
26. Enter a brief explanation in the **Please explain why the least costly method of treatment is not being used** field.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

Prescribing Physician Information

Physician Prescription (255 characters accepted)

Physician's License #

Physician's Name

Physician's Phone

Prescription Date

Attachment A Service

Continue Another Service, Same Category

27. Enter the **Physician Prescription** instructions in the exact words as written on the prescription.
 28. Enter the National Provider Identifier (NPI) in the **Physician's License #** field.
 29. Enter the prescribing **Physician's Name**.
 30. Enter the **Physician's Phone** number.
 31. Enter the **Prescription Date** (mmddyyyy).
 32. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.
- Or
33. Click **Another Service, Same Category** to create another service line for the same service type.

Note: TAR web pages do not have numbered fields.

Telemedicine (TeleMed)

Outpatient Services

eTAR Medical Tutorials

Please Enter Telemed Information

Attachment A

Service Information

* Service Code (CPT or HCPCS Code) Modifiers (if applicable)

1 2

Service Description (40 characters accepted)

3

Side * Total Units Schedule

4 5 6

1. Enter the **Service Code** being requested, if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
3. Enter the **Service Description** if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.
4. Use the **Side** drop-down to select Right, Left or Bilateral.
5. Enter the **Total Units** requested. *Required
6. Use the **Schedule** drop-down to select the appropriate weekly schedule for the requested service. If Other is selected, enter the schedule in the Enter Miscellaneous TAR Information field.

Note: TAR web pages do not have numbered fields.

B Outpatient Services

Page updated: September 2020

The screenshot shows a form with the following fields and callouts:

- 7**: Frequency (input field and dropdown)
- 8**: Ant. Length of Need (input field and dropdown)
- 9**: From Date (mmddyyyy)
- 10**: Thru Date (mmddyyyy)
- 11**: * POS (dropdown)
- 12**: Rendering Provider # (input field)

7. Enter the **Frequency** for the number of units that will be used per time period. Enter the number of units in the first field and use the drop-down to select the time period.

Example: If two units per week are needed, enter:

* Frequency
2 / Week

8. Enter the **Ant. Length of Need** to indicate the anticipated period of time the requested services are needed. Enter the number of units in the first field and use the drop-down to select the time period.

Example: If the patient will need the services for two months, enter:

Ant. Length of Need
2 / Month

9. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.
10. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.
11. Use the **POS** drop-down to select the location where the service is being rendered.
*Required
12. If the rendering provider is different from the submitting provider, enter a **Rendering Provider #**. This will allow another provider to inquire on the eTAR service information. If the submitting and rendering provider numbers are the same, leave this field blank.

Note: TAR web pages do not have numbered fields.

B Outpatient Services

Page updated: September 2020

* ICD-CM Type	* ICD Code (Decimal Required)	Diagnosis Description	Date of Onset
13	14		15 mmddyyyy
16 Enter Miscellaneous TAR Information (500 characters accepted)			

13. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required

Note: Must use ICD-10 code for dates of service on or after October 1, 2015.

14. 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. *Required

Note: The **Diagnosis Description** field is disabled and is no longer in use.

15. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.

16. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

*ICD-CM Type		ICD Code (Decimal Required)	Diagnosis Description
20	<input type="text"/>	21 <input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

17. Use the **P.O.T. Adherence** drop-down to select the level of compliance the patient has to the Plan of Treatment.
 18. Enter the current functional limitation or physical condition relative to the requested services in the **Please list current functional limitation/physical condition codes** field. If unknown, click the functional limitation hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
 19. 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 link to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
 20. Use the **ICD-CM Type** drop-down to select the ICD code type.
 21. Enter secondary **ICD Code**, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search.
- Note:** The **Diagnosis Description** field is disabled and is no longer in use.

Note: TAR web pages do not have numbered fields.

B Outpatient Services

Page updated: September 2020

Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) -- include dates if applicable. (255 characters accepted)

22

If it is known that the patient has ever received the requested or similar service(s), please explain -- include dates. (255 characters accepted)

23

Please summarize the therapeutic goal to be met with the requested service(s). (255 characters accepted)

24

22. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable** field.
23. Enter information regarding any similar services in the **If it is known that the patient has ever received the requested or similar service(s), please explain – include dates** field.
24. Enter a summary of the therapeutic goal to be met in the **Please summarize the therapeutic goal to be met with the requested service(s)** field.

Note: TAR web pages do not have numbered fields.

B Outpatient Services
Page updated: September 2020

Prescribing Physician Information
Physician Prescription (255 characters accepted)

25

Physician's License # 26

Physician's Name 27

Physician's Phone 28

Prescription Date 29

Attachment A Service

30 Continue 31 Another Service, Same Category

25. Enter the **Physician Prescription** instructions in the exact words as written on the prescription.
 26. Enter the National Provider Identifier (NPI) in the **Physician's License #** field.
 27. Enter the prescribing **Physician's Name**.
 28. Enter the **Physician's Phone** number.
 29. Enter the **Prescription Date** (mmddyyyy).
 30. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.
- Or
31. Click **Another Service, Same Category** to create another service line for the same service type.

Note: TAR web pages do not have numbered fields.

Transplant Acquisition

The screenshot shows a web form titled "Outpatient Services" with a sub-header "eTAR Medical Tutorials". The main heading is "Please Enter Transplant Acquisition Information". Below this is the "Service Information" section. It contains several input fields: a text box for "* Service Code (HCPCS Code)" (callout 1), a group of four text boxes for "Modifiers (if applicable)" (callout 2), a text box for "* Total Units" (callout 3), a text box for "From Date" with a "mmddyyyy" placeholder (callout 4), and a text box for "Thru Date" with a "mmddyyyy" placeholder (callout 5). Below these is a large text area for "Enter Miscellaneous TAR Information (500 characters accepted)" (callout 6). At the bottom are two buttons: "Continue" (callout 7) and "Another Service, Same Category" (callout 8).

1. Enter the **Service Code** being requested, if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
3. Enter the **Total Units** requested. *Required
4. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.
5. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.
6. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.
7. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.
Or
8. Click **Another Service, Same Category** to create another service line for the same service type.

Note: TAR web pages do not have numbered fields.

Long Term Care Services

Effective for dates of service on or after February 1, 2024, the fee-for-service Long-Term Care (LTC) local service codes and the local *Payment Request for Long Term Care (25-1)* claim form are replaced with HIPAA-compliant national code sets and the UB-04 claim form.

LTC providers will continue to have the option to submit fee-for-service claims electronically with the 837I claim transaction while using the national code sets.

LTC Code Conversion Resources

For the appropriate HIPAA-compliant code sets, providers can refer to the [LTC Code and Claim Form Conversion: LTC Accommodation Code to Revenue Code, Value Code and Value Code Amount Crosswalk](#).

In addition to the crosswalk above, the **LTC Claim Form and Code Conversion web page** features the following resources for LTC fee-for-service providers:

- Frequently Asked Questions (FAQ)
- LTC Treatment Authorization Request (TAR)
- LTC Code and Claim Form Conversion Articles
- LTC Code and Claim Form Conversion: LTC Patient Status Code to Patient Discharge Status Code Crosswalk

TAR Changes

Effective for dates of service on or after February 1, 2024, an 11-digit TAR Control Number (TCN) is required on the *UB-04* claim form. Providers submitting electronic TARs (eTARs), a 10-digit number is provided, and the provider must add a zero at the end to complete the 11-digit TCN.

Do not attach a copy of the LTC TAR to the *UB-04* claim form. Enter the TCN only in the appropriate space, Box 63, of the *UB-04* claim form.

Additionally, the LTC code and claim form conversion requires that all LTC TARs requests use Level of Care Codes, including Bed Hold requests.

Note: Existing TARs can continue to be used with their existing Level of Care codes. New TAR requests for dates of services on or after February 1, 2024, should use Level of Care codes according to the instructions below.

C Long Term Care Services

Page updated: January 2024

eTAR Bed Hold

TAR Level of Care codes and their corresponding Revenue Code, Value Code and Value Code Amount combinations.

