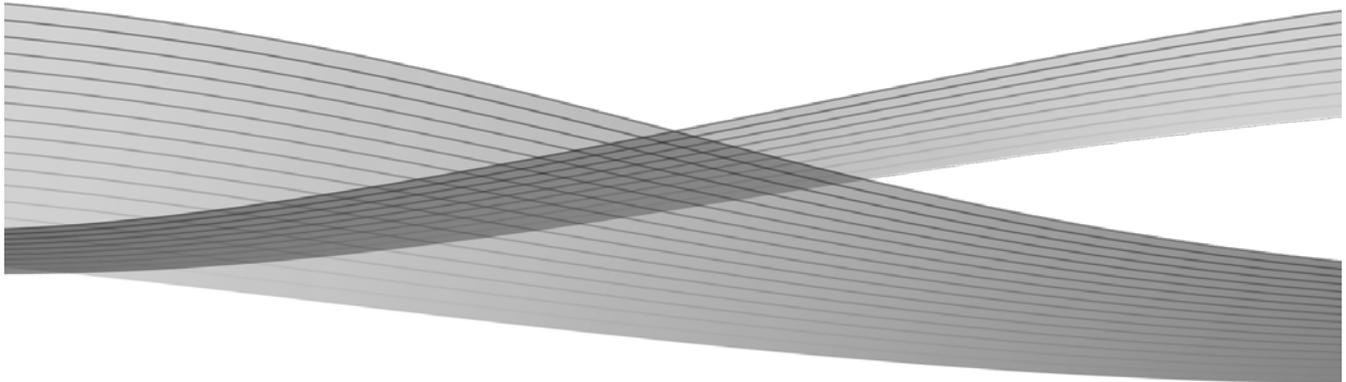




Treatment Authorization Request Medical User Guide 2016

Long Term Care





The Outreach and Education team includes Regional Representatives, the Small Provider Billing Unit (SPBU) and Coordinators who are available to train and assist providers to efficiently submit their Medi-Cal claims for payment.

The Medi-Cal Learning Portal (MLP) brings Medi-Cal learning tools into the 21st Century. Simply complete a one-time registration to gain access to the MLP's easy-to-use resources. View online tutorials, live and recorded webinars from the convenience of your own office and register for provider training seminars. For more information call the Telephone Service Center (TSC) at 1-800-541-5555 or go to the MLP at <http://www.medi-cal.ca.gov/education.asp>.

Free Services for Providers

Provider Seminars and Webinars

Provider training seminars and webinars offer basic and advanced billing courses for all provider types. Seminars are held throughout California and provide billing assistance services at the Claims Assistance Room (CAR). Providers are encouraged to bring their more complex billing issues and receive individual assistance from a Regional Representative.

Regional Representatives

The 24 Regional Representatives live and work in cities throughout California and are ready to visit providers at their office to assist with billing needs or provide training to office staff.

Small Provider Billing Unit

The four SPBU Specialists are dedicated to providing 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 SPBU Billing Assistance and Training Program, call 916-636-1275 or 1-800-541-5555.

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

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Module A. Introduction

Section 1. Training Policy

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

The Medi-Cal Provider Manual contains the most current program, policy and claims information. The Provider Manual is updated monthly and is accessible on the Medi-Cal website.

Section 2. eTAR Acronyms

ANSI	American National Standards Institute
BIC	Benefits Identification Card
CAASD	Clinical Assurance & Administrative Support Division
CCS	California Children's Services
CPSP	Comprehensive Prenatal Services Program
DHCS	Department of Health Care Services
DME	Durable Medical Equipment
DOS	Date of Service
DX	Diagnosis Code
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
ETAR	Electronic Treatment Authorization Request
FPACT	Family Planning, Access, Care and Treatment
FQHC	Federally Qualified Health Center
ICF	Intermediate Care Facility
ICF-DD	Intermediate Care Facility Developmentally Disabled
ICF-DDH	Intermediate Care Facility Developmentally Disabled Habilitative
ID	Identification
IHO	In Home Operation
LTC	Long Term Care
MDS	Minimum Data Set
MMDDYYYY	Two digit month and date, four digit year (ex. 10232015)
NCPDP	National Council for Prescription Drug Program
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
OHC	Other Health Care Coverage
OCR	Optical Character Recognition
PED	Provider Enrollment Department
PI	Pricing Indicator
PIN	Personal Identification Number
POC	Plan of Care
POE	Proof of Eligibility
POS	Point of Service
TSC	Telephone Service Center
SOC	Share of Cost
SSL	Secure Socket Layer
TAR	Treatment Authorization Request
TCN	TAR Control Number

Section 3. Purpose and Objectives

This guide will familiarize users with the Medi-Cal electronic Treatment Authorization Request (eTAR) website so that users may submit eTARs online.

