Treatment Authorization Request
User Guide

eTAR

Redding
San Jose Oakland
Vacaville Eureka
Paradise Chico
Citrus Heights
Thousand Oaks
San Francisco
Salinas Seaside
Sunnyvale Ventura
Carmel
Hayward Santa Clarita Humboldt
Sacramento
Fort Bragg Mendocino Marin
San Luis Obispo Bishop
Santa Ana Fairfield
Ione Walnut Creek
Tahoe City Bieber Eagleville
Folsom
Elk Grove
Adin
Escondido
Visalia
Oxnard Solvang Santa Barbara
Huntington Beach
Victorville Weed
Barstow Baker
Salinas
Simi Valley
San Andreas
Ontario
Pasadena
Mojave
Indio
Lancaster
Fresno Alhambra
Torrance Hemet
Garden Grove
Concord
Long Beach
Vista San Clemente Julian
Chula Vista Alpine
San Marcos
San Diego

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Basics

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

Medi-Cal Learning Portal (MLP)

Explore the Medi-Cal Learning Portal (MLP) that offers Medi-Cal providers and billers 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.

<u>All of the aforementioned services are available to providers at no cost!</u>

Table of Contents

Introduction

Purpose and Objectives

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

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

- Access the Medi-Cal Provider website (*www.medi-cal.ca.gov*)

- Login to the Transaction Services menu

- Access the TAR menu

- Create, update and inquire eTARs

- Add, change and make corrections to eTARs

- Reauthorize and update deferred eTARs

- Submit TAR attachments

- View TAR responses

- Conduct code searches

General Guidelines

- An asterisk symbol (*) indicates that this is a required field.

- A downward arrow next to a field means there is a dropdown that will allow the user to choose from existing options.

- Decimal points are required when indicated.

- Verify the cursor is located in a field before using the backspace key to delete a character.

- Dates must be entered with a two-digit month, two-digit date and four-digit year (mmddyyyy) (for example, June 10, 2020 is 06102020).

- Do not click the "Back" option from the internet browser while submitting an eTAR.

- The eTAR Medical Tutorials link is accessible from the upper right corner on all eTAR Medical webpages.

- If a window does not appear and the fax attachments option is selected, there may be a pop-up blocker activated.

- Enter a rendering provider number to allow another provider to inquire on eTAR service information.

- Providers should confirm recipient eligibility prior to submitting a TAR

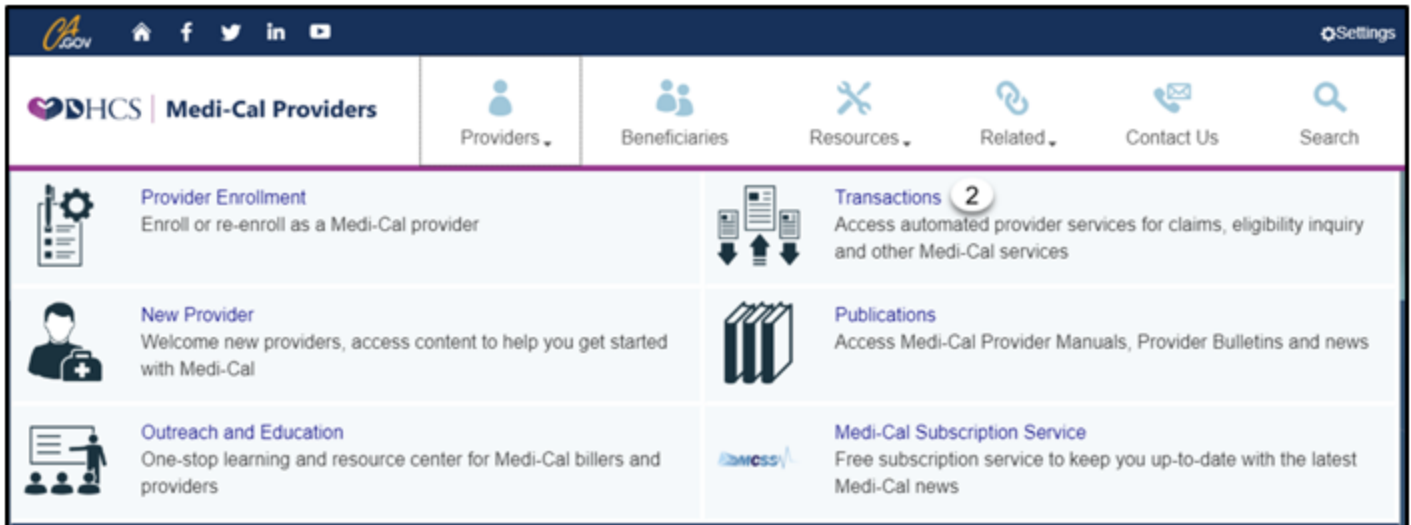**Note:** TAR web pages do not have numbered fields.

TAR Menu

Accessing the TAR Menu

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

    – Authentication: Requiring users to enter ID and password

    – Secure Socket Layer (SSL) technology: Online two-way data encryption
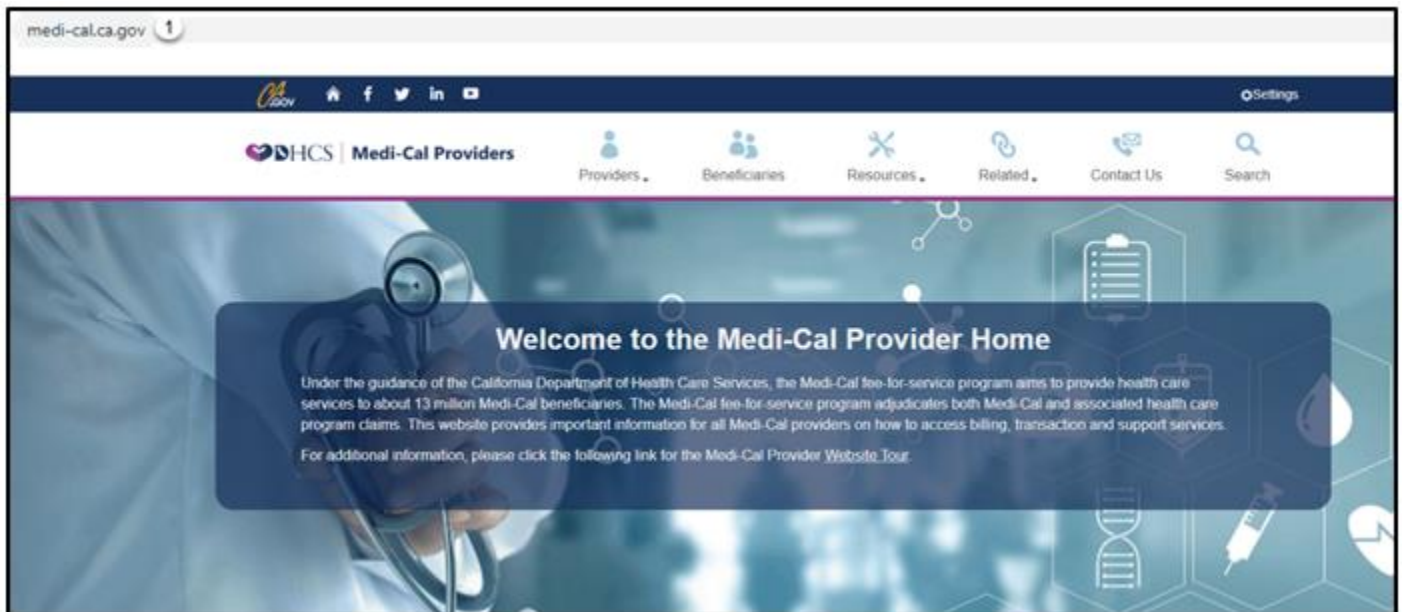
Note: TAR web pages do not have numbered fields.

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


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

Note: TAR web pages do not have numbered fields.

Transaction Services Login Screen

3. Enter the 10-digit National Provider Identifier (NPI) in the **User ID** field.

4. Enter the seven-digit Provider Identification Number (PIN) in the **Password** field.

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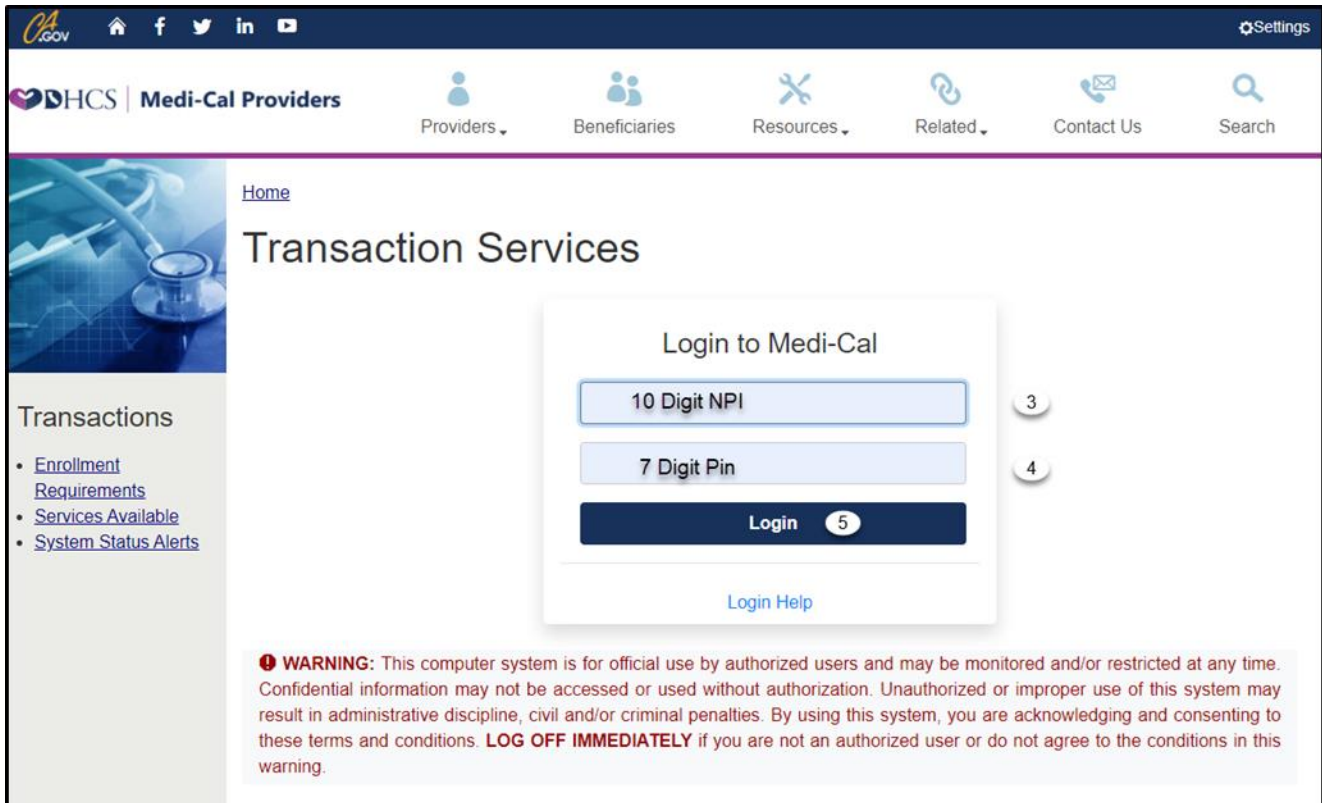
Note: Providers must complete a *Medi-Cal Point of Service (POS) Network/Internet Agreement* form in order to access Transaction Services. This form can be located by clicking the "Enrollment Requirements" hyperlink under the Medi-Cal Internet Transactions section on the home page. Applications must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

Note: TAR web pages do not have numbered fields.