Table of Level of Care codes for Bed Hold and Leave of Absence

Value Code Amount (DSL MRC)	Value Code Amount Description	TAR Level of Care Code	TAR Level of Care Code Description
02	NF-B In A Distinct Part Of An Acute Care Hospital, Non-DD Patient, Leave Of Absence	25	NF-B Leave
03	NF-B In A Distinct Part Of An Acute Care Hospital, DD Patient, Leave Of Absence	25	NF-B Leave
05	NF-B In A Swing Bed Of A Rural Acute Care Hospital, Non-DD Patient, Leave Of Absence	25	NF-B Leave
08	NF-B In A Free-Standing Facility, Non-DD Patient, Leave Of Absence	25	NF-B Leave
09	NF-B In A Free-Standing Facility, DD Patient, Leave Of Absence	25	NF-B Leave
12	NF-B Special Treatment Program – Mentally Disordered, Non-DD Patient, Leave Of Absence	25	NF-B Leave
22	NF-A Regular, Non-DD Patient, Leave Of Absence	26	NF-A Leave
23	NF-A Regular, DD Patient, Leave Of Absence	26	NF-A Leave
32	NF-A, Rehabilitation Program – Mentally Disordered, Non-DD Patient, Leave Of Absence	26	NF-A Leave
43	ICF/DD, DD Patient, 1 To 59 Bed Capacity, Leave Of Absence	35	ICF-DD Leave
44	ICF/DD, DD Patient, 60 Or More Bed Capacity, Leave Of Absence	35	ICF-DD Leave

C Long Term Care Services

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Table of Level of Care codes for Bed Hold and Leave of Absence (continued)

Value Code Amount (DSL MRC)	Value Code Amount Description	TAR Level of Care Code	TAR Level of Care Code Description
63	ICF/DD-H, DD Patient, 4–6 Bed Capacity, Leave Of Absence	35	ICF-DD Leave
64	ICF/DD-N, DD Patient, 4–6 Bed Capacity, Leave Of Absence	35	ICF-DD Leave
68	ICF/DD-H, DD Patient, 7–15 Bed Capacity, Leave Of Absence	35	ICF-DD Leave
69	ICF/DD-N, DD Patient, 7–15 Bed Capacity, Leave Of Absence	35	ICF-DD Leave
73	NF-B Adult Subacute In A Distinct Part Of An Acute Care Hospital, Adult Ventilator-Dependent Patient, Bed Hold	12	Subacute Bed Hold
74	NF-B Adult Subacute In A Distinct Part Of An Acute Care Hospital, Adult Non-Ventilator- Dependent Patient, Bed Hold	12	Subacute Bed Hold
77	NF-B Adult Subacute In A Free- Standing Facility, Adult Ventilator-Dependent Patient, Bed Hold	12	Subacute Bed Hold
78	NF-B Adult Subacute In A Free-Standing Facility, Adult Non-Ventilator-Dependent Patient, Bed Hold	12	Subacute Bed Hold
79	NF-B Adult Subacute In A Distinct Part Of An Acute Care Hospital, Adult Ventilator- Dependent Patient, Leave Of Absence	13	Subacute Leave
80	NF-B Adult Subacute In A Distinct Part Of An Acute Care Hospital, Adult Non-Ventilator- Dependent Patient, Leave Of Absence	13	Subacute Leave
81	NF-B Adult Subacute In A Free- Standing Facility, Adult Ventilator- Dependent Patient, Leave Of Absence	13	Subacute Leave

C Long Term Care Services

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Table of Level of Care codes for Bed Hold and Leave of Absence (continued)

Value Code Amount (DSL MRC)	Value Code Amount Description	TAR Level of Care Code	TAR Level of Care Code Description
82	NF-B Adult Subacute In A Free- Standing Facility, Adult Non- Ventilator-Dependent Patient, Leave Of Absence	13	Subacute Leave
87	NF-B Pediatric Subacute In A Distinct Part Of An Acute Care Hospital, Pediatric Ventilator- Dependent Patient, Bed Hold	12	Subacute Bed Hold
88	NF-B Pediatric Subacute In A Distinct Part Of An Acute Care Hospital, Pediatric Non-Ventilator- Dependent Patient, Bed Hold	12	Subacute Bed Hold
89	NF-B Pediatric Subacute In A Distinct Part Of An Acute Care Hospital, Pediatric Ventilator- Dependent Patient, Leave Of Absence	13	Subacute Leave
90	NF-B Pediatric Subacute In A Distinct Part Of An Acute Care Hospital, Pediatric Non-Ventilator- Dependent Patient, Leave Of Absence	13	Subacute Leave
93	NF-B Pediatric Subacute In A Free- Standing Facility, Pediatric Ventilator- Dependent Patient, Bed Hold	12	Subacute Bed Hold
94	NF-B Pediatric Subacute In A Free- Standing Facility, Pediatric Non- Ventilator-Dependent Patient, Bed Hold	12	Subacute Bed Hold
95	NF-B Pediatric Subacute In A Free- Standing Facility, Pediatric Ventilator- Dependent Patient, Leave Of Absence	13	Subacute Leave
96	NF-B Pediatric Subacute In A Free- Standing Facility, Pediatric Non- Ventilator- Dependent Patient, Leave Of Absence	13	Subacute Leave

eTAR Submission Instructions for Bed Hold

Add Service - Category Unknown

* Service Code Search

Please Select a Service Category

When finished with all services, click [Submit TAR](#)

DME Services	LTC Services	Inpatient Services	Outpatient Services	Other Services
<ul style="list-style-type: none"> • Apnea Monitor • Beds • Hearing Aid • Incontinence Supplies • IV Equipment • Medical Supplies • Mobility • Orthotics/Prosthetics • Ox/Respiratory • Pumps (non-IV) • Other 	<ul style="list-style-type: none"> • ICF-DD • NFA/NFB Non-Electronic MDS • Short Stay • Subacute 	<ul style="list-style-type: none"> • Hospital Days • Hyperbaric Oxygen • Radiology • Surgical/Other Procedures • Transplant Procedure-Kidney • Transplant Procedure-Other 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • AAC • ADHC • Detox • EPSDT Nutritional • Home Health • Hospice • Non-Pharmacy Issued Drug • Respiratory Therapy • Speech/Occupational /Physical Therapy • Transportation • Vision - Contact Lens / Evaluation • Vision - Low Vision Aids • Vision - Other Eye Appliances

1. For Bed Hold Requests, select the **NFA/NFB Non-Electronic MDS** or **ICF- DD** hyperlink.

C Long Term Care Services

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Long Term Care

Please Enter Nursing Facilities A & B (MDS) Information

Attachment A Attachment E

Service Information

* **Service Code** (Level of Care Code)
②

③ **Ant. Length of Need** /
④ * **From Date** ⑤ * **Thru Date** ⑥ * **Admit Date**

* **Admit From**
⑦

2. Enter the **Level of Care Code** being requested using the Level of Care Codes listed above. *Required
3. Enter the **Ant. Length of Need** to indicate the period of the requested services. Enter the number of units in the first field and use the drop-down to select the time period.

Example: If the patient still needs the services for one week, enter:

Ant. Length of Need

1 / Week

4. Enter the **From Date** (mmddyyyy) for the requested start of service date. *Required
5. Enter the **Thru Date** (mmddyyyy) for the requested service date. *Required
6. Enter the **Admit Date** (mmddyyyy) when the patient was admitted. *Required
7. Use the **Admit From** drop-down to select the location where the patient came from. *Required

C Long Term Care Services

Page updated: January 2024

The screenshot shows a web form for Long Term Care Services. It includes a 'Discharge' dropdown menu (8), an '* ICD-CM Type' dropdown menu (9), an '* ICD Code (Decimal Required)' text input field (10), a 'Date of Onset' text input field with a 'mmddyyyy' placeholder (11), and a 'Diagnosis Description' text input field. Below these fields is a large text area for 'Enter Miscellaneous TAR Information (500 characters accepted)' (12). The 'Diagnosis Description' field is disabled.

8. Use the **Discharge** drop-down to select the location where the patient will be going.

9. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required

10. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis related to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. *Required

Note: The **Diagnosis Description** field is disabled and is no longer in use.

11. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.

12. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.

The screenshot shows two buttons: 'Continue' (13) and 'Another Service, Same Category' (14).