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

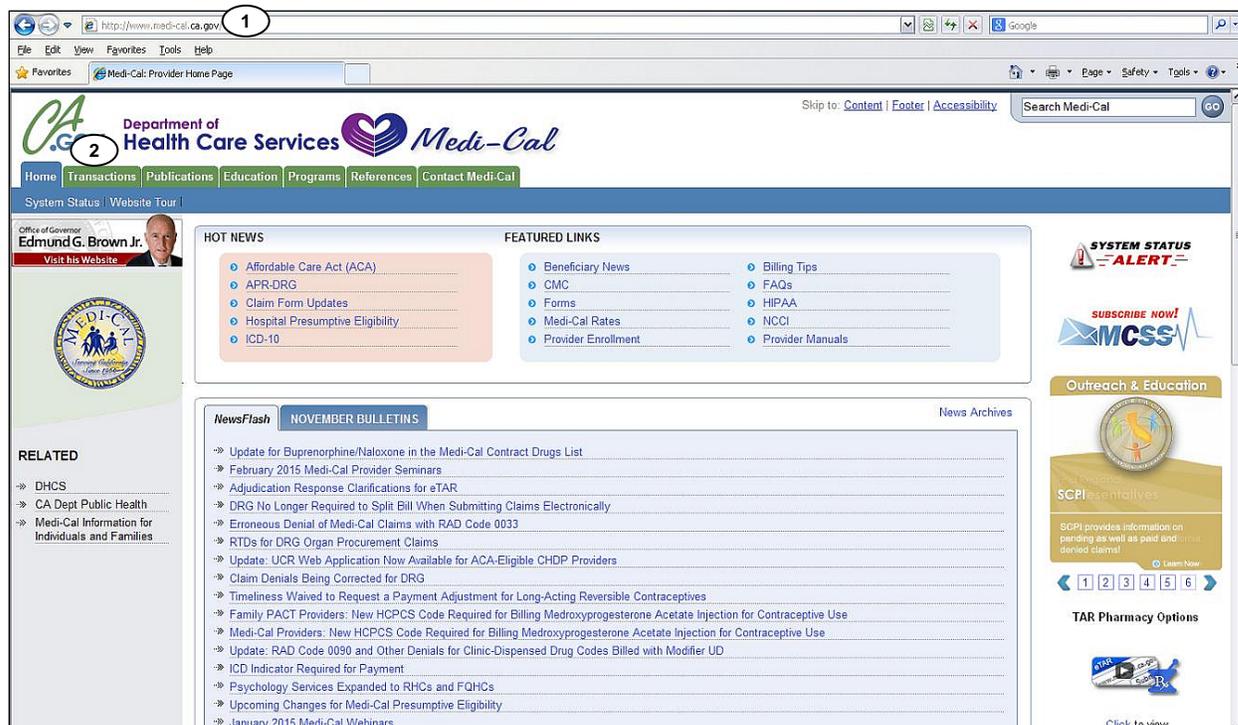
- ◆ Access the Medi-Cal website.
- ◆ Log in to the Transaction Services menu.
- ◆ Access the TAR menu.
- ◆ Create eTARs, update eTARs, and check TAR statuses online.
- ◆ Submit attachments.

General Guidelines

- ◆ An asterisk symbol (*) means the field is required.
- ◆ A downward arrow next to a field means there is a drop-down list that will allow the user to choose from existing options.
- ◆ Decimal points are required when indicated.
- ◆ Verify the cursor is located in a field before using the backspace key to delete a character.
- ◆ Date must be completed with a two digit month, two-digit date, and four digit year (mmddyyyy). Example: June 10, 2015 is 06102015.
- ◆ Do not click Back from the internet browser while submitting an eTAR.
- ◆ The eTAR Medical Tutorials link is accessible from the upper right corner on all eTAR Medical webpages.
- ◆ If a window does not appear and the fax attachments option is selected, there may be a pop-up blocker activated.
- ◆ Enter a rendering provider number to allow another provider to inquire on eTAR service information.

Module B. Accessing the TAR Menu

Section 1. Accessing the TAR Menu



1. To access the Medi-Cal website, enter (*www.medi-cal.ca.gov*) in the address bar of the browser. To ensure that all customer data transmitted over the internet remains confidential, the Department of Health Care Services (DHCS) and the DHCS Fiscal Intermediary (FI) have instituted electronic security measures using industry-standard encryption technology, including:
 - Authentication: Requiring users to enter ID and password
 - Secure Socket Layer (SSL) technology: Online two-way data encryption
2. Click **Transactions** tab from the Medi-Cal home page.
 Website Help: Call the Telephone Support Center at 1-800-541-5555.

Accessing the TAR Menu

CA.GOV Department of Health Care Services Medi-Cal

Home Transactions Publications Education Programs References Contact Medi-Cal

System Status | Login | Services Available | Enrollment Requirements

Home

Login to Medi-Cal

WARNING: This is a State of California computer system that is for official use by authorized users and is subject to being monitored and/or restricted at any time. Confidential information may not be accessed or used without authorization. Unauthorized or improper use of this system may result in administrative disciplinary action and/or civil and criminal penalties. By continuing to use this system you indicate your awareness of and consent to these terms and conditions of use. **LOG OFF IMMEDIATELY** if you are not an authorized user or do not agree to the conditions stated in this warning.

All ASC X12N 837 v.4010A1 transactions submitted on or after 5 p.m. on April 30, 2013, will be deleted with CMC error codes 58: Media type/claim type not valid for this submitter and 55: Submitter/claim type not approved for included attachment.

Any 4010/4010A1 or NCPDP 5.1/1.1 transactions submitted after this date will be rejected and result in non payment of claims.

Submitters who have not certified or converted to ASC X12N 5010 and NCPDP D.0/1.2 formats can contact the Computer Media Claims (CMC) Help Desk to schedule testing by calling the Telephone Service Center (TSC) at 1-800-541-5555 and selecting option 4 then option 2.

Additional information can be located on the HIPAA/5010/4010/NCPDP page located under the References tab of the Medi-Cal website.

Please enter your User ID and Password. Click Submit when done.

Visit Transaction Enrollment Requirements for Medi-Cal.

Please enter your User ID: 3

Please enter your Password: 4

5 Submit Clear

Note: The eTAR application requires logging in using an NPI number. All eTARs will be denied if logging in using a legacy number. Exemption: Legacy number usage is permitted only to Providers authorized by the Department of Health Care Services (DHCS).