Transaction Services

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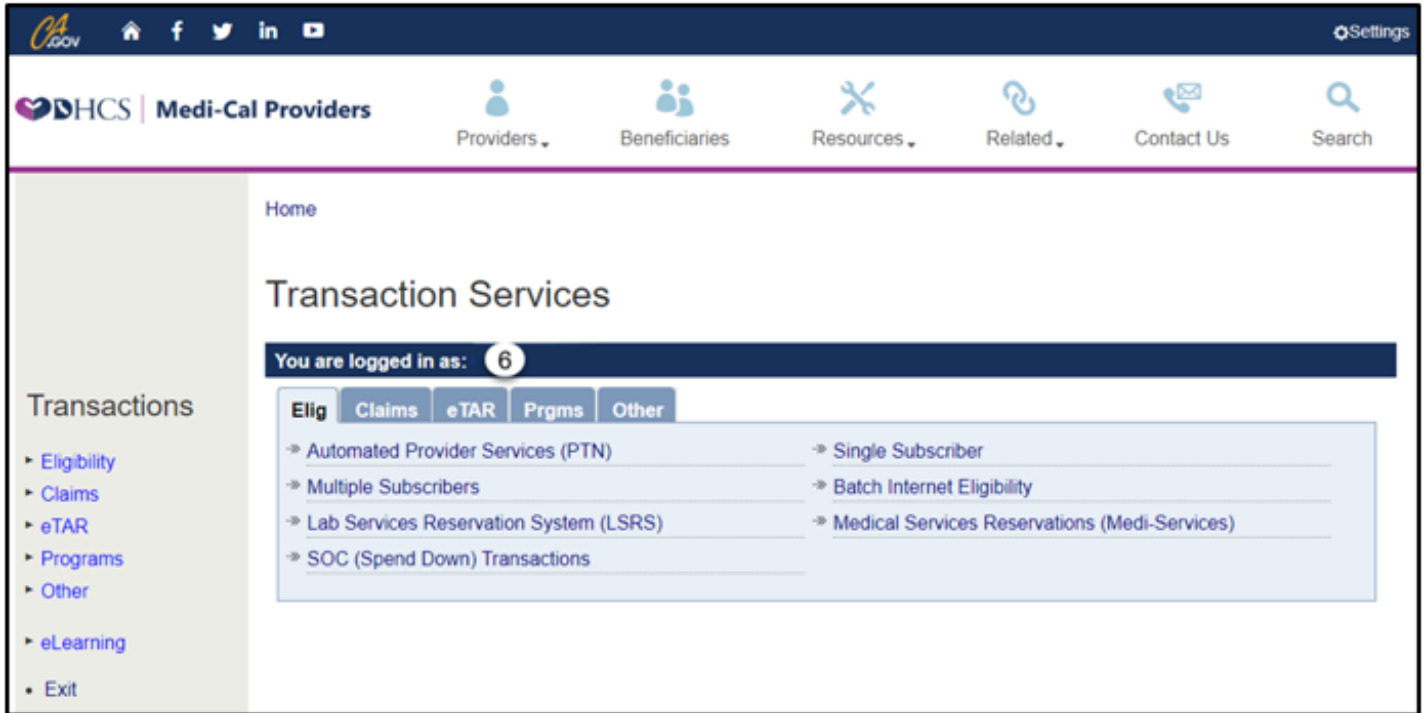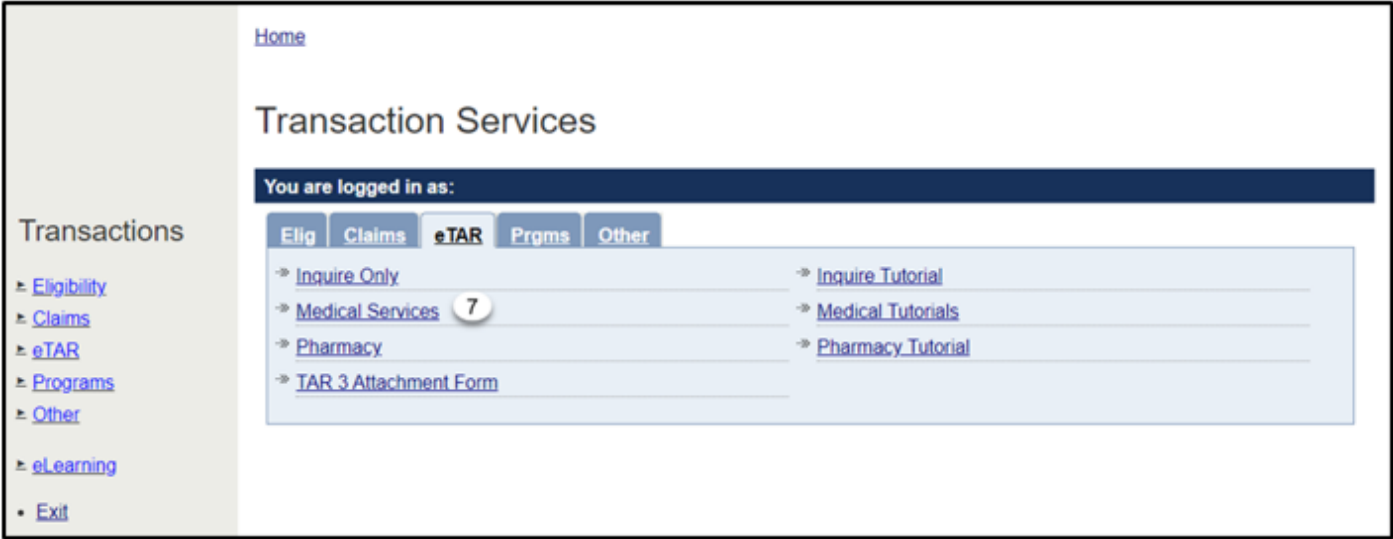

Note: TAR web pages do not have numbered fields.

Creating a New TAR

Create a New TAR

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

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

Note: TAR web pages do not have numbered fields.

TAR Menu

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

Note: TAR web pages do not have numbered fields.

TAR Provider Address Selection

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

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

Note: TAR web pages do not have numbered fields.

Provider Information

1. The Submitting Provider # used to log in to Transaction Services will automatically populate. If a TAR needs to be submitted under a different NPI, log out and log in using the correct provider number.

2. Click the **Medicare Cert?** checkbox to indicate the provider is Medicare certified.

Note: The submitting provider's name, phone number and address will automatically populate in the Provider Name field.

3. For vision providers only, if a fax number is submitted in the **Fax #** field, an Adjudication Response (AR) will be automatically faxed once a TAR adjudicates. If the field is left blank, an AR will not be sent, and TAR status may be viewed and printed through the TAR Inquiry link. Refer to the TAR Inquiry section of this User Guide for more information.

4. Enter the name of the person who has the ability to answer questions about the TAR request in the **Contact Name** field.

5. Enter the full name of the person who completed the TAR in the **TAR Completed By** field. *Required Field.

6. Enter the **Contact Phone #** for the person who can answer questions about the TAR.

7. Enter the **Contact Extension** of the contact person.

8. Select **Continue**.

Note: TAR web pages do not have numbered fields.

Provider Information (Cont.)

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

10. Click **Cancel** to change the fax number.

www.medi-cal.ca.gov says

Please verify the Fax Number. The number entered is not known to this provider.
Click 'OK' to continue or 'Cancel' to correct the number.

10

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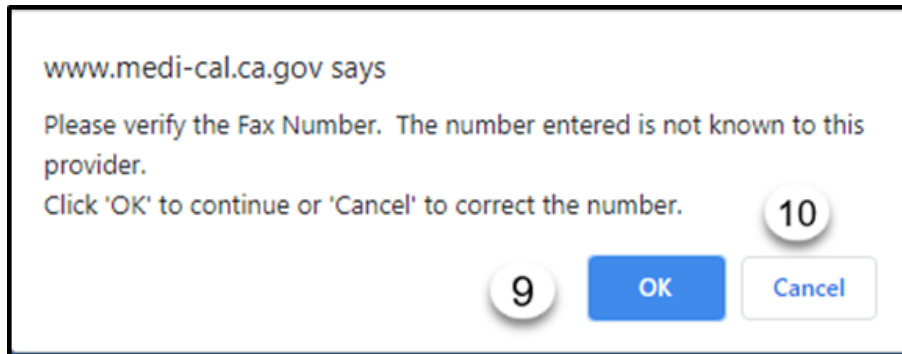
Note: If you are not a vision provider, you will not receive an AR via fax.

Note: TAR web pages do not have numbered fields.

Patient Information

1. Enter the **Recipient ID #** as it appears on the State of California Benefits Identification Card (BIC). *Required Field.

2. The **Patient Record #** is an optional but recommended field to help users inquire on a specific TAR or recipient. The number is created by the provider's office. Examples may include the patient's medical record number or patient's account number.

3. Use the **Special Handling** dropdown to select a special handling reason for the TAR service being requested. This field is only required if one of the reasons listed below apply. See the Medi-Cal provider manual for more information.

    –   *6 Prescription Limit* – Select when the recipient has exceeded their six-prescription limit for the month, thus requiring authorization.

    –   *ADHC Regional Centers* – Select when Community-Based Adult Services (CBAS) are being requested.

    –   *Beneficiary Exempt from Hearing Aid Cap* – Select when the maximum hearing aid cap has been met and the beneficiary meets the criteria of those who are excluded from the cap.

    –   *Breast and Cervical Cancer Treatment Program (BCCTP)* – Select this special handling option when the Breast and Cervical Cancer Treatment Program (BCCTP) applies.

    –   *CCT – California Community Transitions* – Select this special handling option when the California Community Transitions (CCT) program applies.

    –   *CHDP* – Select this special handling option when the specialized Child Health and Disability Prevention Program (CHDP) applies.

    –   *Cannot Bill Direct, TAR is Required* – Select this special handling option when the service cannot be claimed direct and requires a TAR in order to submit a claim.

    –   *Charpentier* – Select this special handling option when submitting claims using the special rules of Medicare or Medi-Cal Charpentier program.

    –   *Concurrent Review – Fax* – Currently not used.

    –   *Concurrent Review – Onsite* – Currently not used.

Note: TAR web pages do not have numbered fields.

Patient Information – Special Handling (Cont.)

- *Container Count Limit* – Select this special handling option when the request exceeds the maximum number of containers as specified in the Medi-Cal Provider Manual for a compound drug.

- *DPO* – Select this special handling option when facilitating an early discharge from the hospital using a Discharge Planning Option (DPO).

- *EMR* – Approved access

- *EPSDT Supplemental Services* – Select this special handling option when the request is beyond normal Early Periodic Screening Diagnosis and Treatment (EPSDT) program scope.

- *Elective Acute Day Hospitalization* – Select this special handling option when requesting elective hospital days.

- *Emergency Acute Day Hospitalization* – This special handling option is selected when requesting inpatient hospital days or administrative days.

- *Exceeded Billing Dollar Amount* – This special handling option is selected when the maximum dollar amount allowed for the service within a specific timeframe has been exceeded.

- *Exceeded Billing Frequency Limit* – Select this special handling option when the number of times this service may be provided within a specific timeframe has been exceeded, therefore, requiring authorization.

- *Exceeded Billing Limit* – Select this special handling option when the quantity billable for this service has been exceeded, therefore, requiring authorization.

- *Exceeded Code 1 Restrictions* – This special handling option is selected when the recipient has exceeded the Code 1 restricted limits for a drug, as specified in the Medi-Cal Provider Manual.

- *Exceeded Inhalers Supply Limit* – Select this special handling option when the eTAR service request exceeds the inhaler assist device limits, as specified in the Medi-Cal Provider Manual.

- *Exceeded Medical Supplies Limit/Container Count Limit* – This special handling option is selected when the recipient has exceeded their medical supply or container count limit, as specified in the Medi-Cal Provider Manual.

- *Exceeded Peak Flow Meters Limit* – Select this special handling option when the recipient has exceeded their peak flow meter supply limit, as specified in the Medi-Cal Provider Manual.

Note: TAR web pages do not have numbered fields.

Patient Information – Special Handling (Cont.)

- *FPACT* – This special handling option is selected for complications with Family Planning, which may be covered by Family Planning Access Care and Treatment (FPACT) but only with an approved TAR.

- *FPACT 6 Prescription Limit* – Currently not used, 6 Rx limit does not apply to Family PACT

- *Hudman* – Select this special handling option when requesting authorization to a nursing facility in a distinct part of an acute facility in lieu of placement at a free- standing nursing facility.

- *ICF-DD Clinical Assurance Review* – This special handling option is selected for authorization to an Intermediate Care Facility for the Developmentally Disabled (ICF-DD).

- *IHO* – This special handling option is selected for an evaluation and possible authorization for case management with the In-Home Operations (IHO) program.

- *MCM* – Obsolete after April 30, 2011 – Currently not used.

- *Out-of-State Acute Day Hospitalization* – This special handling option is selected when requesting acute day hospitalization outside the state of California.

- *Podiatry* – Select this special handling option for Podiatry services.

- *Services is a non-benefit and no TAR requirement on procedure file – Review* – Select this special handling option when the service being requested is a non-benefit and does not require a TAR but is needed by the patient and must be authorized.

- *Service/Product Exempt from Hearing Aid Cap* – Select this special handling option when a hearing aid service/product is excluded from the hearing aid cap.

- *Step Therapy Exemption* – This special handling option is selected when the TAR meets exemption from step therapy requirements.

Note: TAR web pages do not have numbered fields.

Patient Information – Special Handling (Cont.)

- *Transfer* – Select this special handling option when moving a patient from one nursing facility to another.

- *Transplant Related Service*

- *Usage is for Non-Standard Diagnosis* – This special handling option is selected when a non-standard diagnosis applies.

- *Valdivia* – Select this special handling option for services that are in excess of those provided normally to a nursing facility patient.

- *Voluntary Inpatient Detoxification*

Please Enter Patient Information

1   * Recipient ID #

2   Patient Record #

3   Special Handling

Special Handling

6 Prescription Limit
ADHC Regional Centers
Beneficiary Exempt from Hearing Aid Cap
Breast and Cervical Cancer Treatment Program (BCCTP)
CCT - California Community Transitions
CHDTP
Cannot Bill Direct, TAR is Required
Charpentier
Concurrent Review - Fax
Concurrent Review - Onsite
Container Count Limit
DPO
EMR Approved Access
EPSDT PDHC
EPSDT PDN
EPSDT Supplemental Services
Elective Acute Day Hospitalization
Emergency Acute Day Hospitalization
Exceeded Billing Dollar Amount

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

Note: TAR web pages do not have numbered fields.

Patient Information – Special Handling (Cont.)

4. Enter the **Patient's Last Name**. *Required Field.

5. Enter the **Patient's First Name**. *Required Field.

6. Enter the patient's **Phone number.**

7. Enter the patient's **Date of Birth** (mmddyyyy). *Required Field.

8. Select the **Male** or **Female** radio button to indicate the patient's gender. *Required Field.

9. Select the **Work Related?** radio button to indicate if service is work related. *Required Field.

10. Use the **Residence Status** dropdown to select the residential status that currently applies to this patient.

11. Use the **Medicare Denial Reason** dropdown to select the reason the service requested is not covered by Medicare. *Required Field.

12. Enter a **Medicare/OHC Denial Date** (mmddyyyy) if Medicare or Other Health Care Coverage (OHC) has denied this service. If Medicare Denial Reason is entered, this field is required.

13. Use the **OHC Denial Reason** dropdown to select the patient's other healthcare coverage status type. *Required Field.

Note: TAR web pages do not have numbered fields.

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

14. Enter the **Last Name** of the newborn's mother or the transplant recipient providing Medi-Cal eligibility.

15. Enter the **First Name** of the newborn's mother or the transplant recipient providing Medi-Cal eligibility.

16. Enter the **Date of Birth** (mmddyyyy) for the newborn's mother or the transplant recipient providing Medi-Cal eligibility.

17. Click the **Male** or **Female** radio button to indicate the newborn's mother's gender or the transplant recipient's gender.

Note: TAR web pages do not have numbered fields.

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

18. Enter the **Name** of the patient's authorized representative.

19. Enter the **Street/Mailing Address** of the patient's authorized representative.

20. Enter **City** of residence for the patient's authorized representative.

21. Enter **State** of residence for the patient's authorized representative.

22. Enter the **Zip Code** of residence for the patient's authorized representative.

23. Select **Continue** to proceed to the TAR Services menu.

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

Note: TAR web pages do not have numbered fields.

Select Service Category

There are three different ways to add the Service Category.

1. If the code is unknown, select **Service Code Search** to initiate the search.

2. If you know the code, type the code in the search field and select **Find Service Category(s)** to initiate the search.

3. If you know the category, select the **Service Category** to initiate the search.

Note: TAR web pages do not have numbered fields.

Service Selection

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

Note: This screen will not appear if the service code is associated with only one service category.

5. Enter the **Service Code** to identify the service being requested. If a code was entered in the **Service Code Search**, it will automatically populate in this field. If the service code is unknown, click the **Service Code** hyperlink to access the Code Search. See the Code Search section of this User Guide for more information on Code Search. *Required Field.