13. Select **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

Or

14. Select **Another Service, Same Category** to create another service line for the same service type.

C Long Term Care Services

Page updated: September 2020

The screenshot shows a web form titled "Attachment A Service" with a "Continue" button. Below the title is "LTC Attachment Form (Attachment E)". The form contains several fields:

- Field 15: "PAS/PASRR Exempt Reason" with a dropdown menu.
- Field 16: "* PAS/PASRR Self Certification" with a dropdown menu.
- Field 17: "* Date Complete" with a text input field.
- Field 18: "* Community Placement" with a dropdown menu.
- Field 19: "DDS/DMH Referral Date" with a text input field.
- Field 20: "* Referral Reason" with a dropdown menu.

Note: Steps 15 thru 28 do not apply to Bed Hold Requests and must be bypassed.

15. Use the **PAS/PASRR Exempt Reason** drop-down to select the reason the provider is exempt from completing a PAS/PASRR.
16. Use the **PAS/PASRR Self Certification** drop-down to select if the requested stay is exempt from PASRR requirements. If not, select Not Completed. *Required
17. Enter the **Date Complete** (mmddyyyy) for the PAS/PASRR. If the requested stay is exempt from PASRR requirements, leave this field blank. *Required
18. Use the **Community Placement** drop-down to select why community placement was not an option. *Required
19. Enter the **DDS/DMH Referral Date** (mmddyyyy). If a referral was not made, leave this field blank.
20. Use the **Referral Reason** drop-down. If the requested stay is exempt from PASRR requirements, leave this field blank. *Required

C Long Term Care Services

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Level II Self Certification?	Level II Date	DDS/DMH Response
<input checked="" type="radio"/> No <input type="radio"/> Yes		

Medication (45 characters accepted)	Dosage	Freq.	Route

Note: Steps 15 thru 28 do not apply to Bed Hold Requests and must be bypassed.

21. Click the circular **Level II Self Certification?** radio button to indicate if level II screening was completed by DDS/DMH.
22. Enter the **Level II Date** (mmddyyyy) the screening was completed. If no screening was performed, leave this field blank.
23. Use the **DDS/DMH Response** drop-down if a level II screening was completed.
24. Enter the **Medication** name or description to indicate what the patient is receiving. If the patient is not receiving any medication enter "none" in the first field and continue to the Diet Information field on the next page.
25. Enter **Dosage** details of the medications listed in the Medication field. If the patient is not receiving any medication, leave this field blank.
26. Use the **Freq.** drop-down to select the frequency of use for the medications listed. If the patient is not receiving any medication, leave this field blank.
27. Use the **Route** drop-down to select the method of administration for the medications listed. If the patient is not receiving any medication, leave this field blank.

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The screenshot shows a web interface for entering patient information. At the top, the heading is "Diet Information". Below it is a text input field labeled "Diet (85 characters accepted)". A circled number "28" is positioned at the start of this field. Below the input field are three blue links: "Attachment A", "Attachment E", and "Services". At the bottom of the form are two buttons: "Continue" (with a circled "29" next to it) and "Another Service, Same Category" (with a circled "30" next to it).

Note: Steps 15 thru 28 do not apply to Bed Hold Requests and must be bypassed.

28. Enter the **Diet** information for the patient.

29. Click **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

Or

30. Select **Another Service, Same Category** to create another service line for the same service type.

C Long Term Care Services

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ICF-DD

Level of Care codes for Intermediate Care Facilities:

Table of Level of Care codes for Intermediate Care Facilities

Value Code Amount (DSL MRC)	Value Code Amount Description	TAR Level of Care Code	TAR Level of Care Code Description
41	ICF/DD, 1 To 59 Bed Capacity, Regular Services	31	ICF-DD
42	ICF/DD, 60 Or More Bed Capacity, Regular Services	31	ICF-DD
43	ICF/DD, DD Patient 1-59 Bed Capacity, Leave of Absence	31 (Note 5)	ICF-DD
43	ICF/DD, DD Patient 1-59 Capacity, Leave of Absence	35	ICF-DD Leave
44	ICF-DD, DD Patient, 60 or more Bed Capacity, Leave of Absence	31 (Note 5)	ICF-DD
44	ICF-DD, DD Patient, 60 or more Bed Capacity, Leave of Absence	35	ICF-DD
61	ICF/DD-H, 4–6 Bed Capacity, Regular Services	32	ICF-DDH
62	ICF/DD-N, 4–6 Bed Capacity, Regular Services	33	ICF-DDN
63	ICF/DD-H, DD Patient, 4–6 Bed Capacity, Leave Of Absence	32 (Note 6)	ICF-DDH

C Long Term Care Services

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Table of Level of Care codes for Intermediate Care Facilities (continued)

Value Code Amount (DSL MRC)	Value Code Amount Description	TAR Level of Care Code	TAR Level of Care Code Description
63	ICF/DD-H, DD Patient, 4–6 Bed Capacity, Leave Of Absence	35	ICF-DD Leave
64	ICF/DD-N, DD Patient, 4–6 Bed Capacity, Leave Of Absence	33 (Note 7)	ICF-DDN
64	ICF/DD-N, DD Patient, 4–6 Bed Capacity, Leave Of Absence	35	ICF-DD Leave
65	ICF/DD-H, 7–15 Bed Capacity, Regular Services	32	ICF-DDH
66	ICF/DD-N, 7–15 Bed Capacity, Regular Services	33	ICF-DDN
68	ICF/DD-H, DD Patient, 7–15 Bed Capacity, Leave Of Absence	32 (Note 6)	ICF-DDH
68	ICF/DD-H, DD Patient, 7–15 Bed Capacity, Leave Of Absence	35	ICF-DD Leave
69	ICF/DD-N, DD Patient, 7–15 Bed Capacity, Leave Of Absence	33 (Note 7)	ICF-DDN
69	ICF/DD-N, DD Patient, 7–15 Bed Capacity, Leave Of Absence	35	ICF-DD Leave

C Long Term Care Services

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Table of Level of Care Codes Explanation

Note	Description
Note 5	Value Code Amount (DSLARC) – 43 and 44. If the provider already has a base ICF/DD TAR for Level of Care 31 (ICF-DD), this will also cover ICF/DD Leave, if necessary. Otherwise, if only leave of absence is needed, it can be requested with an ICF/DD TAR for Level of Care 35 (ICF-DD Leave).
Note 6	Value Code Amount (DSLARC) – 63 and 68. If the provider already has a base ICF/DD-H TAR for Level of Care 32 (ICF-DD), this will also cover ICF/DD-H Leave, if necessary. Otherwise, if only leave of absence is needed, it can be requested with an ICF/DD TAR for Level of Care 35 (ICF-DD Leave).
Note 7	Value Code Amount (DSLARC) – 64 and 69. If the provider already has a base ICF/DD-N TAR for Level of Care 33 (ICF-DDN), this will also cover ICF/DD-N Leave, if necessary. Otherwise, if only leave of absence is needed, it can be requested with an ICF/DD TAR for Level of Care 35 (ICF-DD Leave).

eTAR Submission Instructions for ICF-DD

Add Service - Category Unknown
* Service Code Search

eTAR Medical Tutorials

Please Select a Service Category

When finished with all services, click **Submit TAR**

DME Services	LTC Services	Inpatient Services	Outpatient Services	Other Services
<ul style="list-style-type: none"> • Apnea Monitor • Beds • Hearing Aid • Incontinence Supplies • IV Equipment • Medical Supplies • Mobility • Orthotics/Prosthetics • Ox/Respiratory • Pumps (non-IV) • Other 	<ul style="list-style-type: none"> • ICF-DD • NFA/NFB Non-Electronic MDS • Short Stay • Subacute 	<ul style="list-style-type: none"> • Hospital Days • Hyperbaric Oxygen • Radiology • Surgical/Other Procedures • Transplant Procedure-Kidney • Transplant Procedure-Other 	<ul style="list-style-type: none"> • Allergy • Cochlear Implants • CPSP • Dialysis • FFACT • HopTel • Hyperbaric Oxygen • Radiology • Office Visits - Restricted • Office Visits - Restricted Provider • Plasma Pheresis 	<ul style="list-style-type: none"> • AAC • ADHC • Detox • EPSDT Nutritional • Home Health • Hospice • Non-Pharmacy Issued Drug • Respiratory Therapy • Speech/Occupational/Physical Therapy • Transportation

1. Select the **ICF-DD** hyperlink.

Long Term Care

Please Enter ICF-DD Information

[Attachment A](#) [Attachment E](#)

Service Information

* Service Code (Level of Care Code)
2

* From Date * Thru Date * Admit Date Discharge Date
3 4 5 6

2. Enter the **Level of Care Code** being requested using the ICF Level of Care Codes listed above. *Required
3. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided. *Required
4. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided. *Required
5. Enter the **Admit Date** (mmddyyyy) when the patient was or will be admitted. *Required
6. Enter the **Discharge Date** (mmddyyyy). If Discharge (step 7) will be selected, this field is required.