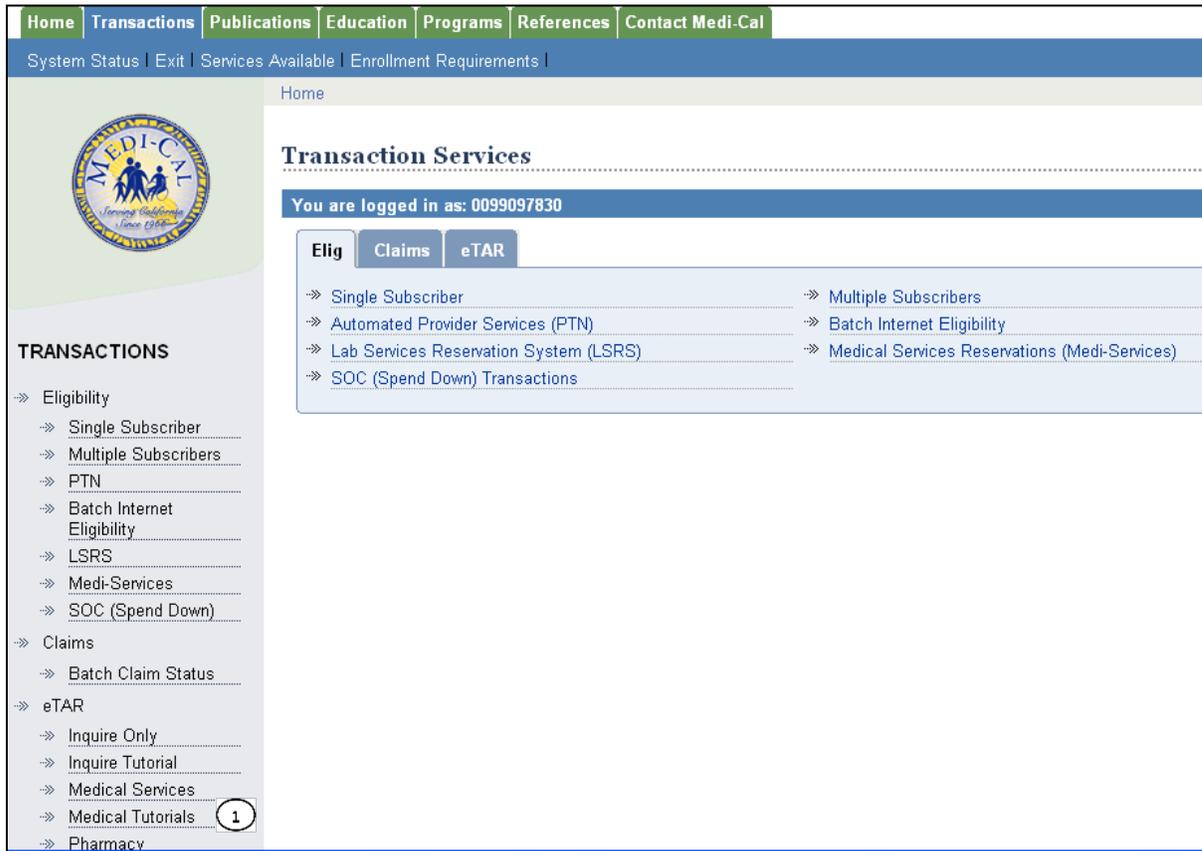
Be careful to protect your user ID and password to prevent unauthorized use.

Contact Medi-Cal | Medi-Cal Site Help | Medi-Cal Site Map

3. Enter the 10- digit National Provider Identifier (NPI) in the **Please enter your User ID** field. Legacy number usage is permitted only to providers authorized by the Department of Health Care Services (DHCS).
4. Enter the seven-digit Medi-Cal Personal Identification Number (PIN) in the **Please enter your Password** field.
5. Click **Submit** to authenticate the User ID and Password.

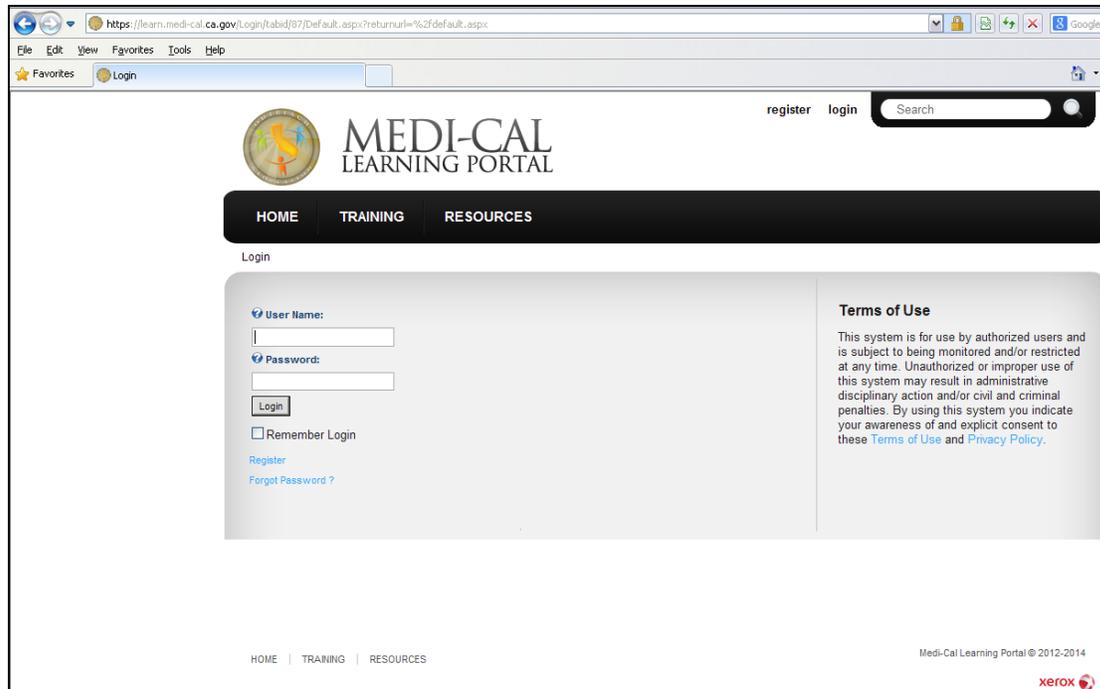
NOTE: If unable to log in, call the Telephone Support Center at 1-800-541-5555.