6. Enter up to four **Modifiers**, if applicable. If unknown, click the **Modifiers** hyperlink to access Code Search. See the Code Search section of this User Guide for more information on Code Search. If the service code requires a modifier(s), lack of modifier(s) may result in a TAR deferral, thus delaying the review of the TAR.

Note: Depending on the service code entered, information may be required. Enter a **Rendering Provider Number** to allow another provider to inquire on the eTAR service information.

Note: TAR web pages do not have numbered fields.

7. Enter the **From Date** (mmddyyyy) to indicate the start of service date. If request is retroactive, enter the actual dates of service. If request is planned, enter the range of dates during which services will be provided.

8. Enter the **Thru Date** (mmddyyyy) to indicate the end of service date. If request is retroactive, enter the actual dates of service. If request is planned, enter the range of dates during which services will be provided.

9. Use the **ICD-CM Type** dropdown to select the ICD code type. *Required Field.

10. Enter the ICD Code, including the decimal point, indicating the primary diagnosis relative to the requested service. If unknown, click the **ICD Code** hyperlink to access Code Search. See the Code Search section of this User Guide for more information on Code Search. *Required Field.

    Note: The **Diagnosis Description** field is no longer used, and the field is disabled. Leave this field blank.

11. Enter the **Date of Onset** (mmddyyyy) as it relates to the diagnosis entered in the ICD Code field

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

Note: TAR web pages do not have numbered fields.

13. Enter current medical status codes which describe the patient's condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, click the **Medical Status** hyperlink to access Code Search. See the Code Search section of this User Guide for more information on Code Search. See Appendix A for a list of medical status codes. *Required Field.

14. Use the **ICD-CM Type** dropdown to select the ICD code type.

15. Enter secondary ICD Code, including the decimal point, indicating the diagnoses relative to the requested service(s). If unknown, click the **ICD Code** hyperlink to access Code Search. See the Code Search section of this User Guide for more information on Code Search.

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

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

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

Note: TAR web pages do not have numbered fields.

22

18. Enter the **Physician Prescription** instructions using the exact wording written on the prescription. *Required Field.

19. Enter the NPI in the **Physician's License #** field. *Required Field.

20. Enter the prescribing **Physician's Name**. *Required Field.

21. Enter the **Physician's Phone** number. *Required Field.

22. Enter the **Prescription Date** (mmddyyyy). *Required Field.

23. Click **Continue** to return to the TAR Service menu. See the Submit TAR section in this User Guide for information on submitting the TAR.

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

Prescribing Physician Information

* Physician Prescription (255 characters accepted) (18)

* Physician's License # (19)   * Physician's Name (20)

* Physician's Phone (21)   * Prescription Date (22)
(   )   -

Attachment A   Service   (23)   (24)
                              Continue | Another Service, Same Category

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

Note: TAR web pages do not have numbered fields.

TAR Summary

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

Note: TAR web pages do not have numbered fields.

Verifying Information

Verify and correct all information before submitting the TAR.

2. Click **Update Provider Information** to return to a specific page to add or edit previously submitted information.

3. Click **Update Patient Information** to return to a specific page to add or edit previously submitted information.

4. Click **Update This Service** to return to a specific page to add or edit previously submitted information.

5. Click **Cancel This Service** to cancel the service.

Note: TAR web pages do not have numbered fields.

6. Click **Update Attachment A** to return to a specific page to add or edit previously submitted information.

7. Click **Services** to return to the TAR Services menu to add any additional services.

8. Click **Submit TAR** once all information is verified and completed.

Temporary Service Number : 1

Ind.	Service Code		Modifiers					Side	
Inpat/Outpat - MRI (Radiology)	70557		TC						

Service Description		Total Units	From Date		Thru Date
		2			

ICD-CM Type	ICD Code	Diagnosis Description		Date of Onset
ICD-10	252.4			

Rendering Provider #

Price Indicator

0 - No special condition

[Update This Service] [Cancel This Service]

Temporary Service Number : 2

Ind.	Service Code		Modifiers					Side	
Inpat/Outpat - MRI (Radiology)	93303								

Service Description		Total Units	From Date		Thru Date
		1			

ICD-CM Type	ICD Code	Diagnosis Description		Date of Onset
ICD-10	W88.0XXA			

Rendering Provider #

Price Indicator

0 - No special condition

[Update Attachment A] ⑥

Patient Assessment Information (Attachment A)

P.O.T. Adherence   Feeding Method   Height   Weight

In-Home Assistance/Care Giver

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)

ICD-CM Type   ICD Code   Diagnosis Description   Date Of Onset

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

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

Please summarize the therapeutic goal to be met with the requested service(s)

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

Service Code   Describe Alternative Tried/Considered   Reason

Please explain why the least costly method of treatment is not being used.

Prescribing Physician Information

Physician Prescription

Necessary service

Physician's License #	Physician's Name
0099212421	**John Smith**
Physician's Phone	Prescription Date
(916)555-5555	**10012020**

⑦   ⑧

[Provider | Patient | Services | Cancel TAR | Submit TAR]

Note: TAR web pages do not have numbered fields.

Submit TAR

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

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

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

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

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

Or

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

Note: TAR web pages do not have numbered fields.

4. Click **OK** to print a copy of the *TAR 3 Attachment Form*. Confirm all information on the eTAR request is correct prior to printing the form. Neglecting to do so may cause the eTAR to be deferred or denied.

5. Click **Cancel** if the print feature for the *TAR 3 Attachment Form* is not needed. See the TAR 3 Attachment Form section of this User Guide for more information on the *TAR 3 Attachment Form.*

Note: If a window does not appear when the fax attachments option is selected, a pop-up blocker may be active.

Note: TAR web pages do not have numbered fields.

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

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

Mail attachments to:

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

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

Note: TAR web pages do not have numbered fields.

6. It is important to retain the TAR Control Number (TCN) that confirms the transmission and can be used should you need to update or inquire on the TAR.

> **Note:** The "In Review" status verifies that the TAR was submitted for review. Once the TAR is approved, the Pricing Indicator (PI) becomes the 11th digit of the TCN that is used when submitting claims. The PI code is added by the provider

7. The **Provider Information** section reflects the submitting provider's ID and the Patient Record Number.

8. The **Patient Information** section reflects the recipient's ID and the name as submitted.

9. The **Service Information** section provides a brief summary of the TAR services requested and the status for each service line.

10. The **Status** field indicates the current status.

Thank You! Your TAR has been successfully submitted.

If you need to update this TAR, please wait 5 minutes.

* Prior Authorization Does Not Guarantee Claim Payment.

6 TAR # : 0400052927

Provider Information 7
Submitting Provider : 0099097830   Patient Record # :

Patient Information 8
Recipient ID :   Patient Name : CHRIS

Service Information 9

Service #	Service Ind.			Requested From Date	Requested Thru Date
1	Subacute			12012019	04302020
Service Code		Service Description			Status
11		Subacute			In Review 10

Date & Time: 28-Dec-2020 17:33:42

> **Note:** TAR web pages do not have numbered fields.

Updating a Rejected TAR

Rejected TAR

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

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

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


```
          Thank You! Your TAR has been saved, but it will not be routed due to the errors listed below.


                                    TAR # : 0400052692


Error Messages
Service #1:              ICD Code: Not Found. Check decimal point and extra digits.
Service #2:              Service Indicator: Service Indicator/Service Code Combination Invalid


Provider Information
Submitting Provider :                        Patient Record # :

Patient Information
Recipient ID : !                  Patient Name : Jane Doe

Service Information

                                        Requested From
Service #    Service Ind.               Date              Requested Thru Date
1            Inpat/Outpat - MRI (Radiology)
Service Code     Modifiers          Service Description            Status
70557            TC                 MRI BRAIN W/O DYE              Rejected


                                        Requested From
Service #    Service Ind.               Date              Requested Thru Date
2            Inpat/Outpat - MRI (Radiology)
Service Code     Modifiers          Service Description            Status
93303                               ECHO TRANSTHORACIC            Rejected

Date & Time: 23-Nov-2020 18:52:48
```

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

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

- The reject reason is due to prior TAR being "denied," you will need to request an Appeal TAR

- The reject reason is due to failure to update a deferred TAR within the required 30-day timeframe. You must submit a new TAR

- The reject reason is due to "TAR not required." You must use a "Special Handling Code" appropriate for the rejected service.

Note: TAR web pages do not have numbered fields.

Updating an Existing TAR

Update TAR

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

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

Denied or cancelled TAR services cannot be updated. Update attempts made to a denied or cancelled TAR service will be rejected by the system.
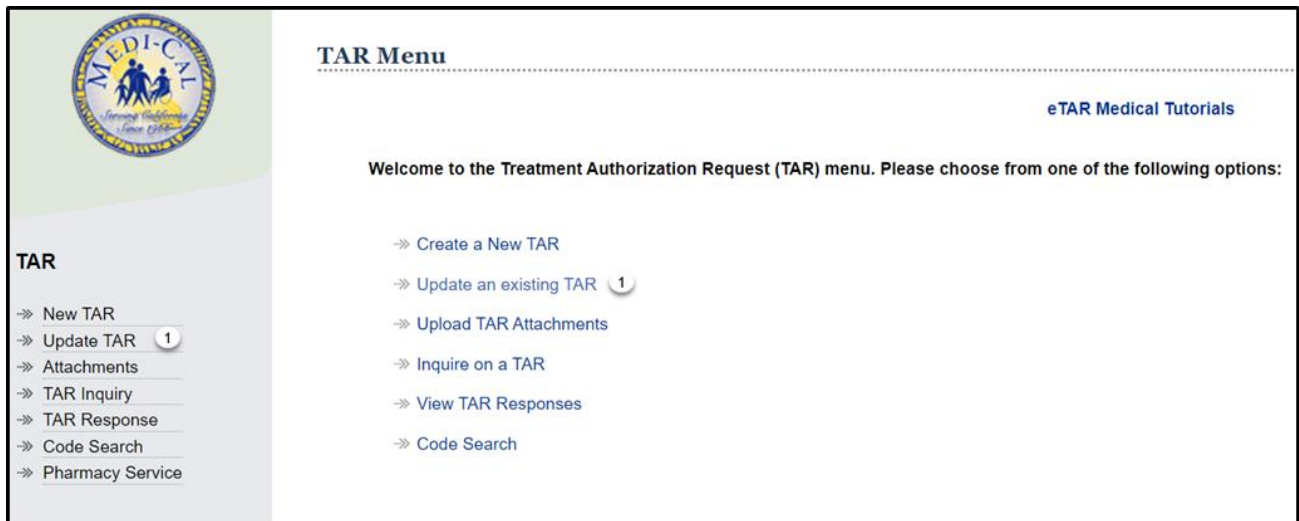
Note: TAR web pages do not have numbered fields.

2. The **Original Submitting Provider** number used to log into Transaction Services will automatically populate. If a TAR needs to be submitted using a different provider number, log out of Transaction Services and log in using the correct provider number. *Required Field.

3. Enter the **Original Recipient ID #** submitted on the TAR. *Required Field.

4. Enter the **Original TAR #** that was assigned by the system. *Required Field.

5. Use the **Update Reason** dropdown to select the reason for the update. *Required Field.

    –   *Add Service* – Used to add additional service lines to a previously submitted TAR. Do not use this update reason to request additional units.

    –   *Aid Paid Pending* – Currently not used.

    –   *Cancel Individual Service(s)* – Used to cancel specific service line(s) on a previously submitted eTAR. Once a service is cancelled, it cannot be updated.

    –   *Cancel TAR* – Used to cancel all services on a previously submitted or approved eTAR. Once an eTAR is cancelled, it cannot be updated.

    –   *Change in Service* – Used to update service information on an In Review, Approved or Modified eTAR. This information includes units, procedure codes, dates of service, and diagnosis information. If the service lines have had claims submitted successfully, the only fields that may be updated are units and dates. Do not use this update reason to request an extension of service; the Reauthorization update reason must be used.

    –   *Correct Recipient ID* – Recipient information may only be changed with this update reason. Recipient ID cannot be changed if any units on any service on the TAR have been used.

    –   *Reauthorization* – Used to request additional units/days/length of care on a previously Approved or Modified eTAR. The only fields that may be updated are the units, thru date, and Miscellaneous TAR Information.

    –   *Submit Freeform Attachments* – Do not use. Refer to Submit Attachment section in this User Guide for more information.

    –   *Update Deferred Service* – Used to update service information for a Deferred TAR.

    –   *Update Rejected Service* – Used to update service information for a Rejected TAR.

Note: TAR web pages do not have numbered fields.

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

Update TAR

Please enter original TAR info... or updating.

		Add Service ←
		Administrative Override
		Aid Paid Pending
2	* Original Submitting Provider #(	Cancel Individual Service(s)
		Cancel TAR
		Change in Service
3	* Original Recipient ID #	Correct Recipient ID
		First Level Appeal
		Reauthorization
4	* Original TAR #	Submit Freeform Attachments
		Update Deferred Service
		Update Rejected Service
5	Update Reason	

6 [Update TAR] [Attachments] [Cancel TAR Update]

Note: TAR web pages do not have numbered fields.

Add Service Update Reason Code

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

1. Enter the **Original Recipient ID #** submitted on the eTAR. *Required Field.

2. Enter the **Original TAR #** that was assigned by the system when the eTAR was successfully submitted. *Required Field.

3. Use the **Update Reason** dropdown to select Add Service. *Required Field.

4. Click **Update TAR** to add service(s) to an existing eTAR.

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

Note: TAR web pages do not have numbered fields.

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

Update This Service	Cancel This Service

Service Number : 2

Ind.	Service Code		Modifiers				Side
Inpat/Outpat - MRI (Radiology)	93303						

Service Description		Total Units	From Date		Thru Date
ECHO TRANSTHORACIC		1			

ICD-CM Type	ICD Code	Diagnosis Description		Date of Onset
ICD-10	W88.0XXA	Exposure to X-rays, initial encounter		

Rendering Provider #		Price Indicator
		0 - No special condition

Update Attachment A

Patient Assessment Information (Attachment A)

P.O.T. Adherence	Feeding Method	Height	Weight
		0ft. in.	0lbs. 00oz.

In-Home Assistance/Care Giver
0Hrs/Day 0Days/Wk

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)

ICD-CM Type	ICD Code	Diagnosis Description		Date Of Onset

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

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

Please summarize the therapeutic goal to be met with the requested service(s)

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

Service Code	Describe Alternative Tried/Considered		Reason

Please explain why the least costly method of treatment is not being used.