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The screenshot shows a form with the following fields and callouts:

- 7**: * Admit From (dropdown menu)
- 8**: Discharge (dropdown menu)
- 9**: * ICD-CM Type (dropdown menu)
- 10**: * ICD Code (Decimal Required) (text input field)
- 11**: Date of Onset (text input field with mask mmddyyyy)
- 12**: Enter Miscellaneous TAR Information (500 characters accepted) (large text area)

7. Use the **Admit From** drop-down to select the location where the patient came from. *Required
 8. Use the **Discharge** drop-down to select the location where the patient will be going. If this field is selected, you must also complete the Discharge Date (step 5).
 9. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required
 10. Enter the **ICD Code**, including decimal point, indicating the primary diagnosis relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. *Required
- Note:** The **Diagnosis Description** field is disabled and is no longer in use.
11. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
 12. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.

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Attachment E Service

Patient assessment information for this Service (Attachment A)

* Feeding Method
13

* Height ' "
14

* Weight lbs. oz.
15

* Please list current **functional limitation** /physical condition codes
16

* Please list current **medical status** codes relevant to requested service(s)
17

Note: Steps 13 thru 6 may be bypassed if submitting the information as attachments.

13. Use the **Feeding Method** drop-down to select the method of feeding for the patient.
*Required

14. Enter the patient's **Height** in feet and inches. *Required

15. Enter the patient's **Weight** in pounds and ounces. *Required

16. Enter the current functional limitation or physical condition relative to the requested services in the **Please list current functional limitation/physical condition codes** field. If unknown, use the functional limitation code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

17. 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, use the medical status code hyper link to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

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ICD-CM Type	ICD Code (Decimal Required)	Diagnosis Description	Date Of Onset
18 <input type="text"/>	19 <input type="text"/>	<input type="text"/>	20 <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) -- include dates if applicable. (255 characters accepted)

21

18. Use the **ICD-CM Type** drop-down to select the ICD code type.

19. Enter secondary **ICD Code**, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. *Required

Note: The **Diagnosis Description** field is disabled and is no longer in use.

20. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.

21. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable** field.

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The screenshot displays the 'LTC Attachment Form (Attachment E)' interface. At the top, there is a 'Continue' button. Below it, the form is titled 'LTC Attachment Form (Attachment E)'. The main section is 'Daily Medication Information', with a note: '* At least one Medication, Dosage, Frequency and Route are required.' Below this note, there are four rows of input fields. The first row is labeled 'Medication (45 characters accepted)' and is circled with '22'. The second row is 'Dosage' (circled with '23'), the third is 'Freq.' (circled with '24'), and the fourth is 'Route' (circled with '25'). Each of these four rows has a corresponding dropdown menu. Below the medication section is the 'Diet Information' section, with a note: 'Diet (85 characters accepted)'. This section contains a large text area (circled with '26') with up and down arrow buttons on the right side. At the bottom of the form, there are two buttons: 'Continue' (circled with '27') and 'Another Service, Same Category' (circled with '28'). Navigation links 'Attachment A', 'Attachment E', and 'Service' are visible above the buttons.

22. Enter the **Medication** name or description to indicate what the patient is receiving. If the patient is not receiving any medication, insert “none” in the first field and continue to the Diet field on the next page. *Required
 23. Enter **Dosage** details of the medications listed in the Medication field. If the patient is not receiving any medication, leave this field blank.
 24. Use the **Freq.** drop-down to select frequency of use for the medications listed. If the patient is not receiving any medication, leave this field blank.
 25. Use the **Route** drop-down to select the method of administration for the medications listed. If the patient is not receiving any medication, leave this field blank.
- Note:** At least one medication, dosage, frequency and route are required.
26. Enter the **Diet** information for the patient.
 27. Click **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the eTAR.
- Or
28. Click **Another Service, Same Category** to create another service line for the same service type.

NF-A & NF-B Non-Electronic MDS

Level of Care codes for Nursing Facilities:

Table of Level of Care codes for Nursing Facilities:

Value Code Amount (DSL MRC)	Value Code Amount Description	TAR Level of Care Code	TAR Level of Care Code Description
01	NF-B In A Distinct Part Of An Acute Care Hospital, Regular Services	23	NF-B SNF
02	NF-B In A Distinct Part Of An Acute Care Hospital, Non-DD Patient, Leave Of Absence	23 (Note 1)	NF-B SNF
02	NF-B In A Distinct Part Of An Acute Care Hospital, Non-DD Patient, Leave Of Absence	25	NF-B Leave
03	NF-B In A Distinct Part Of An Acute Care Hospital, DD Patient, Leave Of Absence	23 (Note 1)	NF-B SNF
03	NF-B In A Distinct Part Of An Acute Care Hospital, DD Patient, Leave Of Absence	25	NF-B Leave
04	NF-B In A Swing Bed Of A Rural Acute Care Hospital, Regular Services	23	NF-B SNF
05	NF-B In A Swing Bed Of A Rural Acute Care Hospital, Non-DD Patient, Leave Of Absence	23 (Note 1)	NF-B SNF
05	NF-B In A Swing Bed Of A Rural Acute Care Hospital, Non-DD Patient, Leave Of Absence	25	NF-B Leave
07	NF-B In A Free-Standing Facility, Regular Services	23	NF-B SNF
08	NF-B In A Free-Standing Facility, Non-DD Patient, Leave Of Absence	23 (Note 1)	NF-B SNF
08	NF-B In A Free-Standing Facility, Non-DD Patient, Leave Of Absence	25	NF-B Leave
09	NF-B In A Free-Standing Facility, DD Patient, Leave Of Absence	23 (Note 1)	NF-B SNF
09	NF-B In A Free-Standing Facility, DD Patient, Leave Of Absence	25	NF-B Leave

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Table of Level of Care codes for Nursing Facilities (continued):

Value Code Amount (DSL MRC)	Value Code Amount Description	TAR Level of Care Code	TAR Level of Care Code Description
11	NF-B Special Treatment Program – Mentally Disordered, Regular Services	24	NF-B STP MD; NF-B STP Rehab
12	NF-B Special Treatment Program – Mentally Disordered, Non-DD Patient, Leave Of Absence	24 (Note 2)	NF-B STP MD; NF-B STP Rehab
12	NF-B Special Treatment Program – Mentally Disordered, Non-DD Patient, Leave Of Absence	25	NF-B Leave
21	NF-A, Regular Services	21	NF-A ICF
22	NF-A Regular, Non-DD Patient, Leave Of Absence	21 (Note 3)	NF-A ICF
22	NF-A Regular, Non-DD Patient, Leave Of Absence	26	NF-A Leave
23	NF-A Regular, DD Patient, Leave Of Absence	21 (Note 3)	NF-A ICF
23	NF-A Regular, DD Patient, Leave Of Absence	26	NF-A Leave
31	NF-A, Rehabilitation Program – Mentally Disordered, Regular Services	22	NF-A STP Rehab
32	NF-A, Rehabilitation Program – Mentally Disordered, Non-DD Patient, Leave Of Absence	22 (Note 4)	NF-A STP Rehab
32	NF-A, Rehabilitation Program – Mentally Disordered, Non-DD Patient, Leave Of Absence	26	NF-A Leave

C Long Term Care Services

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Table of Level of Care Codes Explanation