Section 2. eTAR Medical Tutorials



1. In the left-side column under **Transactions** and under **eTAR**, click **Medical Tutorials** for a step-by-step explanation of how to submit medical eTARs. A window opens and connects you to the Medi-Cal Learning Portal.

Accessing the TAR Menu

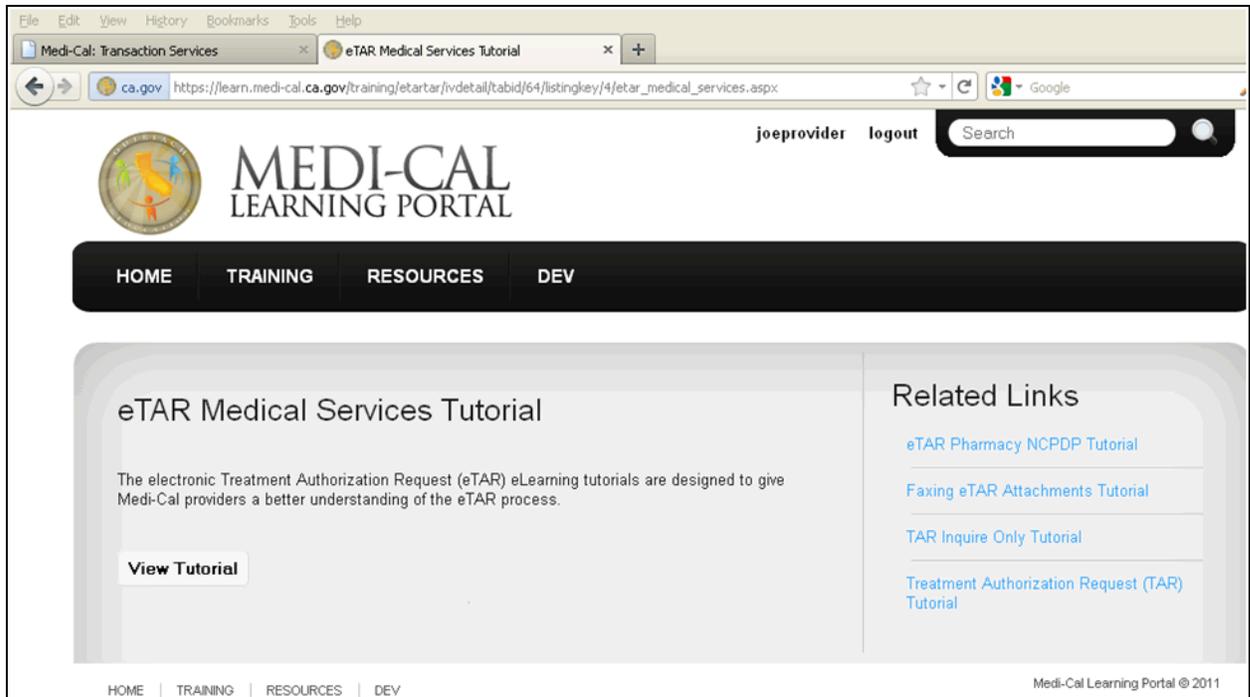


The screenshot shows a web browser window displaying the Medi-Cal Learning Portal. The browser's address bar shows the URL: <https://learn.medi-cal.ca.gov/Login/tabid/57/Default.aspx?returnurl=%2fdefault.aspx>. The page features the Medi-Cal Learning Portal logo at the top left, with navigation links for "register" and "login" at the top right. Below the logo is a search bar. A dark navigation bar contains the links "HOME", "TRAINING", and "RESOURCES". The main content area is titled "Login" and contains a login form with fields for "User Name:" and "Password:", a "Login" button, and a "Remember Login" checkbox. Below the form are links for "Register" and "Forgot Password?". To the right of the form is a "Terms of Use" section with a disclaimer. At the bottom of the page, there is a footer with the text "HOME | TRAINING | RESOURCES" and "Medi-Cal Learning Portal © 2012-2014" along with a Xerox logo.

Enter the **User Name** and **Password** that you registered with the Learning Portal.

NOTE: You must be registered to be able to log in and access the Tutorials. If you are not registered, you may do so now. To register:

- ◆ Click either the **register** link located at the top right of the screen or the **Register** link below the **Remember Login** option.
- ◆ Follow the prompts and complete the fields to register.



Click **View Tutorial**. A new window opens.

Accessing the TAR Menu

Click **Start the Tutorial**.

Click the play button > at the bottom of the Introduction screens to learn how to navigate the Presentation and Interactive tutorial.

Click >| to advance to the next slide.

Click |< to go back to the previous slide.

NOTE: There is currently no audio in the tutorials.

After the Introduction, an overview tutorial begins explaining the process for submitting medical eTARs, using easy-to-follow steps.