Prescribing Physician Information
Physician Prescription
Necessary service

Physician's License #	Physician's Name
0099212421	JOHN SMITH

Physician's Phone	Prescription Date
(916)555-5555	10012020

(5)

Provider	Patient	Services	Cancel TAR	Submit TAR

Note: TAR web pages do not have numbered fields.

Service Code Search

6. Enter the service code in the **Service Code Search** field to identify the service to be added to the TAR. If unknown, see the Code Search section of this User Guide for additional information on Code Search.

7. Click **Find Service Category(s)** to initiate the search.

TAR Services

Add Service - Category Unknown
* Service Code Search

6 [   ]   7 [Find Service Category(s)]

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
• Apnea Monitor	• ICF-DD	• Hospital Days	• Allergy	• AAC
• Beds	• NFA/NFB Non-Electronic MDS	• Hyperbaric Oxygen	• Cochlear Implants	• ADHC
• Hearing Aid	• Short Stay	• Radiology	• CPSP	• Detox
• Incontinence Supplies	• Subacute	• Surgical/Other Procedures	• Dialysis	• EPSDT Nutritional
• IV Equipment		• Transplant Procedure-Kidney	• FPACT	• Home Health
• Medical Supplies		• Transplant Procedure-Other	• HopTel	• Hospice
• Mobility			• Hyperbaric Oxygen	• Non-Pharmacy Issued Drug
• Orthotics/ Prosthetics			• Radiology	• Respiratory Therapy
• Ox/Respiratory			• Office Visits - Restricted	• Speech/ Occupational /Physical Therapy
• Pumps (non-IV)			• Office Visits - Restricted Provider	• Transportation
• Other			• Plasma Pheresis	• Vision - Contact Lens / Evaluation
			• Portable X-ray	• Vision - Low Vision Aids
			• Psychiatry	• Vision - Other Eye Appliances
			• Surgical/Other Procedures	
			• TeleMed	
			• Transplant Acquisition	

Note: TAR web pages do not have numbered fields.

Cancel Individual Service(s) Update Reason Code

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

1. Enter the **Original Recipient ID #** submitted on the eTAR. *Required Field.

2. Enter the **Original TAR #** that was assigned by the system when the eTAR was successfully submitted. *Required Field.

3. Use the **Update Reason** dropdown to select *Cancel Individual Service(s)*. *Required Field.

4. Click **Update TAR** to cancel a service on the existing eTAR.

Note: TAR web pages do not have numbered fields.

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

Provider Information
Submitting Provider

Medicare Certified
N

Provider Name
TTG TEST NUMBER - HOSP

Phone #
(000)000-0000

Fax #

Street/Mailing Address
3215 PROSPECT PARK DR

City
RNCHO CORDOVA

State
CA

Zip Code
95670

Contact Name

Contact Phone #

Contact Extension

TAR Completed By

Update Provider Information

Patient Information
Recipient ID

Patient Record #

Special Handling
Last Name
Doe

First Name
Jane

Phone #

Date of Birth
12021970

Gender
Female

Worker's Comp?
Unknown

Miscellaneous TAR Information

Residence Status	Medicare Denial Reason	Medicare/OHC Denial Date	Medicare/OHC Denial Certification	OHC Denial Reason
	Under 65, does not have Medicare Coverage		**No**	**No Other Health Coverage**

Mother/Transplant Recipient Providing Medi-Cal Eligibility
Last Name   First Name
Date Of Birth   Gender
Patient's Authorized Representative
Name
Street/Mailing Address
City   State   Zip Code

Update Patient Information

Service Information

Update This Service   Cancel This Service   ⑤

Temporary Service Number : 1

Ind.	Service Code		Modifiers				Side
Inpat/Outpat - MRI (Radiology)	**70557**		**TC**				

Service Description

Total Units
2

From Date

Thru Date

ICD-CM Type	ICD Code	Diagnosis Description	Date of Onset
ICD-10	**252.4**		

Rendering
Provider #

Price
Indicator
0 - No special condition

Note: TAR web pages do not have numbered fields.

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

6. Click **Continue**.

Please Enter Service Information.

Service Information
Service Number
1

Update Reason
Cancel Individual Service(s)

Service Code   Modifiers
70557   TC

Service Description
Inpat/Outpat - MRI (Radiology)

Side   Total Units
         2

From Date   Thru Date
mmddyyyy   mmddyyyy

ICD-CM Type   ICD Code (Decimal Required)   Diagnosis Description   Date of Onset
ICD-10   252.4   mmddyyyy

Rendering
Provider #   Pricing Override Request
         0 - No special condition

Enter Miscellaneous TAR Information (500 characters accepted)

Continue   6

Note: TAR web pages do not have numbered fields.

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

Note: TAR web pages do not have numbered fields.

8. Select **I will not be submitting attachment(s)** under the **Attachment(s) Submission Option** heading. No attachments are required when canceling a service line.

9. Click **Continue** to proceed with the cancellation.

Or

10. Click **Return to Summary** to return to the TAR Summary page for further review. The TAR service line(s) has not been cancelled until you have completed the process by selecting **Continue**.

Treatment Authorization Request

eTAR Medical Tutorials

Attachment(s) Submission Option:

○ I will be uploading attachment(s) now
○ I will be uploading attachment(s) (within 8 hours)
○ I will be faxing attachment(s) now
○ I will be faxing attachment(s) (within 8 hours)
○ I will be mailing attachment(s) (within 5 days)
8 ○ I will not be submitting attachment(s)

FAX in California (877)270-8779 - FAX outside of California (916)384-9000

IMPORTANT: You must ALWAYS use the TAR 3, Treatment Authorization Request (TAR) ? Attachment Form as the FAX cover sheet when FAXing eTAR attachments.

To order additional TAR 3, Treatment Authorization Request (TAR) ? Attachment Forms please call: (800) 541-5555 and follow the prompts for eTAR.

NOTE: TARs will be deferred if attachments are not received within the time stated above.

Verify that all information is correct before you submit your eTAR.
Be sure the following statement is accurate before submitting your eTAR:

"To the best of my knowledge, the information entered in this electronic submission is true, accurate and complete and the requested services are medically indicated and necessary to the health of the patient."

9 [Continue]   [Return to Summary] **10**

Note: TAR web pages do not have numbered fields.

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

Thank You! Your TAR has been successfully submitted.

If you need to update this TAR, please wait 5 minutes.

* Prior Authorization Does Not Guarantee Claim Payment.

TAR # : 0400052927

Provider Information
Submitting Provider : 0099097830   Patient Record # :

Patient Information
Recipient ID :   Patient Name : CHRIS

Service Information

Service #	Service Ind.		Requested From Date	Requested Thru Date
1	Subacute		12012019	04302020
Service Code	Service Description		Status	
11	Subacute		In Review	

Date & Time: 28-Dec-2020 17:33:42

Note: TAR web pages do not have numbered fields.

Cancel TAR Update Reason Code

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

1. Enter the **Original Recipient ID #** submitted on the TAR. *Required Field.

2. Enter the **Original TAR #** that was assigned by the system when the TAR was successfully submitted. *Required Field.

3. Use the **Update Reason** dropdown to select *Cancel TAR*. *Required Field.

4. Click **Update TAR** to proceed with the cancellation of an existing TAR.

Note: TAR web pages do not have numbered fields.

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

Note: TAR web pages do not have numbered fields.

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

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

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

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

Note: TAR web pages do not have numbered fields.

Change in Service Update Reason Code

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

Note: Do not use this update reason to request an extension of service. The Reauthorization update reason code must be used.

1. Enter the **Original Recipient ID #** submitted on the TAR. *Required Field.
2. Enter the **Original TAR #** that was assigned by the system when the TAR was successfully submitted. *Required Field.
3. Use the **Update Reason** dropdown to select *Change in Service*. *Required Field.
4. Click **Update TAR** to update the service on the existing TAR.

Note: TAR web pages do not have numbered fields.

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

5	Update This Service	Cancel This Service

Service Number : 2

Ind.	Service Code				Modifiers					Side
Inpat/Outpat - MRI (Radiology)	93303									

Service Description	Total Units	From Date	Thru Date
ECHO TRANSTHORACIC	1		

ICD-CM Type	ICD Code	Diagnosis Description	Date of Onset
ICD-10	**W88.0XXA**	**Exposure to X-rays, initial encounter**	

Rendering Provider #	Price Indicator
	0 - No special condition

Update Attachment A

Patient Assessment Information (Attachment A)

P.O.T. Adherence	Feeding Method	Height	Weight
		0ft. in.	**0lbs. 00oz.**

In-Home Assistance/Care Giver
0Hrs/Day 0Days/Wk

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)

ICD-CM Type	ICD Code	Diagnosis Description	Date Of Onset

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

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

Please summarize the therapeutic goal to be met with the requested service(s)

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

Service Code	Describe Alternative Tried/Considered	Reason

Please explain why the least costly method of treatment is not being used.

Prescribing Physician Information
Physician Prescription
Necessary service

Physician's License #	Physician's Name
0099212421	**JOHN SMITH**

Physician's Phone	Prescription Date
(916)555-5555	10012020

Provider	Patient	Services	Cancel TAR	Submit TAR

Note: TAR web pages do not have numbered fields.

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

6. Click **Continue**.

Please Enter Service Information.

Service Information
Service Number
1

Update Reason
| Change in Service ⌄ |

Service Code
| 11   ✕ |

Service Description
| Subacute |

Total Units   Quantity
| 151 | | | ⌄ |

Frequency
| | / | ⌄ |

Ant. Length of Need   From Date   Thru Date   Admit Date/Start of Care
| | / | ⌄ | | 12012019 | | 04302020 | | 03272018 |

Discharge Date
| mmddyyyy |

Admit From
| ⌄ |

Discharge
| ⌄ |

               ICD Code (Decimal
ICD-CM Type   Required)   Diagnosis Description   Date of Onset
| ICD-10 ⌄ | | J96.10 | | Chronic respiratory failure, unsp w hy| | | 03072018 |

Rendering
Provider #   Pricing Override Request
| | ⌄ |

Enter Miscellaneous TAR Information (500 characters accepted)
| |

| Continue | ⑥

  Note: TAR web pages do not have numbered fields.

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

Patient Information

Recipient ID   Patient Record #

Special Handling

Last Name   First Name
Doe   **Jane**

Phone #   Date of Birth   Gender   Worker's Comp?
                           12021970   **Female**   **Unknown**

Miscellaneous TAR Information

                                           Medicare/OHC   Medicare/OHC
Residence Status   Medicare Denial Reason Denial Date   Denial Certification   OHC Denial Reason
                    Under 65, does not have   **No**   **No Other Health Coverage**
                    Medicare Coverage

Mother/Transplant Recipient Providing Medi-Cal Eligibility
Last Name   First Name
Date Of Birth   Gender

Patient's Authorized Representative
Name

Street/Mailing Address

City   State   Zip Code

[Update Patient Information]

Service Information

[Update This Service]   [Cancel This Service]

Service Number : 1

Ind.   Service Code   Modifiers   Side
Inpat/Outpat - MRI   **27457**   **TC**   **LEFT**
(Radiology)

Service Description   Total Units   From Date   Thru Date
                                            1

ICD-CM Type ICD Code   Diagnosis Description   Date of Onset
ICD-10   **252.4**

Rendering   Price
Provider #   Indicator
                                        0 - No special condition

[Update This Service]   [Cancel This Service]

Service Number : 2

Ind.   Service Code   Modifiers   Side
Inpat/Outpat - MRI   **93303**
(Radiology)

Service Description   Total Units   From Date   Thru Date
ECHO TRANSTHORACIC   **1**

ICD-CM Type ICD Code   Diagnosis Description   Date of Onset
ICD-10   **W88.0XXA** **Exposure to X-rays, initial encounter**

Rendering   Price
Provider #   Indicator
                                        0 - No special condition

[Update Attachment A]

Patient Assessment Information (Attachment A)

P.O.T. Adherence   Feeding Method   Height   Weight
                                                   0ft. in.   **0lbs. 00oz.**

In-Home Assistance/Care Giver
0Hrs/Day 0Days/Wk

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)

ICD-CM Type ICD Code   Diagnosis Description   Date Of Onset

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

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

Please summarize the therapeutic goal to be met with the requested service(s)

Please list alternatives tried or considered and the reason why they are not feasible for this patient
Service Code   Describe Alternative Tried/Considered   Reason

Please explain why the least costly method of treatment is not being used.

Prescribing Physician Information
Physician Prescription
Necessary service
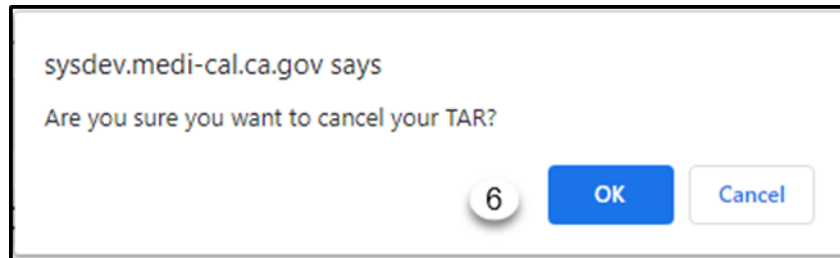
Physician's License #   Physician's Name
0099212421   **JOHN SMITH**

Physician's Phone   Prescription Date
(916)555-5555   **10012020**

[Provider] [Patient] [Services] [Cancel TAR] [Submit TAR]   (7)

Note: TAR web pages do not have numbered fields.

8. Select the appropriate **Attachment(s) Submission Option** radio button. Upload, fax or email attachments appropriate for the updated service only.

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

Or

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

Treatment Authorization Request

eTAR Medical Tutorials

Attachment(s) Submission Option:

- I will be uploading attachment(s) now
- I will be uploading attachment(s) (within 8 hours)
⑧ - I will be faxing attachment(s) now
- I will be faxing attachment(s) (within 8 hours)
- I will be mailing attachment(s) (within 5 days)
- I will not be submitting attachment(s)

FAX in California (877)270-8779 - FAX outside of California (916)384-9000

IMPORTANT: You must ALWAYS use the TAR 3, Treatment Authorization Request (TAR) ? Attachment Form as the FAX cover sheet when FAXing eTAR attachments.

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NOTE: TARs will be deferred if attachments are not received within the time stated above.

Verify that all information is correct before you submit your eTAR.
Be sure the following statement is accurate before submitting your eTAR:

"To the best of my knowledge, the information entered in this electronic submission is true, accurate and complete and the requested services are medically indicated and necessary to the health of the patient."