Note	Description
Note 1	<p>Value Code Amount (DSL MRC) – 02, 03, 05, 08, & 09.</p> <p>If the provider already has a base NF-B TAR for Level of Care 23 (NF-B SNF), this will also cover NF-B Leave, if necessary. Otherwise, if only leave of absence is needed, it can be requested with a NF-B TAR for Level of Care 25 (NF-B Leave).</p>
Note 2	<p>Value Code Amount (DSL MRC) – 12.</p> <p>If the provider already has a base NF-B TAR for Level of Care 24 (NF-B STP MD; NF-B STP Rehab), this will also cover NF-B STP Leave, if necessary.</p> <p>Otherwise, if only leave of absence is needed, it can be requested with a NF-B TAR for Level of Care 25 (NF-B Leave).</p>
Note 3	<p>Value Code Amount (DSL MRC) – 22 & 23.</p> <p>If the provider already has a base NF-A TAR for Level of Care 21 (NF-A ICF), this will also cover NF-A Leave, if necessary. Otherwise, if only leave of absence is needed, it can be requested with a NF-A TAR for Level of Care 26 (NF-A Leave).</p>
Note 4:	<p>Value Code Amount (DSL MRC) – 32.</p> <p>If the provider already has a base NF-A TAR for Level of Care 22 (NF-A STP Rehab), this will also cover NF-A STP Rehabilitation Leave, if necessary.</p> <p>Otherwise, if only leave of absence is needed, it can be requested with a NF-A TAR for Level of Care 26 (NF-A Leave).</p>

eTAR Submission Instructions for NF-A & NF-B Non-Electronic MDS

Add Service - Category Unknown

* Service Code Search

eTAR Medical Tutorials

Please Select a Service Category

When finished with all services, click **Submit TAR**

DME Services	LTC Services	Inpatient Services	Outpatient Services	Other Services
<ul style="list-style-type: none"> • Apnea Monitor • Beds • Hearing Aid • Incontinence Supplies • IV Equipment • Medical Supplies • Mobility • Orthotics/Prosthetics • Ox/Respiratory • Pumps (non-IV) • Other 	<ul style="list-style-type: none"> • ICF-DD • NFA/NFB Non-Electronic MDS • Short Stay • Subacute 	<ul style="list-style-type: none"> • Hospital Days • Hyperbaric Oxygen • Radiology • Surgical/Other Procedures • Transplant Procedure-Kidney • Transplant Procedure-Other 	<ul style="list-style-type: none"> • Allergy • Cochlear Implants • CPSP • Dialysis • FPACT • HopTel • Hyperbaric Oxygen • Radiology • Office Visits - Restricted • Office Visits - Restricted Provider • Plasma Pheresis 	<ul style="list-style-type: none"> • AAC • ADHC • Detox • EPSDT Nutritional • Home Health • Hospice • Non-Pharmacy Issued Drug • Respiratory Therapy • Speech/Occupational/Physical Therapy • Transportation

1. Select **NFA/NFB Non-Electronic MDS** hyperlink.

Long Term Care

eTAR Medical Tutorials

Please Enter Nursing Facilities A & B (MDS) Information

[Attachment A](#) [Attachment E](#)

Service Information

* Service Code (Level of Care Code)

Ant. Length of Need / * From Date * Thru Date * Admit Date

* Admit From

2. Enter the **Level of Care** code being requested using the NF Level Care of Codes listed above. *Required
3. Enter the **Ant. Length of Need** to indicate the period of the requested services. Enter the number of units in the first field and use the drop-down to select the time period.

Example: If the patient still needs the services for one week, enter:

Ant. Length of Need
1 / Week

4. Enter the **“From Date”** (mmddyyyy) for the requested start of service date. *Required
5. Enter the **“Thru Date”** (mmddyyyy) for the requested service date. *Required
6. Enter the **“Admit Date”** (mmddyyyy) when the patient was admitted. *Required
7. Enter the **“Admit From”** drop down to select the level of care from where the patient was admitted. *Required

C Long Term Care Services

Page updated: January 2024

The screenshot shows a web form for Long Term Care Services. It includes a 'Discharge' dropdown menu (8), an 'ICD-CM Type' dropdown menu (9), an 'ICD Code (Decimal)' text field (10), a 'Date of Onset' text field with a 'mmddyyyy' placeholder (11), and a large 'Enter Miscellaneous TAR Information (500 characters accepted)' text area (12). The 'Diagnosis Description' field is present but appears to be disabled.

8. Use the **Discharge** drop-down to select the level of care for the patient. *Required
9. Use the **ICD-CM Type** drop down to select the ICD code type. *Required
10. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis related to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. *Required

Note: The **Diagnosis Description** field is disabled and is no longer in use.

11. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
12. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.

The screenshot shows two buttons: 'Continue' (13) and 'Another Service, Same Category' (14).

13. Select **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the eTAR.
- Or
14. Select **Another Service, Same Category** to create another service line for the same service type

C Long Term Care Services

Page updated: September 2020

The screenshot shows a web form titled "Attachment A Service" with a "Continue" button. Below the title is "LTC Attachment Form (Attachment E)". The form contains several fields:

- Field 15: "PAS/PASRR Exempt Reason" with a dropdown menu.
- Field 16: "* PAS/PASRR Self Certification" with a dropdown menu.
- Field 17: "* Date Complete" with a text input field.
- Field 18: "* Community Placement" with a dropdown menu.
- Field 19: "DDS/DMH Referral Date" with a text input field.
- Field 20: "* Referral Reason" with a dropdown menu.

Note: Steps 15 thru 28 may be bypassed if submitting the information as attachments.

15. Use the **PAS/PASRR Exempt Reason** drop-down to select the reason the provider is exempt from completing a PAS/PASRR.

16. Use the **PAS/PASRR Self Certification** drop-down to select if the requested stay is exempt from PASRR requirements. If not, select Not Completed. *Required

17. Enter the **Date Complete** (mmddyyyy) for the PAS/PASRR. If the requested stay is exempt from PASRR requirements, leave this field blank. *Required

18. Use the **Community Placement** drop-down to select why community placement was not an option. *Required

19. Enter the **DDS/DMH Referral Date** (mmddyyyy). If a referral was not made, leave this field blank.

20. Use the **Referral Reason** drop-down. If the requested stay is exempt from PASRR requirements, leave this field blank. *Required

C Long Term Care Services

Page updated: September 2020

Medication (45 characters accepted)	Dosage	Freq.	Route

21. Click the circular **Level II Self Certification?** radio button to indicate if level II screening was completed by DDS/DMH.
22. Enter the **Level II Date** (mmddyyyy) the screening was completed. If no screening was performed, leave this field blank.
23. Use the **DDS/DMH Response** drop-down if a level II screening was completed.
24. Enter the **Medication** name or description to indicate what the patient is receiving. If the patient is not receiving any medication enter "none" in the first field and continue to the Diet Information field on the next page.
25. Enter **Dosage** details of the medications listed in the Medication field. If the patient is not receiving any medication, leave this field blank.
26. Use the **Freq.** drop-down to select the frequency of use for the medications listed. If the patient is not receiving any medication, leave this field blank.
27. Use the **Route** drop-down to select the method of administration for the medications listed. If the patient is not receiving any medication, leave this field blank.

C Long Term Care Services

Page updated: January 2024

The screenshot shows a web interface for entering patient information. At the top, it says "Diet Information". Below that is a text input field labeled "Diet (85 characters accepted)" with a circled "28" next to it. Below the input field are three links: "Attachment A", "Attachment E", and "Services". Below the links are two buttons: "Continue" with a circled "29" and "Another Service, Same Category" with a circled "30".

28. Enter the **Diet** information for the patient.

29. Click **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

Or

30. Select **Another Service, Same Category** to create another service line for the same service type.

Billing Tip Information

The number of bed hold days allowed by Medi-Cal is seven. If more than seven days are needed in the hospital, the recipient will need to be discharged and a new admission will need to be done when they return to the Nursing Facility. The provider cannot exceed billing for seven bed hold days.

For straight Medi-Cal recipients, providers do not need to request a separate TAR for bed hold. If there is an existing TAR for the stay, they can use the same TAR for that stay. However, when billing, they will need to use the correct accommodation code or Revenue Code/Value Code/Value Code Amount combination to indicate it is a bed hold, whichever applies.

For Medicare/Medi-Cal recipients, Medicare does not cover bed hold days. Providers will need to send a TAR for the bed hold days to bill Medi-Cal. Medicare status for bed hold should be (Medicare non-covered service). Providers should indicate in the *Miscellaneous (remarks)* area on the TAR, recipient is Medicare eligible and that TAR is for bed hold days.