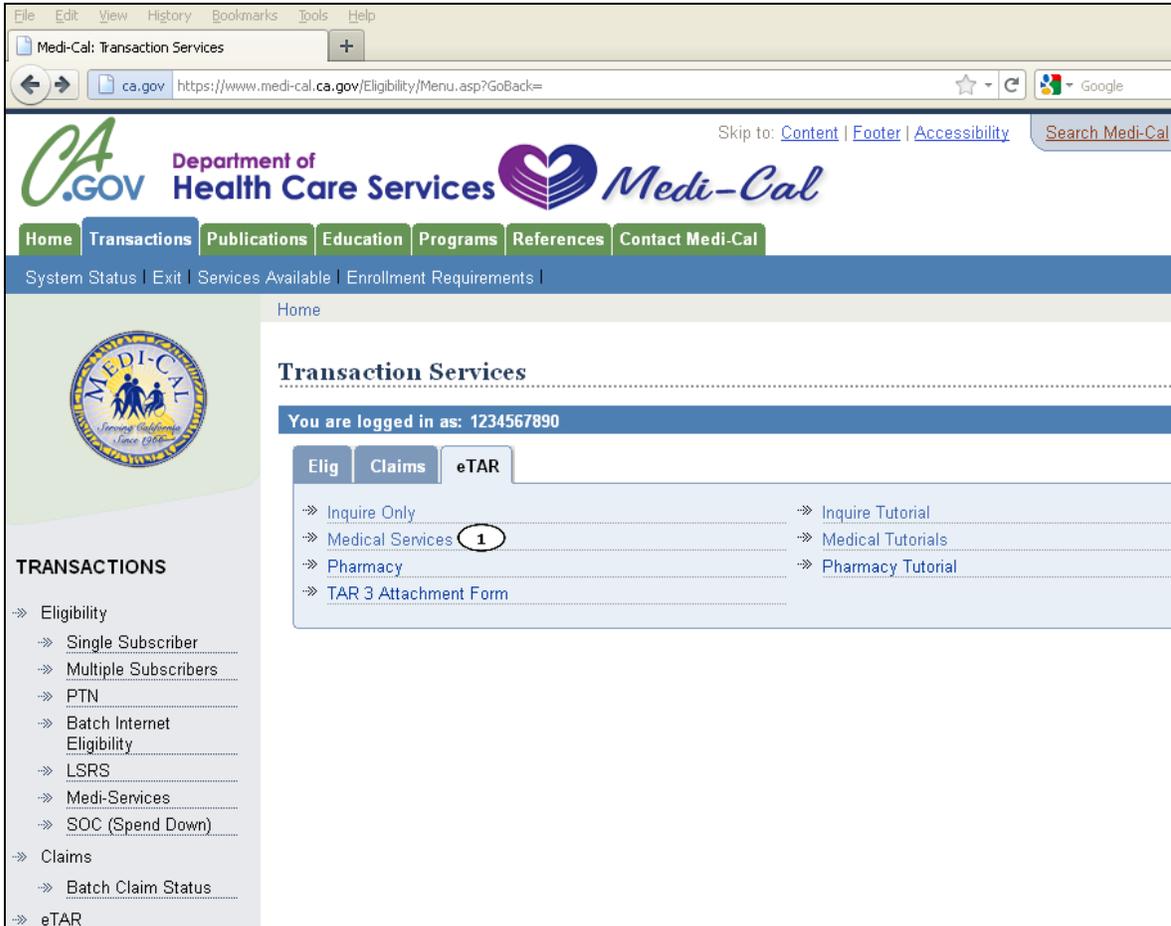
When done with the tutorial, close the session by clicking **X** in the window of this session.

To log out of the Medi-Cal Learning Portal, click **Log Out** at the top right half of the window.

Remember to also log out of your Medi-Cal session. Click on **Exit** on the blue bar below the **Transactions** tab located at the upper half of the screen to end the login session completely.

Module C. Create a New eTAR

Section 1. Treatment Authorization Request Menu



1. Click **Medical Services** from the Transaction Services menu to go to the TAR Menu.

Create a New eTAR

The screenshot shows a web browser window displaying the Medi-Cal Treatment Authorization Request (TAR) menu. The browser address bar shows the URL: <https://www.medi-cal.ca.gov/cgi-forte/forteisapi.dll?ServiceName=surgewebservice&templateName=TARMain.htm&UserID>. The page header includes the CA.GOV logo, Department of Health Care Services, and Medi-Cal logo. A search bar is located in the upper right corner. The main navigation menu includes: Home, Transactions, Publications, Education, Programs, References, and Contact Medi-Cal. The current page is titled "Transaction Services" and features a "TAR Menu" section. A welcome message reads: "Welcome to the Treatment Authorization Request (TAR) menu. Please choose from one of the following options:". The options listed are:

- 2** → Create a New TAR
- Update an existing TAR
- Upload TAR Attachments
- Inquire on a TAR
- View TAR Responses
- Code Search

 A left sidebar menu is also visible, listing:

- TAR
 - New TAR
 - Update TAR
 - Attachments
 - TAR Inquiry
 - TAR Response
 - Code Search
 - Pharmacy Service
- TRANSACTIONS

2. Click **Create a New TAR** to submit an eTAR.

NOTE: The eTAR Medical Tutorials are accessible from the upper right corner on all eTAR Medical webpages.

Section 2. Provider Address Selection Option

Treatment Authorization Request

eTAR Medical Tutorials

The legal name(s) for Provider ID 1234567890 is(are):

SEAN'S MEDICAL SERVICE

Provider Address Selection Options:

Address Line	End Date	Provider Type(s)	Telephone
1 123 MY PLACE DR, HOMETOWN, CA 90000-1000	12/31/2069	PHYSICIANS	(555)555-5555
1445 NPI DR, ANYTOWN, CA 95823-1000	12/31/2069	ORTHOTISTS	(916)555-4567

NOTE: Please click on the appropriate address location.

If a National Provider Identifier (NPI) has multiple addresses associated with it, select the address where services will be rendered.

1. Click the provider **Address** to indicate the provider type for the eTAR being submitted.

NOTE: Do not click Back from the Internet browser while submitting an eTAR.