⑨ [Continue]   [Return to Summary] ⑩

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

Note: TAR web pages do not have numbered fields.

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

Thank You! Your TAR has been successfully submitted.

If you need to update this TAR, please wait 5 minutes.

* Prior Authorization Does Not Guarantee Claim Payment.

TAR # : 0400052927

Provider Information
Submitting Provider : 0099097830   Patient Record # :

Patient Information
Recipient ID :   Patient Name : CHRIS

Service Information

Service #	Service Ind.		Requested From Date	Requested Thru Date	
1	Subacute		12012019	04302020	
Service Code		Service Description		Status	(11)
11		Subacute		In Review	

Date & Time: 28-Dec-2020 17:33:42

Note: TAR web pages do not have numbered fields.

Correct Recipient ID Update Reason Code

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

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

1. Enter the **Original Recipient ID #** submitted on the TAR. *Required Field.

2. Enter the **Original TAR #** that was assigned by the system when the TAR was successfully submitted. *Required Field.

3. Use the **Update Reason** dropdown to select *Correct Recipient ID*. *Required Field.

4. Click **Update TAR** to correct the recipient ID on the existing TAR.

Note: TAR web pages do not have numbered fields.

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

Provider Information

Submitting Provider   Medicare Certified
                                                       N

Provider Name   Phone #   Fax #
TTG TEST NUMBER - HOSP   **(000)000-0000**
Street/Mailing Address   City   State   Zip Code
3215 PROSPECT PARK DR   **RNCHO CORDOVA**   **CA**   **95670**
Contact Name   Contact Phone #   Contact Extension
TAR Completed By

[Update Provider Information]

Patient Information
Recipient ID   Patient Record #

Special Handling
Last Name   First Name
Doe   **Jane**
Phone #   Date of Birth   Gender   Worker's Comp?
                     12021970   **Female**   **Unknown**
Miscellaneous TAR Information

                                     Medicare/OHC   Medicare/OHC
Residence Status   Medicare Denial Reason   Denial Date   Denial Certification   OHC Denial Reason
                   Under 65, does not have   **No**   **No Other Health Coverage**
                   Medicare Coverage
Mother/Transplant Recipient Providing Medi-Cal Eligibility
Last Name   First Name
Date Of Birth   Gender
Patient's Authorized Representative
Name
Street/Mailing Address
City   State   Zip Code

⑤ [Update Patient Information]

Service Information

[Update This Service]   [Cancel This Service]

Temporary Service Number : 1
Ind.   Service Code   Modifiers   Side
Inpat/Outpat - MRI   **70557**   **TC**
(Radiology)
Service Description   Total Units   From Date   Thru Date
                                     2

ICD-CM Type   ICD Code   Diagnosis Description   Date of Onset
ICD-10   **252.4**
Rendering   Price
Provider #   Indicator
                                     0 - No special condition

[Provider | **Patient** | Services | Cancel TAR | Submit TAR]

Note: TAR web pages do not have numbered fields.

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

7. Click **Continue**.

Patient Information

eTAR Medical Tutorials

Please Enter Patient Information

(6) * Recipient ID #

87654321A95001

Patient Record #

Special Handling

* Patient's Last Name

Doe

* Patient's First Name

Jane

Phone #

( ) -

* Date of Birth

10021948

* Male Female

○ ◉

* Work Related? ○ No ○ Yes ◉ Unknown

Residence Status

None

* Medicare Denial Reason

Under 65, does not have Medicare Coverage

Medicare/OHC Denial Date

mmddyyyy

* OHC Denial Reason

No Other Health Coverage

Mother/Transplant Recipient Providing Medi-Cal Eligibility

Last Name

First Name

Date of Birth

mmddyyyy

Male Female

○ ○

Patient's Authorized Representative

Name

Street/Mailing Address

City

State

Zip Code

(7)

Continue

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

Note: TAR web pages do not have numbered fields.

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

Patient Information

Recipient ID   Patient Record #

Special Handling

Last Name   First Name
Doe   **Jane**

Phone #   Date of Birth   Gender   Worker's Comp?
                 12021970   **Female**   **Unknown**

Miscellaneous TAR Information

                                      Medicare/OHC   Medicare/OHC
Residence Status   Medicare Denial Reason   Denial Date   Denial Certification   OHC Denial Reason
                   Under 65, does not have   **No**   **No Other Health Coverage**
                   Medicare Coverage

Mother/Transplant Recipient Providing Medi-Cal Eligibility
Last Name   First Name
Date Of Birth   Gender

Patient's Authorized Representative
Name

Street/Mailing Address

City   State   Zip Code

[Update Patient Information]

Service Information

[Update This Service]   [Cancel This Service]

Service Number : 1

Ind.   Service Code   Modifiers   Side
Inpat/Outpat - MRI   **27457**   **TC**   **LEFT**
(Radiology)

Service Description   Total Units   From Date   Thru Date
                                     1

ICD-CM Type   ICD Code   Diagnosis Description   Date of Onset
ICD-10   **252.4**

Rendering   Price
Provider #   Indicator
                                     0 - No special condition

[Update This Service]   [Cancel This Service]

Service Number : 2

Ind.   Service Code   Modifiers   Side
Inpat/Outpat - MRI   **93303**
(Radiology)

Service Description   Total Units   From Date   Thru Date
ECHO TRANSTHORACIC   **1**

ICD-CM Type   ICD Code   Diagnosis Description   Date of Onset
ICD-10   **W88.0XXA** **Exposure to X-rays, initial encounter**

Rendering   Price
Provider #   Indicator
                                     0 - No special condition

[Update Attachment A]

Patient Assessment Information (Attachment A)

P.O.T. Adherence   Feeding Method   Height   Weight
                                          0ft. in.   **0lbs. 00oz.**

In-Home Assistance/Care Giver
0Hrs/Day 0Days/Wk

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)

ICD-CM Type   ICD Code   Diagnosis Description   Date Of Onset

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

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

Please summarize the therapeutic goal to be met with the requested service(s)

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

Service Code   Describe Alternative Tried/Considered   Reason

Please explain why the least costly method of treatment is not being used.

Prescribing Physician Information

Physician Prescription
Necessary service

Physician's License #   Physician's Name
0099212421   **JOHN SMITH**

Physician's Phone   Prescription Date
(916)555-5555   **10012020**

⑧

[Provider] [Patient] [Services] [Cancel TAR] [Submit TAR]

Note: TAR web pages do not have numbered fields.

9. Select the appropriate **Attachment(s) Submission Option** radio button.

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

Or

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

Treatment Authorization Request

<div style="text-align:right">eTAR Medical Tutorials</div>

9 Attachment(s) Submission Option:

- ○ I will be uploading attachment(s) now
- ○ I will be uploading attachment(s) (within 8 hours)
- ○ I will be faxing attachment(s) now
- ○ I will be faxing attachment(s) (within 8 hours)
- ○ I will be mailing attachment(s) (within 5 days)
- ○ I will not be submitting attachment(s)

FAX in California (877)270-8779 - FAX outside of California (916)384-9000

IMPORTANT: You must ALWAYS use the TAR 3, Treatment Authorization Request (TAR) ? Attachment Form as the FAX cover sheet when FAXing eTAR attachments.

To order additional TAR 3, Treatment Authorization Request (TAR) ? Attachment Forms please call: (800) 541-5555 and follow the prompts for eTAR.

NOTE: TARs will be deferred if attachments are not received within the time stated above.

Verify that all information is correct before you submit your eTAR.
Be sure the following statement is accurate before submitting your eTAR:

"To the best of my knowledge, the information entered in this electronic submission is true, accurate and complete and the requested services are medically indicated and necessary to the health of the patient."

10 [Continue]   [Return to Summary] 11

Note: TAR web pages do not have numbered fields.

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

Thank You! Your TAR has been successfully submitted.

If you need to update this TAR, please wait 5 minutes.

* Prior Authorization Does Not Guarantee Claim Payment.

TAR # : 0511923806

Provider Information
Submitting Provider : 1801898929   Patient Record # : 12345

Patient Information (12)
Recipient ID : 87654321A95001   Patient Name : Jane Doe

Service Information

Service #	Service Ind.		Requested From Date	Requested Thru Date
1	Surgical/Other Procedure		11102011	11242011

Service Code	Modifiers				Service Description	Status
27457					REALIGNMENT OF KNEE	IN REVIEW

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

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

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

- The reject reason is due to failure to update a deferred TAR within the required 30-day timeframe. You must submit a new TAR.

- The reject reason is due to "TAR not required." You must use a "Special Handling Code" appropriate for the rejected service.

Note: TAR web pages do not have numbered fields.

Reauthorization Update Reason Code

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

Note: If previously approved units have not been used and you are requesting a change in date, use the Change in Service update reason.

1. Enter the **Original Recipient ID #** submitted on the TAR. *Required Field.
2. Enter the **Original TAR #** that was assigned by the system when the TAR was successfully submitted. *Required Field.
3. Use the **Update Reason** dropdown to select *Reauthorization*. *Required Field.
4. Select **Update TAR** to submit the reauthorization of the existing TAR.

Note: TAR web pages do not have numbered fields.

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

Note: TAR web pages do not have numbered fields.

6. In the **Total Units** field, enter the total number of units being requested. New units are added to the existing approved units to reflect the new total number of units being requested. For example, add 2 units to the previously approved 1 unit. Enter 3 for the Total Units.

7. In the **Thru Date** field, enter the new extended thru dates of service.

8. Select **Continue**.

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

Note: TAR web pages do not have numbered fields.

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

Update This Service	Cancel This Service

Temporary Service Number : 2

Ind.	Service Code	Modifiers	Side
Inpat/Outpat - MRI (Radiology)	93303		

Service Description	Total Units	From Date	Thru Date
	1		

ICD-CM Type	ICD Code	Diagnosis Description	Date of Onset
ICD-10	**W88.0XXA**		

Rendering Provider #	Price Indicator
	0 - No special condition

Update Attachment A

Patient Assessment Information (Attachment A)

P.O.T. Adherence	Feeding Method	Height	Weight

In-Home Assistance/Care Giver

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)

ICD-CM Type	ICD Code	Diagnosis Description	Date Of Onset

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

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

Please summarize the therapeutic goal to be met with the requested service(s)

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

Service Code	Describe Alternative Tried/Considered	Reason

Please explain why the least costly method of treatment is not being used.

Prescribing Physician Information
Physician Prescription
Necessary service

Physician's License #	Physician's Name
	John Smith

Physician's Phone	Prescription Date
(916)555-5555	**10012020**

Provider	Patient	Services	Cancel TAR	Submit TAR	⑨

Note: TAR web pages do not have numbered fields.

10. Select the appropriate **Attachment(s) Submission Option** radio button.

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

Or

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

Note: TAR web pages do not have numbered fields.

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

Thank You! Your TAR has been successfully submitted.

If you need to update this TAR, please wait 5 minutes.

* Prior Authorization Does Not Guarantee Claim Payment.

TAR # : **0400052927**

Provider Information

Submitting Provider : 0099097830   Patient Record # :

Patient Information

Recipient ID :   Patient Name : CHRIS

Service Information

Service #	Service Ind.		Requested From Date	Requested Thru Date
1	Subacute		12012019	04302020

Service Code	Service Description		Status
11	Subacute		In Review

Date & Time: 28-Dec-2020 17:33:42

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

Note: TAR web pages do not have numbered fields.

Update Deferred Service Update Reason Code

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

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

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

Note: TAR web pages do not have numbered fields.

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

Note: TAR web pages do not have numbered fields.

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

6. Click **Continue**.

Note: TAR web pages do not have numbered fields.

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

Patient Information

Recipient ID			Patient Record #	

Special Handling

Last Name				First Name	
Doe				**Jane**	

Phone #	Date of Birth	Gender	Worker's Comp?
	12021970	**Female**	**Unknown**

Miscellaneous TAR Information

Residence Status	Medicare Denial Reason	Medicare/OHC Denial Date	Medicare/OHC Denial Certification	OHC Denial Reason
	Under 65, does not have Medicare Coverage		**No**	**No Other Health Coverage**

Mother/Transplant Recipient Providing Medi-Cal Eligibility

Last Name	First Name
Date Of Birth	Gender

Patient's Authorized Representative
Name

Street/Mailing Address

City	State	Zip Code

[Update Patient Information]

Service Information

[Update This Service] [Cancel This Service]

Service Number : 1

Ind.	Service Code	Modifiers	Side
Inpat/Outpat - MRI (Radiology)	**27457**	**TC**	**LEFT**

Service Description	Total Units	From Date	Thru Date
	1		

ICD-CM Type	ICD Code	Diagnosis Description	Date of Onset
ICD-10	**252.4**		

Rendering Provider #	Price Indicator
	0 - No special condition

[Update This Service] [Cancel This Service]

Service Number : 2

Ind.	Service Code	Modifiers	Side
Inpat/Outpat - MRI (Radiology)	**93303**		

Service Description	Total Units	From Date	Thru Date
ECHO TRANSTHORACIC	**1**		

ICD-CM Type	ICD Code	Diagnosis Description	Date of Onset
ICD-10	**W88.0XXA**	**Exposure to X-rays, initial encounter**	

Rendering Provider #	Price Indicator
	0 - No special condition

[Update Attachment A]

Patient Assessment Information (Attachment A)

P.O.T. Adherence	Feeding Method	Height	Weight
		0ft. in.	**0lbs. 00oz.**

In-Home Assistance/Care Giver
0Hrs/Day 0Days/Wk

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)

ICD-CM Type	ICD Code	Diagnosis Description	Date Of Onset

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

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

Please summarize the therapeutic goal to be met with the requested service(s)

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

Service Code	Describe Alternative Tried/Considered	Reason

Please explain why the least costly method of treatment is not being used.

Prescribing Physician Information

Physician Prescription
Necessary service

Physician's License #	Physician's Name
0099212421	**JOHN SMITH**

Physician's Phone	Prescription Date
(916)555-5555	**10012020**

[Provider] [Patient] [Services] [Cancel TAR] [Submit TAR]   ⑦

Note: TAR web pages do not have numbered fields.

8. Select the appropriate **Attachment(s) Submission Option** radio button.

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

Or

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

Treatment Authorization Request

eTAR Medical Tutorials

8 Attachment(s) Submission Option:

○ I will be uploading attachment(s) now
○ I will be uploading attachment(s) (within 8 hours)
○ I will be faxing attachment(s) now
○ I will be faxing attachment(s) (within 8 hours)
○ I will be mailing attachment(s) (within 5 days)
○ I will not be submitting attachment(s)

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NOTE: TARs will be deferred if attachments are not received within the time stated above.