Note: Please refer to *Leave of Absence and Bed Hold* section (leave) in the Part 2 provider manual for more information.

Short Stay

Level of Care codes for Nursing Facilities

Table of Level of Care codes for Nursing Facilities

TAR: Level of Care Codes for TAR	TAR: Level of Care Description	Accommodation Codes for Claims/Billing: Regular Service	Accommodation Codes for Claims/Billing: Leave Days Non- DD Patient	Accommodation Codes for Claims/Billing: Leave Days DD Patient
21	NF-A ICF	See Provider Manual for LTC Accommodation Codes	See Provider Manual for LTC Accommodation Codes	See Provider Manual for LTC Accommodation Codes
22	NF-A ICF STP Rehab	See Provider Manual for LTC Accommodation Codes	See Provider Manual for LTC Accommodation Codes	See Provider Manual for LTC Accommodation Codes
23	NF-B SNF	See Provider Manual for LTC Accommodation Codes	See Provider Manual for LTC Accommodation Codes	See Provider Manual for LTC Accommodation Codes
24	NF-B STP MD; NF-B STP Rehab	See Provider Manual for LTC Accommodation Codes	See Provider Manual for LTC Accommodation Codes	See Provider Manual for LTC Accommodation Codes

eTAR Submission Instructions for Short Stay

Add Service - Category Unknown

* Service Code Search

eTAR Medical Tutorials

Please Select a Service Category

When finished with all services, click [Submit TAR](#)

DME Services	LTC Services	Inpatient Services	Outpatient Services	Other Services
<ul style="list-style-type: none"> • Apnea Monitor • Beds • Hearing Aid • Incontinence Supplies • IV Equipment • Medical Supplies • Mobility • Orthotics/Prosthetics • Ox/Respiratory • Pumps (non-IV) • Other 	<ul style="list-style-type: none"> • ICF-DD • NFA/NFB Non-Electronic MDS • Short Stay • Subacute 	<ul style="list-style-type: none"> • Hospital Days • Hyperbaric Oxygen • Radiology • Surgical/Other Procedures • Transplant Procedure-Kidney • Transplant Procedure-Other 	<ul style="list-style-type: none"> • Allergy • Cochlear Implants • CPSP • Dialysis • FFACT • HopTel • Hyperbaric Oxygen • Radiology • Office Visits - Restricted • Office Visits - Restricted Provider • Plasma Pheresis 	<ul style="list-style-type: none"> • AAC • ADHC • Detox • EPSDT Nutritional • Home Health • Hospice • Non-Pharmacy Issued Drug • Respiratory Therapy • Speech/Occupational/Physical Therapy • Transportation

1. Select the **Short Stay** hyperlink.

1. Enter the **Level of Care Code** being requested using the NF Level of Care Codes listed above. *Required
2. Enter the **Ant. Length of Need** to indicate the period of the requested services. Enter the number of units in the first field and use the drop-down to select the time period.

Example: If the patient will need the services for three months, enter:

3. Enter the **From Date** (mmddyyyy) for the requested start of service date. *Required
4. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. *Required
5. Enter the **Admit Date** (mmddyyyy) when the patient was admitted. *Required
6. Use the **Admit From** drop-down to select the location from where the patient came from. *Required

C Long Term Care Services

Page updated: September 2020

The screenshot shows a form with the following fields and callouts:

- 7**: Discharge Date (mmddyyyy)
- 8**: Discharge (drop-down menu)
- 9**: * ICD-CM Type (drop-down menu)
- 10**: * ICD Code (Decimal Required) (text input)
- 11**: Date of Onset (mmddyyyy)
- 12**: Enter Miscellaneous TAR Information (500 characters accepted) (text area)

The "Diagnosis Description" field is present but appears to be disabled.

7. Enter the **Discharge Date** (mmddyyyy). If Discharge (step 9) will be selected, this field is required.
 8. Use the **Discharge** drop-down to select the location where the patient will be going.
 9. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required
- Note:** Must use ICD-10 code for dates of service on and after October 1, 2015.
10. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis related to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. *Required
- Note:** The **Diagnosis Description** field is disabled and is no longer in use.
11. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
 12. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service

C Long Term Care Services

Page updated: September 2020

Attachment E Service

Patient assessment information for this Service (Attachment A)

Feeding Method Height , " Weight lbs. oz.

Please list current **functional limitation** /physical condition codes

Please list current **medical status** codes relevant to requested service(s)

Note: Steps 13 thru 28 may be bypassed if submitting the information as attachments.

13. Use the **Feeding Method** drop-down to select method the patient is fed. *Required

14. Enter the patient's **Height** in feet and inches. *Required

15. Enter the patient's **Weight** in pounds and ounces. *Required

16. Enter the current functional limitation or physical condition relative to the requested services In the **Please list current functional limitation/ physical condition codes** field. If unknown, use the functional limitation code link to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

17. Enter current medical status codes which describe the patient's condition in the **Please list current medical status codes relevant to requested service(s)** field. If unknown, use the medical status code link to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

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ICD-CM Type	ICD Code (Decimal Required)	Diagnosis Description	Date Of Onset
18 <input type="text"/>	19 <input type="text"/>	<input type="text"/>	20 <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) -- include dates if applicable. (255 characters accepted)

21

18. Use the **ICD-CM Type** drop-down to select the ICD code type.

19. Enter secondary **ICD Code** indicating the diagnoses relative to the requested service, including the decimal point. If unknown, click the ICD Code hyperlink to access Code Search. *Required

Note: The **Diagnosis Description** field is disabled and is no longer in use.

20. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.

21. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable** field.

C Long Term Care Services

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The screenshot shows a form with the following sections:

- Medication (45 characters accepted)**: A table with four columns: Medication (45 characters accepted), Dosage, Freq., and Route. There are three rows for data entry. Circled numbers 22, 23, 24, and 25 point to the first row's fields.
- Diet Information**: A section with a label "Diet (85 characters accepted)" and a text input field. A circled number 26 points to this field.
- Attachment A Attachment E Service**: A section with two buttons: "Continue" (circled 27) and "Another Service, Same Category" (circled 28).

22. Enter the **Medication** name or description to indicate what the patient is receiving. If the patient is not receiving any medication enter "none" in the first field and continue to the Diet Information field on the next page.
23. Enter **Dosage** details of the medications listed in the Medication field. If the patient is not receiving any medication, leave this field blank.
24. Use the **Freq.** drop-down to select the frequency of use for the medications listed. If the patient is not receiving any medication, leave this field blank.
25. Use the **Route** drop-down to select method of administration for the medications listed. If the patient is not receiving any medication, leave this field blank.
26. Enter the **Diet** information for the patient.
27. Click **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the eTAR.
Or
28. Click **Another Service, Same Category** to create another service line for the same service type

Subacute (Adult and Pediatric)

Level of Care codes for Subacute Facilities:

Table of Level of Care codes for NF-B Adult Subacute Facilities

TAR: Level of Care Codes for TAR	TAR: Level of Care Description	Accommodation Codes for Claims/Billing: Regular Service	Accommodation Codes for Claims/Billing: Leave Days Non- DD Patient	Accommodation Codes for Claims/Billing: Leave Days DD Patient
11	Hospital DP/NF-B - Ventilator Dependent	71	73	79
11	Hospital DP/NF-B - Non-Ventilator Dependent	72	74	80
11	Free-Standing DP/NF-B - Ventilator Dependent	75	77	81
11	Free-Standing DP/NF-B - Non- Ventilator Dependent	76	78	82

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Table of Level of Care codes for NF-B Pediatric Subacute Facilities