Section 3. User Information

TAR

- » New TAR
- » TAR Menu
- » Code Search
- » Pharmacy Service

TRANSACTIONS

- » [Transaction Services](#)
- » [Exit](#)

Please Enter Provider Information

1 Submitting Provider #
1234567890

3 Provider Name
COMMUNITY MEDICAL CLINIC

Phone #
(916) 636-1200

Street/Mailing Address
820 Stillwater Road

City
W. Sacramento

2 Medicare Cert?

4 Fax #
() -

State Zip Code
CA 95670

5 Contact Name

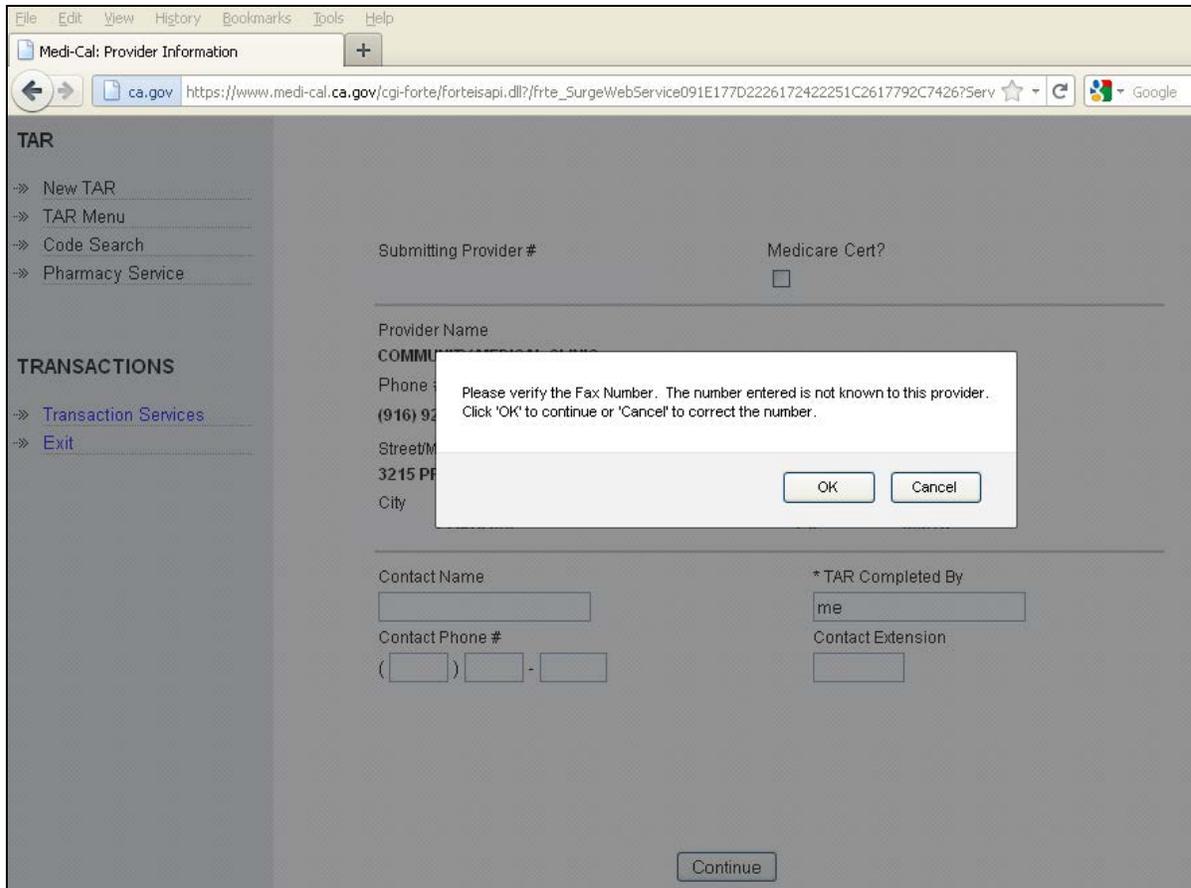
7 Contact Phone #
() -

6 *TAR Completed By

8 Contact Extension

9

1. The **Submitting Provider #** used to log in to Transaction Services will automatically populate. If an eTAR needs to be submitted under a different provider number, log out and log in using the correct provider number.
2. Click the **Medicare Cert?** checkbox to indicate the user is Medicare certified.
3. Under **Provider Name**, the submitting provider's name, phone and address will automatically populate.
4. For vision providers only, if a **Fax #** is entered, an Adjudication Response (AR) will be automatically faxed with eTAR details. If the field is left blank, an AR will not be sent and eTAR status may be viewed and printed through Inquire on a TAR.
5. Enter the **Contact Name** of the person who has the ability to answer questions about the eTAR request.
6. Enter the full name of the person who completed the eTAR in **the TAR Completed By** field. *Always required.
7. Enter the **Contact Phone #** for the person who can answer questions about the eTAR.
8. Enter the **Contact Extension** of the contact person.
9. Click **Continue** to proceed to the Patient Information page.



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.

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

Section 4. Patient Information

The screenshot shows a web form titled "Please Enter Patient Information". On the left is a sidebar with the heading "TAR" and four menu items: "New TAR", "TAR Menu", "Code Search", and "Pharmacy Service". The main form area contains three numbered fields: 1. "* Recipient ID #" (with an asterisk indicating it is required), 2. "Patient Record #", and 3. "Special Handling" (a drop-down menu). The form is designed to collect patient information for an eTAR request.

1. Enter the **Recipient ID #** printed on the State of California Benefits Identification Card (BIC). * Always required.
2. The **Patient Record #** is an optional field to help a user inquire on a specific eTAR or recipient. The number is created by the submitting user. Examples may include patient medical record number or patient account number.
3. Use the **Special Handling** drop-down list to select a special handling code for the eTAR service being requested. This field is only required if one of the listed reasons apply. See the Medi-Cal Provider Manual for further information.
 - *6 Prescription Limit* – Select when the recipient has exceeded their 6 prescription limit.
 - *ADHC Regional Centers* – Select when Community-Based Adult Services (CBAS) applies.
 - *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 when the Breast and Cervical Cancer Treatment Program (BCCTP) applies.
 - *CCT – California Community Transitions* – Select when the California Community Transitions (CCT) program applies.
 - *CHDTP*– Select when the specialized Child Health Disability and Treatment Program (CHDTP) Treatment program for children applies.
 - *Cannot Bill Direct, TAR is Required* – Select when the service cannot be claimed direct and a TAR is required in order to submit a claim.
 - *Charpentier*– Select when processing the special rules of Medicare or Medi-Cal Charpentier program.
 - *Concurrent Review - Fax* –Currently not in use.
 - *Concurrent Review - Onsite* – Currently not in use.
 - *Container Count Limit* – Select when the request exceeds the maximum number of containers as specified in the Medi-Cal Provider Manual for a compound drug.