Verify that all information is correct before you submit your eTAR.
Be sure the following statement is accurate before submitting your eTAR:

"To the best of my knowledge, the information entered in this electronic submission is true, accurate and complete and the requested services are medically indicated and necessary to the health of the patient."

9 [Continue] [Return to Summary] 10

Note: TAR web pages do not have numbered fields.

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

Thank You! Your TAR has been successfully submitted.

If you need to update this TAR, please wait 5 minutes.

* Prior Authorization Does Not Guarantee Claim Payment.

TAR # : 0400052927

Provider Information
Submitting Provider : 0099097830   Patient Record # :

Patient Information
Recipient ID :   Patient Name : CHRIS

Service Information

Service #	Service Ind.		Requested From Date	Requested Thru Date	
1	Subacute		12012019	04302020	
Service Code		Service Description		Status	11
11		Subacute		In Review	

Date & Time: 28-Dec-2020 17:33:42

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

Note: TAR web pages do not have numbered fields.

Update Rejected Service Update Reason Code

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

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

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

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

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

1. Enter the **Original Recipient ID #** submitted on the TAR. *Required Field.

2. Enter the **Original TAR #** that was assigned by the system when the TAR was successfully submitted. *Required Field.

3. Use the **Update Reason** dropdown to select *Update Rejected Service*. *Required Field.

4. Select **Update TAR** to update a rejected service on an existing TAR.

Note: TAR web pages do not have numbered fields.

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

Patient Information

Recipient ID   Patient Record #

Special Handling

Last Name			First Name
Doe			Jane

Phone #	Date of Birth	Gender	Worker's Comp?
	12021970	Female	Unknown

Miscellaneous TAR Information

Residence Status	Medicare Denial Reason	Medicare/OHC Denial Date	Medicare/OHC Denial Certification	OHC Denial Reason
	Under 65, does not have Medicare Coverage		No	No Other Health Coverage

Mother/Transplant Recipient Providing Medi-Cal Eligibility

Last Name	First Name
Date Of Birth	Gender

Patient's Authorized Representative
Name

Street/Mailing Address

City	State	Zip Code

[Update Patient Information]

Service Information

⑤ [Update This Service]   [Cancel This Service]

Service Number : 1

Ind.	Service Code		Modifiers			Side
Inpat/Outpat - MRI (Radiology)	27457		TC			LEFT
Service Description		Total Units	From Date			Thru Date
		1				

ICD-CM Type	ICD Code	Diagnosis Description		Date of Onset
ICD-10	252.4			
Rendering Provider #		Price Indicator		
		0 - No special condition		

[Update This Service]   [Cancel This Service]

Service Number : 2

Ind.	Service Code		Modifiers			Side
Inpat/Outpat - MRI (Radiology)	93303					
Service Description		Total Units	From Date			Thru Date
ECHO TRANSTHORACIC		1				

ICD-CM Type	ICD Code	Diagnosis Description		Date of Onset
ICD-10	W88.0XXA	Exposure to X-rays, initial encounter		
Rendering Provider #		Price Indicator		
		0 - No special condition		

[Update Attachment A]

Patient Assessment Information (Attachment A)

P.O.T. Adherence	Feeding Method	Height	Weight
		0ft. in.	0lbs. 00oz.

In-Home Assistance/Care Giver
0Hrs/Day 0Days/Wk

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)

ICD-CM Type	ICD Code	Diagnosis Description		Date Of Onset

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

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

Please summarize the therapeutic goal to be met with the requested service(s)

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

Service Code	Describe Alternative Tried/Considered		Reason

Please explain why the least costly method of treatment is not being used.

Prescribing Physician Information

Physician Prescription
Necessary service

Physician's License #	Physician's Name
0099212421	JOHN SMITH
Physician's Phone	Prescription Date
(916)555-5555	10012020

[Provider] [Patient] [Services] [Cancel TAR] [Submit TAR]

Note: TAR web pages do not have numbered fields.

Change information on the selected service line that was rejected.

6. Click **Continue**.

Please Enter Service Information.

Service Information

Service Number

1

Update Reason

| Update Rejected Service ▾ |

Service Code

| 11 | ✕ |

Service Description

| Subacute |

Total Units

| 151 |

Quantity

| | | ▾ |

Frequency

| | / | ▾ |

Ant. Length of Need

| | / | ▾ |

From Date

| 12012019 |

Thru Date

| 04302020 |

Admit Date/Start of Care

| 03272018 |

Discharge Date

| mmddyyyy |

Admit From

| | ▾ |

Discharge

| | ▾ |

ICD Code (Decimal
Required)

ICD-CM Type

| ICD-10 ▾ |

| J96.10 |

Diagnosis Description

| Chronic respiratory failure, unsp w hyp |

Date of Onset

| 03072018 |

Rendering
Provider #

| |

Pricing Override Request

| | ▾ |

Enter Miscellaneous TAR Information (500 characters accepted)

| |

| Continue | (6)

Note: TAR web pages do not have numbered fields.

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

Patient Information

Recipient ID	Patient Record #

Special Handling

Last Name			First Name
Doe			**Jane**
Phone #	Date of Birth	Gender	Worker's Comp?
	12021970	**Female**	**Unknown**

Miscellaneous TAR Information

Residence Status	Medicare Denial Reason	Medicare/OHC Denial Date	Medicare/OHC Denial Certification	OHC Denial Reason
	Under 65, does not have Medicare Coverage		**No**	**No Other Health Coverage**

Mother/Transplant Recipient Providing Medi-Cal Eligibility

Last Name   First Name

Date Of Birth   Gender

Patient's Authorized Representative

Name

Street/Mailing Address

City   State   Zip Code

Update Patient Information

Service Information

Update This Service   Cancel This Service

Service Number : 1

Ind.	Service Code	Modifiers			Side
Inpat/Outpat - MRI (Radiology)	**27457**	**TC**			**LEFT**
Service Description		Total Units	From Date		Thru Date
		1			

ICD-CM Type	ICD Code	Diagnosis Description		Date of Onset
ICD-10	**252.4**			

Rendering
Provider #

Price
Indicator
0 - No special condition

Update This Service   Cancel This Service

Service Number : 2

Ind.	Service Code	Modifiers			Side
Inpat/Outpat - MRI (Radiology)	**93303**				
Service Description		Total Units	From Date		Thru Date
ECHO TRANSTHORACIC		**1**			

ICD-CM Type	ICD Code	Diagnosis Description		Date of Onset
ICD-10	**W88.0XXA**	**Exposure to X-rays, initial encounter**		

Rendering
Provider #

Price
Indicator
0 - No special condition

Update Attachment A

Patient Assessment Information (Attachment A)

P.O.T. Adherence	Feeding Method	Height	Weight
		0ft. in.	**0lbs. 00oz.**

In-Home Assistance/Care Giver
0Hrs/Day 0Days/Wk

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)

ICD-CM Type   ICD Code   Diagnosis Description   Date Of Onset

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

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

Please summarize the therapeutic goal to be met with the requested service(s)

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

Service Code   Describe Alternative Tried/Considered   Reason

Please explain why the least costly method of treatment is not being used.

Prescribing Physician Information

Physician Prescription
Necessary service

Physician's License #	Physician's Name
0099212421	**JOHN SMITH**
Physician's Phone	Prescription Date
(916)555-5555	**10012020**

Provider | Patient | Services | Cancel TAR | Submit TAR   (7)

Note: TAR web pages do not have numbered fields.

8. Select the appropriate Attachment(s) Submission Option radio button.

9. Click Continue to submit the eTAR for review.

Or

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

Treatment Authorization Request

eTAR Medical Tutorials

8 Attachment(s) Submission Option:

○ I will be uploading attachment(s) now
○ I will be uploading attachment(s) (within 8 hours)
○ I will be faxing attachment(s) now
○ I will be faxing attachment(s) (within 8 hours)
○ I will be mailing attachment(s) (within 5 days)
○ I will not be submitting attachment(s)

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Verify that all information is correct before you submit your eTAR.
Be sure the following statement is accurate before submitting your eTAR:

"To the best of my knowledge, the information entered in this electronic submission is true, accurate and complete and the requested services are medically indicated and necessary to the health of the patient."

9 Continue   Return to Summary 10

Note: TAR web pages do not have numbered fields.

75

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

Thank You! Your TAR has been successfully submitted.

If you need to update this TAR, please wait 5 minutes.

* Prior Authorization Does Not Guarantee Claim Payment.

TAR # : **0400052927**

Provider Information
Submitting Provider : 0099097830   Patient Record # :

Patient Information
Recipient ID :   Patient Name : CHRIS

Service Information

Service #	Service Ind.		Requested From Date	Requested Thru Date	
1	Subacute		12012019	04302020	
Service Code		Service Description		Status	
11		Subacute		In Review	

Date & Time: 28-Dec-2020 17:33:42

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

Note: TAR web pages do not have numbered fields.

Submit Attachments

Upload Attachments Online

1. Click **Upload TAR Attachments**.
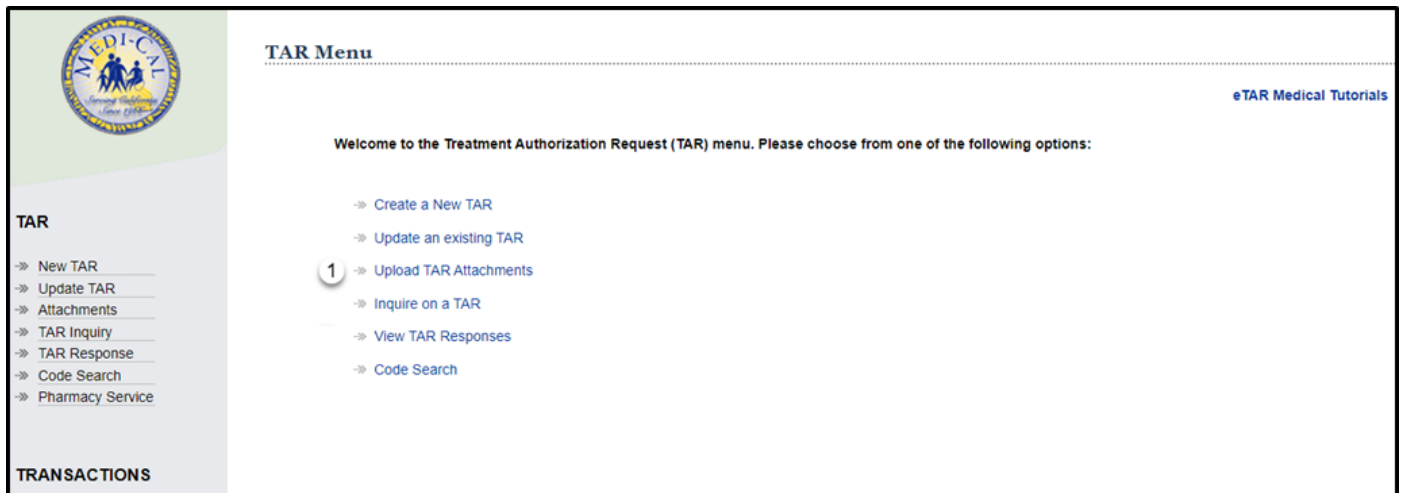
The NPI used to log in to Transaction Services will automatically populate in the **Original Submitting Provider #** field.

Note: If attachments need to be uploaded under a different provider number, log out and log in using the correct provider number. Legacy number usage is permitted only to providers authorized by DHCS.

2. Enter the **Original Recipient ID #** submitted on the TAR. *Required Field.

3. Enter the **Original TAR #** that was assigned by the system when the TAR was successfully submitted. *Required Field.

4. Click **Submit Attachment**.

Update TAR

Please enter original TAR information to retrieve your TAR for updating.

* Original Submitting Provider #

2   * Original Recipient ID # [   ]

3   * Original TAR # [   ]

4   [Submit Attachment]

Note: TAR web pages do not have numbered fields.

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

Or

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

Treatment Authorization Request

The information you entered has passed validation. Click on Continue to send your attachments or Cancel to return to the TAR Menu.

Verify that all information is correct before you submit your eTAR.
Be sure the following statement is accurate before submitting your eTAR:

"To the best of my knowledge, the information entered in this electronic submission is true, accurate and complete and the requested services are medically indicated and necessary to the health of the patient."

5   Continue   Cancel TAR Update   6

Note: TAR web pages do not have numbered fields.

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

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

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

Note: TAR web pages do not have numbered fields.