TAR: Level of Care Codes for TAR	TAR: Level of Care Description	Accommodation Codes for Claims/Billing: Regular Service	Accommodation Codes for Claims/Billing: Leave Days Non- DD Patient	Accommodation Codes for Claims/Billing: Leave Days DD Patient
11	Hospital DP/NF-B - Supplemental Rehabilitation Therapy	83	N/A	N/A
11	Hospital DP/NF-B - Ventilator Weaning Services	84	N/A	N/A
11	Hospital DP/NF-B - Ventilator Dependent	85	87	89
11	Hospital DP/NF-B - Non-Ventilator Dependent	86	88	90
11	Free-Standing DP/NF-B - Ventilator Dependent	91	93	95
11	Free-Standing DP/NF-B - Non-Ventilator Dependent	92	94	96
11	Free-Standing DP/NF-B - Supplemental Rehabilitation Therapy	97	N/A	N/A

eTAR Submission Instructions for Subacute

Add Service - Category Unknown

* Service Code Search

eTAR Medical Tutorials

Please Select a Service Category

When finished with all services, click [Submit TAR](#)

DME Services	LTC Services	Inpatient Services	Outpatient Services	Other Services
<ul style="list-style-type: none"> • Apnea Monitor • Beds • Hearing Aid • Incontinence Supplies • IV Equipment • Medical Supplies • Mobility • Orthotics/Prosthetics • Ox/Respiratory • Pumps (non-IV) • Other 	<ul style="list-style-type: none"> • ICF-DD • NFA/NFB Non-Electronic MDS • Short Stay • Subacute 	<ul style="list-style-type: none"> • Hospital Days • Hyperbaric Oxygen • Radiology • Surgical/Other Procedures • Transplant Procedure-Kidney • Transplant Procedure-Other 	<ul style="list-style-type: none"> • Allergy • Cochlear Implants • CPSP • Dialysis • FPACT • HopTel • Hyperbaric Oxygen • Radiology • Office Visits - Restricted • Office Visits - Restricted Provider • Plasma Pheresis 	<ul style="list-style-type: none"> • AAC • ADHC • Detox • EPSDT Nutritional • Home Health • Hospice • Non-Pharmacy Issued Drug • Respiratory Therapy • Speech/Occupational/Physical Therapy • Transportation

1. Select the **Subacute** hyperlink.

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Long Term Care

eTAR Medical Tutorials

Please Enter Subacute Information

Attachment F

Service Information

* **Service Code** (Level of Care or Accommodation Code)
2

* **Total Units**
3

Quantity 4 /
Frequency 5 /
Ant. Length of Need /

2. Enter the Level of Care code being requested using the Subacute Level of Care codes listed above. *Required
3. Enter the **Total Units** being requested. *Required
4. Enter the **Quantity** used for a time period. Enter the number of uses in the first box and use the drop-down to select the time period in the second box.

Note: Use only when requesting supplemental rehabilitation or ventilator weaning services in pediatric subacute.

Example: If 20 days of therapy are expected to be used per month, enter:

Quantity
20 / Month <input type="text" value="v"/>

5. Enter the **Frequency** for a time period. Enter the number of units in the first field and use the drop-down to select the time period.

Note: Use only when requesting supplemental rehabilitation or ventilator weaning therapy services in pediatric subacute.

Example: If the services are expected to be used three hours per day, enter:

Frequency
3 / Day <input type="text" value="v"/>

C Long Term Care Services

Page updated: September 2020

The screenshot shows a form with the following fields and callouts:

- Quantity**: Input field and dropdown menu.
- Frequency**: Input field and dropdown menu.
- Ant. Length of Need**: Input field and dropdown menu (callout 6).
- * From Date**: Input field with format mmddyyyy (callout 7).
- * Thru Date**: Input field with format mmddyyyy (callout 8).
- * Admit Date**: Input field with format mmddyyyy (callout 9).
- Discharge Date**: Input field with format mmddyyyy (callout 10).
- * Admit From**: Dropdown menu (callout 11).
- Discharge**: Dropdown menu (callout 12).
- Rendering Provider #**: Input field (callout 13).

6. Enter the **Ant. Length of Need** to indicate the period of the requested services. Enter the number of units in the first field and use the drop-down to select the time period.

Example: If the patient will need the services for two months enter:

Ant. Length of Need
2 / Month

7. Enter the **From Date** (mmddyyyy) for the requested start of service date. If the request is planned, enter the start of the range of dates during which the service will be provided.
*Required
8. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. If the request is planned, enter the end of the range of dates during which the service will be provided.
*Required
9. Enter the **Admit Date** (mmddyyyy) when the patient was or will be admitted. *Required
10. Enter the **Discharge Date** (mmddyyyy). If Discharge (step 12) will be selected, this field is required.
11. Use the **Admit From** drop-down to select the location where the patient came from.
*Required
12. Use the **Discharge** drop-down to select the location where the patient will be going.
13. If the provider rendering the service is different from the submitting provider, enter a **Rendering Provider #**. This will allow the rendering provider to inquire on eTAR service information. If the submitting and rendering provider numbers are the same, leave this field blank.

C Long Term Care Services

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The screenshot shows a form with the following fields and labels:

- 14** * ICD-CM Type (dropdown menu)
- 15** * ICD Code (Decimal Required) (text input)
- Diagnosis Description (disabled text input)
- 16** Date of Onset (text input with mask mmddyyyy)
- 17** Enter Miscellaneous TAR Information (500 characters accepted) (large text area)

14. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required

Note: Must use ICD-10 code for dates of service on and after October 1, 2015.

15. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis related to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. *Required

Note: The **Diagnosis Description** field is disabled and is no longer in use.

16. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.

17. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.

C Long Term Care Services

Page updated: September 2020

Service

LTC Subacute Attachment Form (Attachment F)

PASS/PASRR Information

PAS/PASRR Exempt Reason
18

PAS/PASRR Self Certification
19

Date Completed
20

Reason Community Placement not an option
21

Note: Steps 18 thru 47 may be bypassed if submitting the information as attachments.

18. Use the **PAS/PASRR Exempt Reason** drop-down to select the reason the provider is exempt from completing a PAS/PASRR.

19. Use the **PAS/PASRR Self Certification** drop-down. If the requested stay is exempt from PASRR requirements, select Not Completed.

20. Enter the **Date Completed** (mmddyyyy) for the PAS/PASRR. If the requested stay is exempt from PASRR requirements, leave this field blank.

21. Use the **Reason Community Placement not an option** drop-down.

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DDS/DMH Referral Date Referral Reason

22 23

Level II Self Certification? Level II Date DDS/DMH Response

24 25 26

No Yes

Subacute Care Service Information

* Pediatric or Adult Care? * 24 hour access to nursing care?

27 28

Ped Adult No Yes

* Please summarize care requirements (255 characters accepted)

29

Note: Steps 18 thru 47 may be bypassed if submitting the information as attachments.

22. Enter the **DDS/DMH Referral Date** (mmddyyyy). If a referral was not made, leave this field blank.

23. Use the **Referral Reason** drop-down. If the requested stay is exempt from PASRR requirements, leave this field blank.

24. Click the circular **Level II Self Certification?** radio button to indicate if level II screening was completed by DDS/DMH.

25. Enter the **Level II Date** (mmddyyyy) the screening was completed. If no screening has been performed, leave this field blank.

26. If a level II screening was completed, use the **DDS/DMH Response** drop-down to select a response.

27. Click the circular **Pediatric or Adult Care?** radio button to indicate if the request is for a minor or adult. *Required unless included as an attachment DHCS 6200 or DHCS 6200A.

28. Click the circular **24 hour access to nursing care?** radio button to indicate if the patient's condition warrants 24 hour access to nursing care by a Registered Nurse. *Required unless included as an attachment DHCS 6200 or DHCS 6200A.

29. If "Yes" was selected for 24 hour access to nursing care, a written summary of the care requirements for each shift is required in the **Please summarize care requirements** field. *Required

30 * Please Choose Qualifying Condition

Patient has a Tracheostomy and requires mechanical ventilation - at least 12 hours a day for adult, at least 6 hours a day for pediatric

Patient has a Tracheostomy and requires suctioning (at least every 6 hours for pediatric) and room air mist or oxygen, plus one of the treatments listed in the treatment procedures below

Administration of at least three treatment procedures listed below

Dependence on total parenteral nutrition (TPN) or other intravenous nutritional support, plus one of the treatment procedures listed below - not applicable to adult.

*** Please Check All Treatment Procedures Related to the Qualifying Condition Indicated Above**

31 Continuous of intermittent intravenous (IV) therapy (via peripheral or central line) - please indicate reason for therapy, frequency and rate

Reason Frequency Rate

32 **33** **34**

35 Tube Feeding (Nasogastric or Gastrostomy)

Frequency and Rate (85 characters accepted)

36

Note: Steps 18 thru 47 may be bypassed if submitting the information as attachments.