- *DPO* – Select when facilitating an early discharge from the hospital for a Discharge Planning Option (DPO).
- *EPSDT Supplemental Services* – Select when a request is beyond normal Early Periodic Screening Diagnosis and Treatment (EPSDT) program scope.
- *Elective Acute Day Hospitalization* – Select when requesting for elective hospital days.
- *Emergency Acute Day Hospitalization* – Select when requesting for inpatient hospital days or administrative days.
- *Exceeded Billing Dollar Amount* – Select when the maximum dollar amount allowed for the service within a specific timeframe has been exceeded
- *Exceeded Billing Frequency Limit* – Select when the number of times this service may be provided within a specific timeframe has been exceeded, therefore, prior authorization is required.
- *Exceeded Billing Limit* – Select when the quantity billable for this service has been exceeded, therefore, prior authorization is required.
- *Exceeded Code 1 Restrictions* – Select 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 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* – Select 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 when the recipient has exceeded their peak flow meter supply limit, as specified in the Medi-Cal Provider Manual.
- *FPACT* – Select for complications with Family Planning, which may be covered by Family Planning Access Care and Treatment (FPACT) but only with a TAR.
- *FPACT 6 Prescription Limit* – Currently not in use, 6 Rx limit does not apply to Family PACT.
- *Hudman* – Select 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* – Select for authorization to an Intermediate Care Facility for the Developmentally Disabled (ICF-DD).
- *IHO* – Select for an evaluation, possible authorization and case management with the In-Home Operations (IHO) program.
- *MCM – Obsolete after April 30, 2011* – Currently not in use.
- *Out-of-State Acute Day Hospitalization* – Select when requesting acute day hospitalization outside the state of California.

Create a New eTAR

- *Podiatry* – Select for a Podiatry service.
- *Services is a non-benefit and no TAR requirement on procedure file – REVIEW-* Select when the service being claimed is a non-benefit and does not require a TAR but is needed by the patient and must be prior authorized.
- *Service/Product Exempt from Hearing Aid Cap* – Select when hearing aid service/product is excluded from the hearing aid cap.
- *Step Therapy Exemption* – Select when the TAR meets exemption from step therapy requirements.
- *Transfer* – Select when moving a patient from one nursing facility to another.
- *Usage is for Non-Standard Diagnosis* – Select when non-standard diagnosis applies.
- *Valdivia* – Select for services in excess of those provided normally to a nursing facility patient.

NOTE: If the service typically does not require a TAR but still needs to be evaluated by a field office reviewer, select Can Not Bill Direct, TAR is Required.

The screenshot shows a form with the following fields and their corresponding numbers in circles:

- 4 * Patient's Last Name (text input)
- 5 * Patient's First Name (text input)
- 6 Phone # (text input with parentheses and dashes)
- 7 * Date of Birth (text input)
- 8 * Male Female (radio buttons)
- 9 * Work Related? (radio buttons: No, Yes, Unknown)
- 10 Residence Status (dropdown menu, currently showing 'None')
- 11 * Medicare Denial Reason (dropdown menu, currently showing 'Under 65, does not have Medicare Coverage')
- 12 Medicare/OHC Denial Date (text input)
- 13 * OHC Denial Reason (dropdown menu, currently showing 'No Other Health Coverage')

4. Enter the **Patient's Last Name**. *Always required.
5. Enter the **Patient's First Name**. *Always required.
6. Enter the **Phone #** of the patient.
7. Enter the patient's **Date of Birth** (mmddyyyy). *Always required.
8. Click the circular **Male** or **Female** radio button to indicate the patient's gender. *Always required
9. Click the circular **Work Related?** radio button if the claim is work related. *Always required.
10. Use the **Residence Status** drop-down list to select the residence status currently applicable for the patient.

- 11. Use the **Medicare Denial Reason** drop-down list to select the reason Medicare would not cover the requested services. *Always required.
- 12. Enter a **Medicare/OHC Denial Date** (mmddyyyy) if Medicare or Other Health Care Coverage has denied this service. If Medicare Denial Reason is entered, this field is required.
- 13. Use the **OHC Denial Reason** drop-down list to select the patient's Other Healthcare Coverage status type. *Always required.

Mother/Transplant Recipient Providing Medi-Cal Eligibility

<p>14 Last Name <input style="width: 80%;" type="text"/></p> <p>16 Date of Birth <input style="width: 80%;" type="text"/></p>	<p>15 First Name <input style="width: 80%;" type="text"/></p> <p>17 Male <input type="radio"/> Female <input type="radio"/></p>
---	---

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

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

Create a New eTAR

The screenshot shows a form titled "Patient's Authorized Representative". It contains the following fields and a button:

- Field 18: Name (text input)
- Field 19: Street/Mailing Address (text input)
- Field 20: City (text input)
- Field 21: State (dropdown menu)
- Field 22: Zip Code (text input)
- Field 23: Continue (button)

Use the Patient's Authorized Representative section if the eTAR is for a Medi-Cal recipient who is under guardianship. All fields need to 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. Click **Continue** to proceed to the TAR Services menu.

Module D. TAR Services – Long Term Care

Service Category Selection

Add Service - Category Unknown

* Service Code Search

1

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

1. Enter the service code in the **Service Code Search** field to identify the service being requested. If unknown, see Module J for additional information on Code Search.
2. Click **Find Service Category(s)** to initiate the search.

eTAR Medical Tutorials

Select appropriate service category for service code listed below:

Code	Description	Code Type	Service Category	Service Grp Desc	TAR Indicator
			3		
23	NF-B SNF	L	NF A & NF B (MDS attachment)		
23	NF-B SNF	L	NF A & NF B (short stay)		
23	NF-B SNF	L	NF A & NF B (bed hold)		

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

[Return to TAR Services Menu](#)

- Click the **Service Category** that applies to the services being submitted.