8. Find the appropriate file on your computer to upload. Click **Open** to load the file.
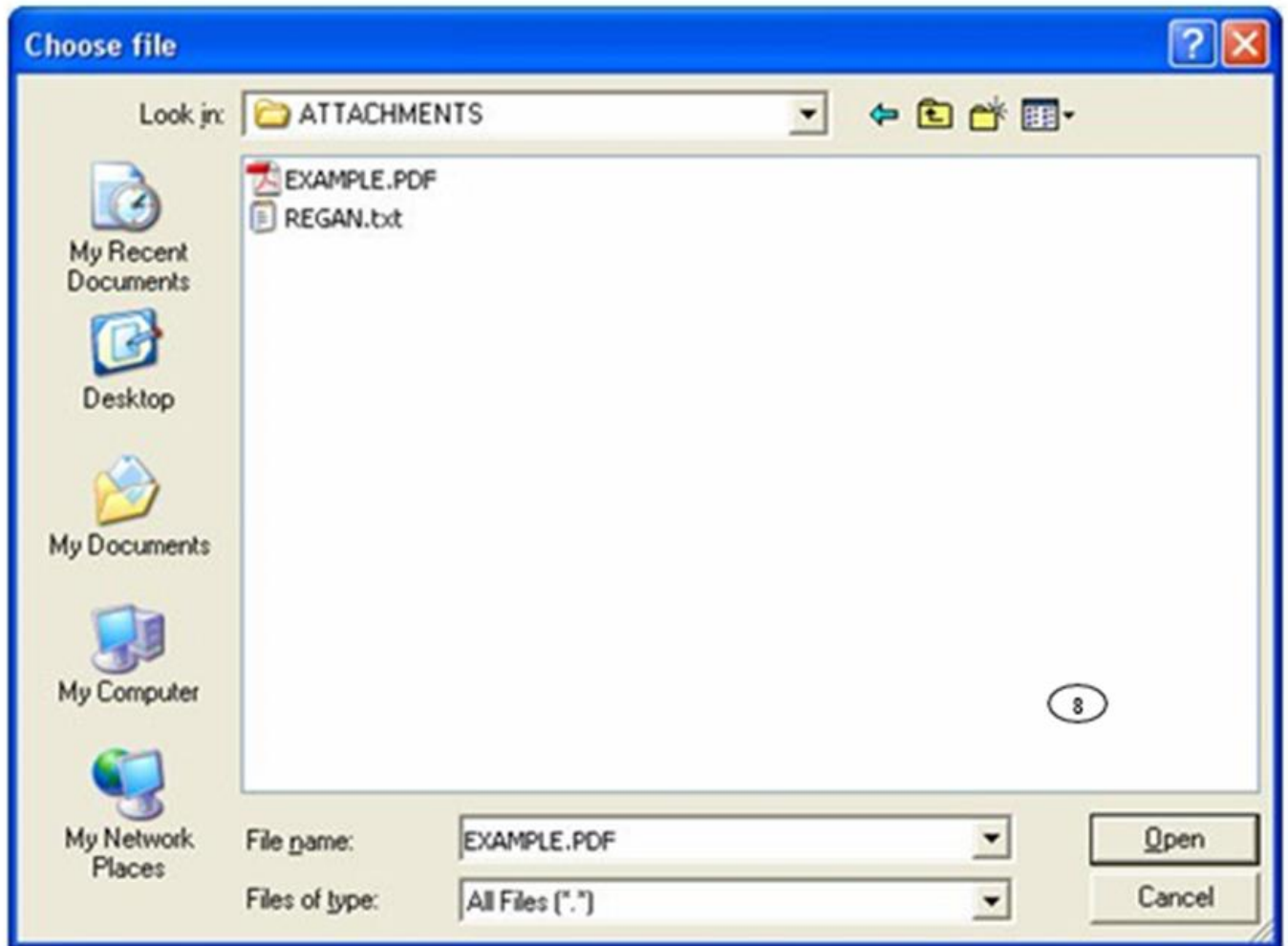
9. Click **Upload Files** to submit attachments. Continue steps 7-8 until all necessary files are uploaded

<u>**Or**</u>

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

TCN:	0400001556
Provider ID:	9876543210
Provider Cntl Nbr:	

FAX Number:

Recipient ID: 87654321A95001

Medi-Cal recommends that image attachments be greyscale, between 150 and 300 DPI

Medi-Cal only accepts attachments with the following file extensions:

.jpg, .jpeg, .gif, .png, .tif, .bmp, .pdf, .txt

Enter the file name(s) to upload

D:\Documents and Settings\fzcy5\	Browse...
	Browse...
	Browse...
	Browse...
	Browse...
	Browse...
	Browse...
	Browse...
	Browse...
	Browse...

Use the Browse button to select the file name from your PC.
After selecting the file(s), click on the Upload File button to upload the file to Medi-Cal.

(9)   (10)

[Upload Files]   [Reset]

Note: If a button labeled "Browse..." does not appear, then your browser does not support File Upload.

Note: TAR web pages do not have numbered fields.

Confirmation Message

A confirmation message appears after uploading file(s) and contains the file name, tracking number, as well as the start and end times of the uploaded attachment.
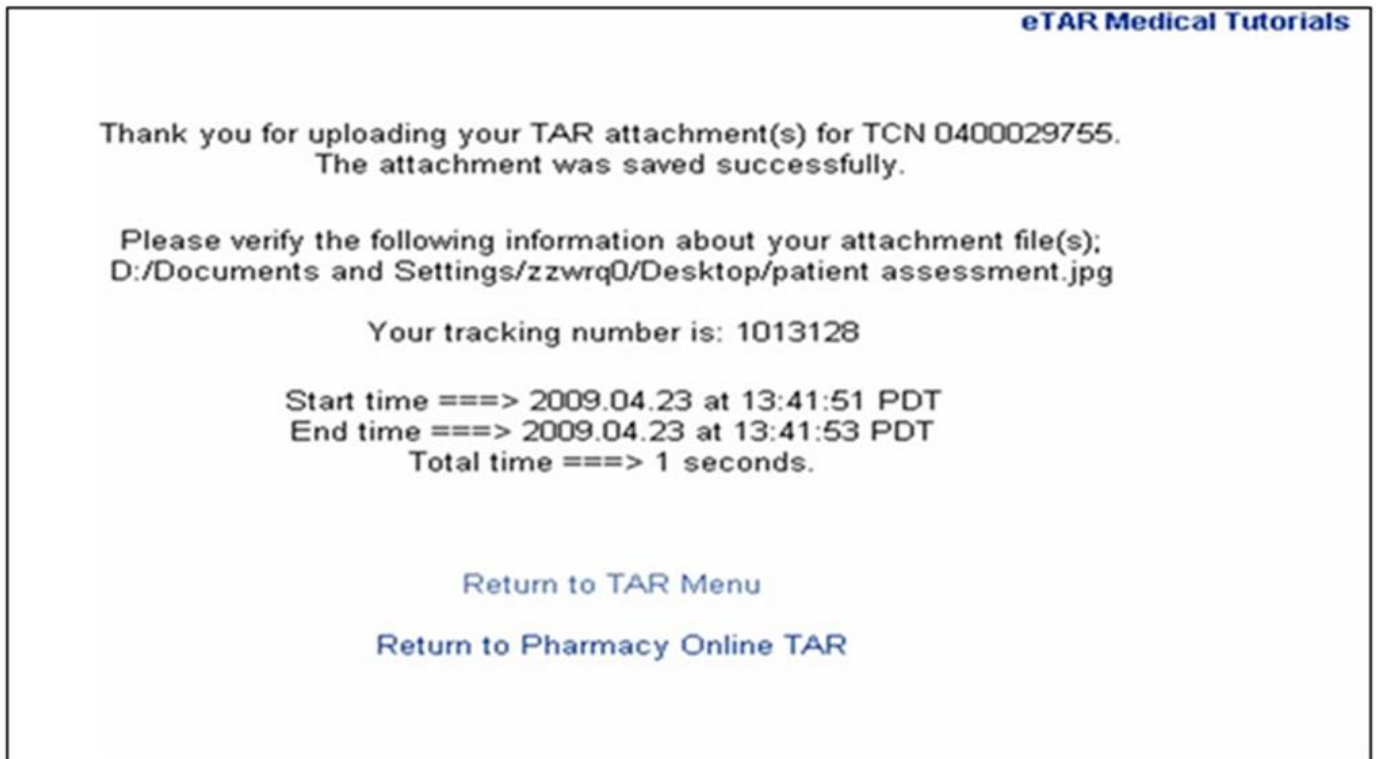
Note: It is important that you make a note of the tracking number and capture a screen print before stepping out of this screen because the tracking number will not be saved.

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

Note: TAR web pages do not have numbered fields.

TAR 3 Attachment Form

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

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

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

Note: TAR web pages do not have numbered fields.

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

1. Enter the **Submitting Provider #**. This number must match the information entered on the TAR.

2. Enter the **Provider Phone #**.

3. Enter the **Provider Fax #**.

4. Enter the **Provider Name** of the submitting provider.

5. Enter the **Provider Street/Mailing Address**.

6. Enter the **City**.

7. Enter the **State**.

8. Enter the **Zip Code**.

9. Enter the **Original TAR Number** associated with the attachments being submitted. The number assigned must match the TCN created by eTAR.

TREATMENT AUTHORIZATION REQUEST - ATTACHMENT FORM

STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES

INTERNAL CONTROL NUMBER - FI USE ONLY

3

CONFIDENTIAL PATIENT INFORMATION   PLEASE TYPE INFORMATION

PART I: PROVIDER INFORMATION

| 1 SUBMITTING PROVIDER # | 2 PATIENT RECORD # | 2 PROVIDER PHONE # | 3 PROVIDER FAX # |

| 5 PROVIDER NAME | 10 MEDICARE CERTIFIED |
(4)

| 6 PROVIDER STREET/MAILING ADDRESS | 11 PROVIDER CONTACT NAME |
(5)

| 7 CITY | 7 STATE | 8 ZIP CODE | 12 PROVIDER CONTACT PHONE # |
(6)   CA

| 13 ORIGINAL TAR NUMBER | 14 UPDATE RSN | 15 SPCL HNDLG | 16 RETRO RSN | 17 RETRO DATE |
(9)

Note: TAR web pages do not have numbered fields.

10. Enter the patient's **Medi-Cal Identification Number** submitted on the eTAR. This number must match the information entered on the eTAR.

11. Sign the attachment form at the **Signature of Physician or Provider**.

   Note: Due to the *Internet/POS Network Agreement* form submission, the person completing the eTAR can provide this signature.

12. Enter the **Date** (mmddyyyy).

Download TAR 3 Attachment Form

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

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

Note: TAR web pages do not have numbered fields.

Attachment Submission

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

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

Mail eTAR attachments to the following address:

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

Notes:

- Attach the completed *TAR 3 Attachment Form* as the cover sheet for faxed and mailed attachments to mail and fax attachments.

- When faxing attachments for multiple TCNs, submit attachments for each TCN as its own fax. The fax system does not differentiate attachments for different TAR numbers when sent together as a single fax.

- It is important to turn off batching function options or auto coversheet options on the fax machines used.

- Overnight delivery or FedEx cannot be used. A signature is required upon delivery and mailed attachments arrive to a P.O. Box.

Note: TAR web pages do not have numbered fields.

Inquire on a TAR

TAR Inquiry

1. Select the **Inquire on a TAR** link to view adjudication decisions and field office comments on a TAR. Both **View TAR Responses** and **Inquire on a TAR** provide the Pricing Indicator (PI) for an Approved or Modified TAR, which is required to submit a claim. The PI is the 11th digit of the TAR Control Number.
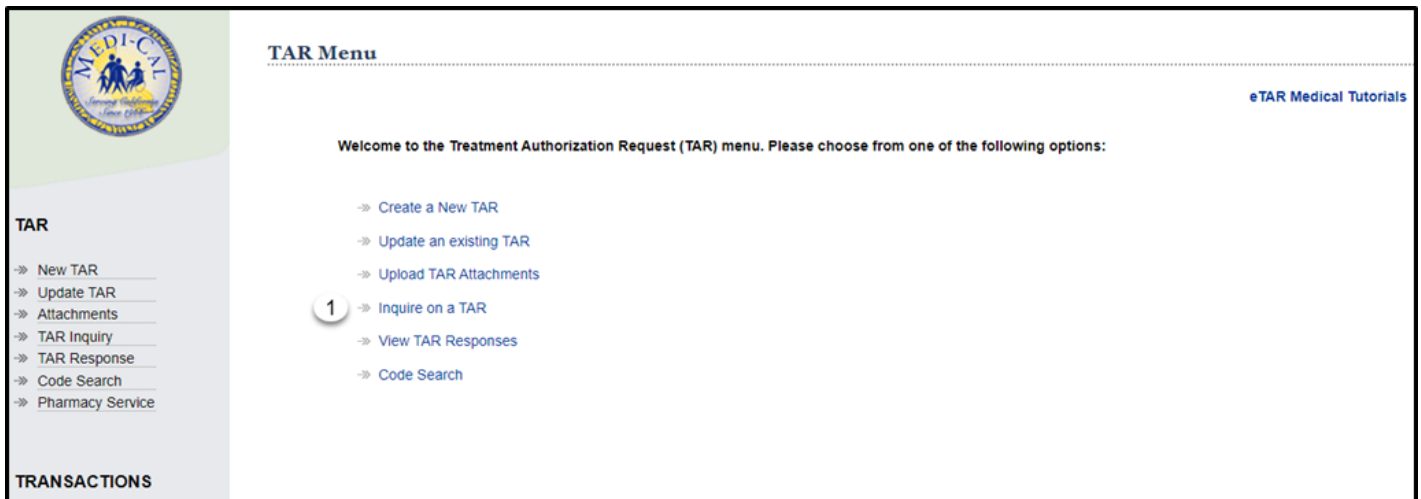
Note: Entering a rendering provider number on an eTAR will give the provider access to Inquire on a TAR.

Note: TAR web pages do not have numbered fields.

Inquire by TAR Number

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

1. Enter the **TAR Number** to search for the appropriate TAR. Ignore all other fields.

2. Click **Continue** and a window appears.

Inquiry Selection Criteria

Please Enter Inquiry Selection Information.

Service Indicator

Provider: 0099212421

1   TAR Number:

Patient Record #:

Recipient ID:

Special Handling

Status			
	Receipt Dates Begin: mmddyyyy	End: mmddyyyy	
☐ Approved	Service Dates Begin: mmddyyyy	End: mmddyyyy	
	Service From Dates Begin: mmddyyyy	End: mmddyyyy	
☐ Deferred	Service Thru Dates Begin: mmddyyyy	End: mmddyyyy	
☐ Denied			
☐ Modified			
☐ In Review			

2   Continue

Note: TAR web pages do not have numbered fields.

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

sysdev.medi-cal.ca.gov says

If a TCN was entered, all other values are ignored

3   OK
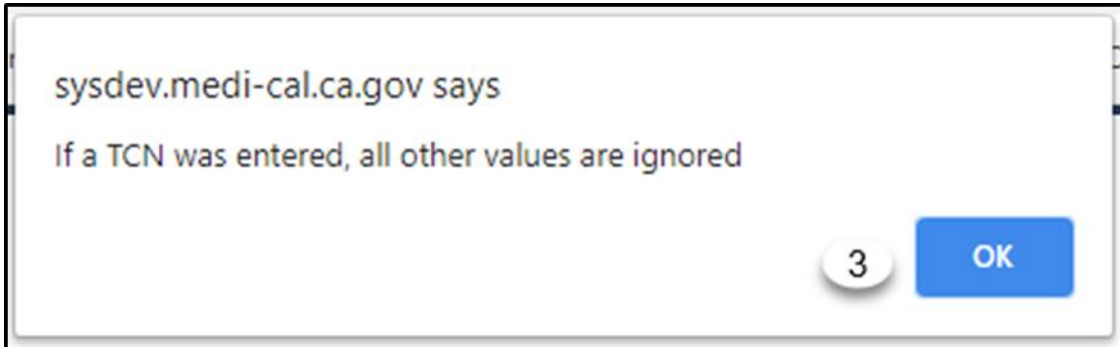
Note: TAR web pages do not have numbered fields.

Inquire without TAR Number

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

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

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

Note: TAR web pages do not have numbered fields.