- 30. Select the qualifying condition from the four options described on the Subacute Form in the **Please Choose Qualifying Condition** section. *Required
- 31. Click the checkbox if continuous IV therapy is used by the patient next to the **Continuous of intermittent intravenous (IV) therapy (via peripheral or central line) – please indicate reason for therapy, frequency and rate** section. *Required
- 32. Select from the **Reason** drop-down only if continuous IV therapy is selected.
- 33. Enter the **Frequency** of use for the IV therapy in hours per day. Use only if continuous IV therapy is selected.
- 34. Enter the **Rate** at which IV therapy is administered. Use only if continuous IV therapy is selected. Enter the number of cubic centimeters (cc) per hour.
- 35. Click the **Tube Feeding (Nasogastric or Gastronomy)** checkbox if the patient receives tube feeding for either method listed.
- 36. Enter a description of use for the tube feeding field only if tube feeding is selected in the **Frequency and Rate** field.

C Long Term Care Services

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The screenshot shows a vertical list of five items, each with a circled number and a checkbox. Item 37: 'Total Parenteral Nutrition (TPN) - not applicable to pediatric'. Item 38: 'Inpatient physical, occupational, and/or speech therapy at least 2 hours a day, 5 days a week - not applicable to pediatric'. Item 39: 'Inhalation/Respiratory therapy treatments at least 4 times per 24-hour period (not self administered by resident) - not applicable to pediatric'. Item 40: 'Wound debridement, packing and medicated irrigation with/without whirlpool therapy - please explain - not applicable to pediatric'. Below item 40 is a text field labeled 'Explanation (85 characters accepted)' with a circled number 41. Item 42: 'Peritoneal dialysis treatments requiring at least 4 exchanges every 24 hours - not applicable to adult'. The checkboxes for items 37, 38, 39, and 42 are unchecked. The checkbox for item 40 is checked.

Note: Steps 18 thru 47 may be bypassed if submitting the information as attachments.

37. If the patient receives TPN, click the **Total Parenteral Nutrition (TPN) – not applicable to pediatric** checkbox.
38. If the patient receives physical, occupational, and/or speech therapy at least two hours per day, five days per week, click the **Inpatient physical, occupational, and/or speech therapy at least 2 hours a day, 5 days a week – not applicable to pediatric** checkbox.
39. If the patient receives inhalation or respiratory care at least four times per 24-hour period and not administered by the resident, click the **Inhalation/Respiratory therapy treatments at least 4 times per 24-hour period (not self administered by resident) – not applicable to pediatric** checkbox.
40. If the patient receives wound debridement, packing and medicated irrigation with/without whirlpool therapy, click the **Wound debridement, packing and medicated irrigation with/without whirlpool therapy – please explain – not applicable to pediatric** checkbox.
41. Enter a description for all treatment procedures selected in the **Explanation** field.
Example: If wound debridement packing is selected, an explanation of the state of the wounds and wound treatments used are required.
42. If the patient requires this type of dialysis at least four times per 24-hour period, click the **Peritoneal dialysis treatments requiring at least 4 exchanges every 24 hours – not applicable to adult** checkbox.

43 Other daily medical technologies required continuously which required the services of a professional nurse - please summarize - not applicable to adult

Summary (85 characters accepted)

44

45 Intermittent suctioning (non-Tracheostomy) at least every 8 hours and room air mist or oxygen - not applicable to adult - relates to Qualifying Condition "D" only

46 No Yes The patient has potential for discharge from a subacute care unit to a lower level or care (skilled nursing facility or home) - please explain

Explanation (85 characters accepted)

47

Attachment F Service

48 49

Note: Steps 18 thru 47 may be bypassed if submitting the information as attachments.

43. If other daily medical technologies are required that necessitate the services of a professional nurse, click the **Other daily medical technologies required continuously which required the services of a professional nurse – please summarize – not applicable to adult** checkbox.

44. If “Other daily medical technologies...” is selected, in the **Summary** field enter a description of the care for each shift involving other medical technologies.

45. If intermittent suctioning is required at least every eight hours, along with room air mist or oxygen click the **Intermittent suctioning (non-Tracheostomy) at least every 8 hours and room air mist or oxygen – not applicable to adult – relates to Qualifying Condition “D” only** checkbox. This relates to dependence on Total Parental Nutrition (TPN) or other intravenous support.

46. If the patient has potential for discharge to a lower level of care, click the circular **The patient has potential for discharge from a subacute care unit to a lower level or care (skilled nursing facility or home) – please explain** radio button.

47. Enter a description in the **Explanation** field if the patient has potential for discharge to a lower level of care.

48. Click **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

Or

49. Click **Another Service, Same Category** to create another service line for the same service type.

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

Medical Status Codes and Descriptions (continued)

Code	Description
032	Prognosis: Partial to full recovery is expected
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

Medical Status Codes and Descriptions (continued)

Code	Description
076	Pain Location: Hip
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

Medical Status Codes and Descriptions (continued)

Code	Description
119	Open wound(s), LLE
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

Medical Status Codes and Descriptions (continued)

Code	Description
164	Pressure ulcer(s), RUE: worst ulcer = Stage II
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

Medical Status Codes and Descriptions (continued)

Code	Description
307	Breathing sounds: Wheezing, expiratory
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

Medical Status Codes and Descriptions (continued)

Code	Description
347	Residential respiratory treatments: IPPB
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 (hematuria)
391	Allergy: None known
392	Allergy: penicillins

Medical Status Codes and Descriptions (continued)

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 (hematemesis)
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
433	General patient condition: Seizures

Medical Status Codes and Descriptions (continued)

Code	Description
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
538	Physical limitation: amputee: RLE

Functional Limitation Codes and Descriptions (continued)

Code	Description
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
574	Hearing/comprehension: severe deficits: unable to hear and understand consistently

Functional Limitation Codes and Descriptions (continued)

Code	Description
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: sever 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
606	Cognitive functioning: distractibility: requires low stimulus environment
607	Cognitive functioning: requires considerable assistance in routine situations
608	Cognitive functioning: disorientation, coma, persistent, vegetative state or delirium

Functional Limitation Codes and Descriptions (continued)

Code	Description
609	Confusion: new or complex situations
610	Confusion: upon awakening or at night
611	Confusion: during sundown/twilight
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

Functional Limitation Codes and Descriptions (continued)

Code	Description
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
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	Socioeconomic: lacks running water
803	Socioeconomic: lacks telephone
804	Socioeconomic: lacks heat
805	Socioeconomic: lacks refrigeration/appliances
806	Socioeconomic: lacks food
807	Socioeconomic: homeless

eTAR Acronyms

Code	Description
ANSI	American National Standards Institute
BIC	Benefits Identification Card
CAASD	Clinical Assurance & Administrative Support Division
CCS	California Children's Services
CPSP	Comprehensive Prenatal Services Program
DHCS	Department of Health Care Services
DME	Durable Medical Equipment
DOS	Date of Service
DX	Diagnosis Code
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment
ETAR	Electronic Treatment Authorization Request
FPACT	Family Planning, Access, Care and Treatment
FQHC	Federally Qualified Health Center
ICF	Intermediate Care Facility
ICF-DD	Intermediate Care Facility Developmentally Disabled
ICF-DDH	Intermediate Care Facility Developmentally Disabled Habilitative
ID	Identification
IHO	In Home Operation
LTC	Long Term Care
MDS	Minimum Data Set
MMDDYYYY	Two digit month and date, four digit year (ex. 06102018)
NCPDP	National Council for Prescription Drug Program
NPI	National Provider Identifier
NPES	National Plan and Provider Enumeration System
OHC	Other Health Care Coverage
OCR	Optical Character Recognition
PED	Provider Enrollment Department
PI	Pricing Indicator

eTAR Acronyms

Code	Description
PIN	Personal Identification Number
POC	Plan of Care
POE	Proof of Eligibility
POS	Point of Service
SOC	Share of Cost
SSL	Secure Socket Layer
TAR	Treatment Authorization Request
TCN	TAR Control Number
TSC	Telephone Service Center