7. Enter the **Patient Record #** submitted on the TAR.

8. Enter the **Recipient ID** submitted on the TAR.

9. Enter a date range in the **Receipt Dates Begin** and **End** (mmddyyyy) field to search for TARs submitted on a specific date.

10. Enter a date range in the Service Dates Begin and End (mmddyyyy) field to search for TARs with specific service dates.

11. Enter a date range in the Service From Dates Begin and End (mmddyyyy) field to search for TARs with specific From dates.

12. Enter a date range in the Service Thru Dates Begin and End (mmddyyyy) field to search for TARs with specific Thru dates.

13. Select **Continue** to initiate the search.

Note: TAR web pages do not have numbered fields.

Inquiry Selection List

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

Inquiry Selection List

eTAR Medical Tutorials

Please click on the TAR Inquiry you would like to retrieve.

TCN	P.I.	Patient Record #	Recip ID	Service #	Indicator	Service Code	Service Description	Rendering Provider	Last Name	Received	Status
0400052692	0		90004999A	1	Inpat/Outpat - MRI (Radiology)	70557	MRI BRAIN W/O DYE		Doe	11232020	Rejected
0400052692	0		90004999A	2	Inpat/Outpat - MRI (Radiology)	93303	ECHO TRANSTHORACIC		Doe	11232020	Rejected
0400052692	0		90004999A	3	Inpat/Outpat - MRI (Radiology)	27457	REALIGNMENT OF KNEE		Doe	11232020	Rejected

Note: TAR web pages do not have numbered fields.

View TAR Summary

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

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

Note: TAR web pages do not have numbered fields.

Response Selection List

2. Current and previously adjudicated versions of the TAR are listed on the **Response Selection List**. To view the current version, locate the most recent date in the **Response Date** column of the service line.

3. Select the **TCN** of the TAR service line to view the detailed TAR Response information.

TAR Response

1. The **PI** for each service line is shown on this page. This digit is required for submitting claims. Once the TAR is approved, the PI becomes the 11th digit of the TCN, which is used when submitting claims.

2. The **Action Reason List** provides specific reasons why the TAR service line was deferred, denied, modified or approved.

3. The **TAR Review Comments** displays comments entered by the Medi-Cal field office reviewer. See the Updating an Existing TAR section of this User Guide for more information.

TAR Response

eTAR Medical Tutorials

TAR Control # :	P.I. : ①	Service # :	Response Date :
0400026184	**0**	**1**	**01082008**

Recipient ID :

87654321D95001

Submitting Provider :	Patient Record # :
1234567890	

Service Code :	Modifiers :
G0154	

Service Description :

SKILLED NURSING SERVICES

From Date :	Thru Date :
12012007	**12312007**

Quantity :	Units :
	16

Status :

Deferred

Service Code	Service Description	Total Units

② Action Reason List :

The request has been deferred. Please see the reviewers comments for deferral reasons.

③ TAR Review Comments :

Please submit documentation to support request.

Note: TAR web pages do not have numbered fields.

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

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

TAR Response

eTAR Medical Tutorials

TAR Control # :	P.I. :	Service # :	Response Date :
0400026184	0	1	01082008

Recipient ID :
87654321D95001

Submitting Provider :   Patient Record # :
1234567890

Service Code :   Modifiers :
G0154

Service Description :
SKILLED NURSING SERVICES

From Date :   Thru Date :
12012007   12312007

Quantity :   Units :
④   ④
                                      0
Status :
Approved

Service Code	Service Description	Total Units

Action Reason List :

Approved as submitted

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

Note: TAR web pages do not have numbered fields.

View TAR Responses

TAR Response

1. Select the **View TAR Responses** link to view adjudication decisions and field office comments on a TAR. Both **TAR Inquiry** and **View TAR Responses** provide the PI for an Approved or Modified TAR which is required to submit a claim. The PI becomes the 11th digit of the TAR Control Number.
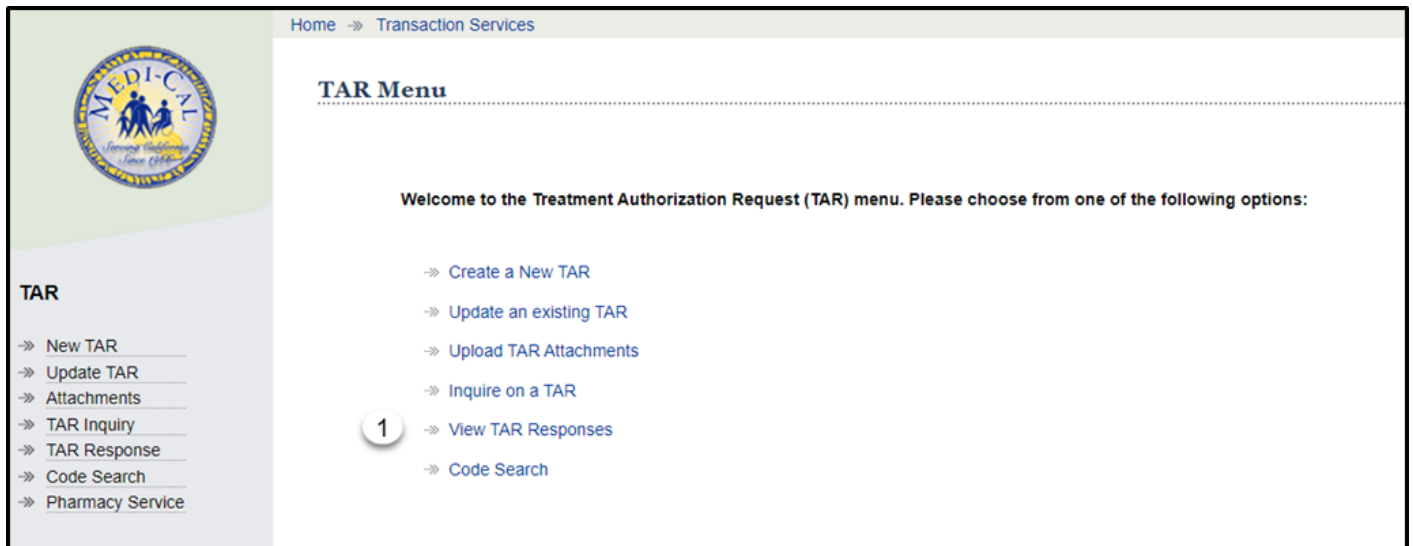
Note: Entering a rendering provider number on an eTAR gives the provider access to inquire on an eTAR.

Note: TAR web pages do not have numbered fields.

Selection Criteria

2. Enter the **TAR Number** to search for the appropriate TAR. If using the TAR number, no other fields are necessary and will be ignored.

3. The **Submitting Provider ID** will self-populate. To view a TAR submitted under a different provider number, log out and log in using the correct provider number.

4. Enter the **Incoming Recipient ID** submitted on the TAR.

5. Enter the **Patient Record Number** submitted on the TAR.

6. Select the **Deferred, Denied, Modified, Approved or All** radio button. If **All** is selected, enter a date range..

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

7. Select the **Unviewed** or **Viewed** radio button depending on whether the TAR response was previously viewed by others. It may be necessary to choose between unviewed and viewed to reveal all responses for the TAR.

8. Enter the **Begin Date** (mmddyyyy) for the requested start of service date.

9. Enter the **End Date** (mmddyyyy) for the requested end of service date. When using response dates, the End Date must be no more than 31 days after Begin Date.

10. Click **Continue** once the information is complete.

Note: TAR web pages do not have numbered fields.

Response Selection List

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

Response Selection List

eTAR Medical Tutorials

① Please click on the TAR Response you would like to retrieve.

TCN	Service #	Service Description	Status	Patient Record #	Response Date
0400026184	1	SKILLED NURSING SERVICES	Deferred		01042018
0400026184	1	SKILLED NURSING SERVICES	Approved		01042018

Note: TAR web pages do not have numbered fields.

View TAR Response

1. The **PI** for each service line is shown on this page. This digit is required for submitting claims. Once the TAR is approved, the PI becomes the 11th digit of the TCN for submitting claims.

2. The **Action Reason List** provides specific reasons why the TAR service line was Deferred, Denied, Modified or Approved.

3. The **TAR Review Comments** displays comments entered by the Medi-Cal field office reviewer. See the Updating an Existing TAR section of this User Guide for more information.

TAR Response

 eTAR Medical Tutorials

TAR Control # :	P.I. :	Service # :	Response Date :
0400026184	0	1	01082008

Recipient ID :

87654321D95001

Submitting Provider :	Patient Record # :
1234567890	

Service Code :	Modifiers :
G0154	

Service Description :

SKILLED NURSING SERVICES

From Date :	Thru Date :
12012007	12312007

Quantity :	Units :
	16

Status :

Deferred

② Service Code   Service Description   Total Units

Action Reason List :

③ **The request has been deferred. Please see the reviewers comments for deferral reasons.**

TAR Review Comments :

Please submit documentation to support request.

Note: TAR web pages do not have numbered fields.

View TAR Response (Cont.)

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

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

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

TAR Response

<div align="right">

eTAR Medical Tutorials

</div>

TAR Control # :	P.I. :	Service # :	Response Date :
0400026184	**0**	**1**	**01082008**

Recipient ID :

87654321D95001

Submitting Provider :	Patient Record # :
1234567890	

Service Code :	Modifiers :
G0154	

Service Description :

SKILLED NURSING SERVICES

From Date :	Thru Date :
12012007	**12312007**

Quantity :   ④ Units :

                         0

Status :

④ **Approved**

Service Code	Service Description	Total Units

Action Reason List :

Approved as submitted

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

Note: TAR web pages do not have numbered fields.

TAR Menu Code Search

Accessing Code Search

A Code Search may be accessed from the TAR Menu. Select **Code Search** to begin.
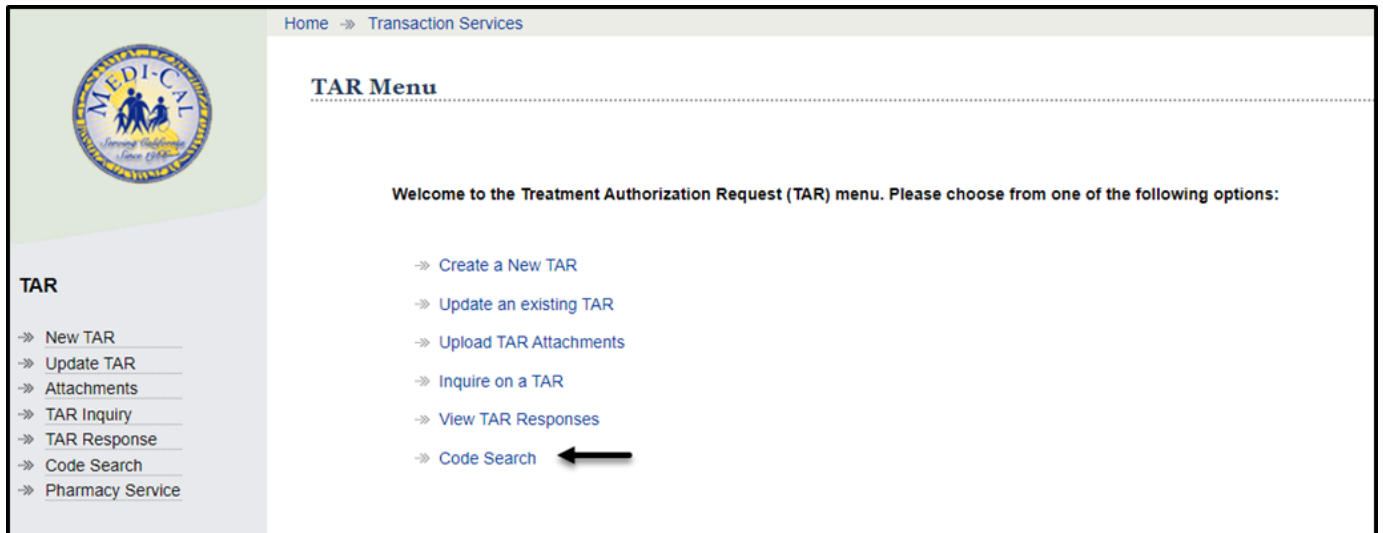
Note: TAR web pages do not have numbered fields.

Using Code Search

1. Select the appropriate code type from the **Please choose the type of code to search for:** to search for the following types of codes or descriptions:

    – Select the **Procedure** radio button to search for procedure codes. The Medi-Cal Provider Manual is the final resource to determine if a TAR is required.

    – Select the **Modifier** radio button to search for a modifier code.

    – Select the **Accommodation** radio button when submitting Long Term Care services code.

    – Select the **Level of Care** radio button when submitting Long Term Care or Hospital Day services codes.

    – Select the appropriate **Diagnosis** radio button when submitting ICD codes.

    – Select the **Functional Limits** radio button to search for functional limitation codes.

    – Select the **Medical Status** radio button for medical status codes. Select the **Get Service Category from Service Code** radio button to determine what service category to select based on the service code.

2. Select the appropriate type of search under **Please choose the type of search**:

    – Click the **Search by Description** radio button when the service code is unknown.

    – Click the **Search by Code** radio button when the description is unknown.

3. In the blank **Please enter text to search for**: field, enter the description or code.

4. Click **Search** to complete the search function.

Note: TAR web pages do not have numbered fields.

Code Search List

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

Code Search List

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

Note: TAR web pages do not have numbered fields.

Appendix

Acronyms

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

Acronyms (continued)

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

Acronyms (continued)

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

Appendix A: eTAR Glossary

Medical Status Codes and Descriptions

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

Medical Status Codes and Descriptions (continued)

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

Medical Status Codes and Descriptions (continued)

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

Medical Status Codes and Descriptions (continued)

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

Medical Status Codes and Descriptions (continued)

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

Medical Status Codes and Descriptions (continued)

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

Medical Status Codes and Descriptions (continued)

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

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 (hematemisis)
427	General patient condition: Sleep Apnea
428	General patient condition: Syncope
429	General patient condition: Dizziness/lightheadedness
430	General patient condition: Fever (febrile)
431	General patient condition: Jaundiced
432	General patient condition: Cyanosis

Medical Status Codes and Descriptions (continued)

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

Appendix B: eTAR Glossary

Functional Limitation Codes and Descriptions

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

Functional Limitation Codes and Descriptions (continued)

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

Functional Limitation Codes and Descriptions (continued)

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

Functional Limitation Codes and Descriptions (continued)

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

Functional Limitation Codes and Descriptions (continued)

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

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