Section 1. Bed Hold – Medicare Denial Only

For regular Bed Holds, click the NFA/NFB Non-Electronic MDS link with the correct service code on the eTAR. See Section 3 of this module for more information on submitting an NFA/NFB Non-Electronic MDS.

1. Enter the **Service Code** identifying the service being requested. If the code was entered in the Service Code Search, it populates automatically. If unknown, click Service Code link to access Code Search. See Module J for more information on Code Search.
*Always required.
2. Enter the **Ant. Length of Need** to indicate the period of the requested services. Enter the number of units in the first field and use the drop-down list to select the time period.

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

3. Enter the **From Date** (mmddyyyy) for the requested start of service date. *Always required.
4. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. *Always required.
5. Enter the **Admit Date** (mmddyyyy) when the patient was or will be admitted. *Always required.
6. Use the **Admit From** drop-down list to select level of care from where the patient was admitted. *Always required.

NOTE: The eTAR Medical Tutorials are accessible from the upper right corner on all eTAR Medical webpages.

TAR Services – Long Term Care

The screenshot shows a form titled "Discharge" with the following fields and controls:

- 7**: A dropdown menu labeled "Discharge".
- 8**: A dropdown menu labeled "* ICD-CM Type".
- 9**: A text input field labeled "* ICD Code (Decimal Required)".
- A text input field labeled "Diagnosis Description".
- 10**: A text input field labeled "Date of Onset" with a placeholder "mmddyyyy".
- 11**: A large text area labeled "Enter Miscellaneous TAR Information (500 characters accepted)".

7. Use the **Discharge** drop-down list to select the level of care for the patient. *Always required.
8. Use the **ICD-CM Type** drop-down list to select the ICD code type.
9. Enter the **ICD Code** indicating the primary diagnosis relative to the requested service, including the decimal point. If unknown, click the ICD Code link to access Code Search. See Module J for more information on Code Search.
NOTE: The **Diagnosis Description** field is no longer in use. Leave this field blank.
10. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
11. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.

The screenshot shows two buttons side-by-side:

- 12**: A button labeled "Continue".
- 13**: A button labeled "Another Service, Same Category".

12. Click **Continue** to return to the TAR Service Menu. See Module E for information on submitting the eTAR.
13. Click **Another Service, Same Category** to create another service line for the same service type.

Section 2. ICF-DD

The screenshot shows a web page titled "Long Term Care" with a dotted line separator. In the top right corner, there is a link for "eTAR Medical Tutorials". Below this, the heading "Please Enter ICF-DD Information" is displayed. Underneath the heading are two links, "Attachment A" and "Attachment E", followed by a "Continue" button. The main section is titled "Service Information" and contains five numbered input fields:

- 1. * Service Code (Level of Care Code): A text input field.
- 2. * From Date: A date input field with the placeholder "mmddyyyy".
- 3. * Thru Date: A date input field with the placeholder "mmddyyyy".
- 4. * Admit Date: A date input field with the placeholder "mmddyyyy".
- 5. Discharge Date: A date input field with the placeholder "mmddyyyy".

1. Enter the **Service Code** identifying the service being requested. If the code was entered in the Service Code Search, it populates automatically. If unknown, click the Service Code link to access Code Search. See Module J for more information on Code Search. *Always required.
2. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. *Always required.
3. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. *Always required.
4. Enter the **Admit Date** (mmddyyyy) when the patient was or will be admitted. *Always required.
5. Enter the **Discharge Date** (mmddyyyy). If Discharge has been selected, this field is required.

NOTE: The eTAR Medical Tutorials are accessible from the upper right corner on all eTAR Medical webpages.

TAR Services – Long Term Care

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

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

6. Use the **Admit From** drop-down list to select the level of care from where the patient was admitted. *Always required.
7. Use the **Discharge** drop-down list to select the level of care for the patient.
8. Use the **ICD-CM Type** drop-down list to select the ICD code type.
9. Enter the **ICD Code** indicating the primary diagnosis relative to the requested service, including the decimal point. If unknown, click the ICD Code link to access Code Search. See Module J for more information on Code Search.
NOTE: The **Diagnosis Description** field is no longer in use. Leave this field blank.
10. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
11. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.

Attachment E Service Continue

Patient assessment information for this Service (Attachment A)

* Feeding Method 12 13 * Height ' " 14 * Weight lbs. oz.

* Please list current functional limitation /physical condition codes 15

* Please list current medical status codes relevant to requested service(s) 16

12. Use the **Feeding Method** drop-down list to select the method of feeding for the patient. This replaces the need for submitting this information as an attachment. *Always required.
13. Enter the patient's **Height** in feet and inches. This replaces the need for submitting this information as an attachment. *Always required.
14. Enter the patient's **Weight** in pounds and ounces. This replaces the need for submitting this information as an attachment. *Always required.
15. Enter the current functional limitation or physical condition relative to the requested services in the **Please list current functional limitation/physical condition codes** field. If unknown, use the functional limitation code link to access Code Search. See Module J for more information on Code Search. See Appendix B for a list of functional limitation codes. This replaces the need for submitting this information as an attachment. *Always required.
16. Enter current medical status codes which describe the patient's condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, use the medical status code link to access Code Search. See Module J for more information on Code Search. See Appendix A for a list of medical status codes. This replaces the need for submitting this information as an attachment. *Always required.

TAR Services – Long Term Care

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

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

20

17. Use the **ICD-CM Type** drop-down list to select the ICD code type.
18. Enter secondary **ICD Code** indicating the diagnoses relative to the requested service, including the decimal point. If unknown, click the ICD Code link to access Code Search. See Module J for more information on Code Search.
NOTE: The **Diagnosis Description** field is no longer in use. Leave this field blank.
19. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
20. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable** field.

Attachment A Service

LTC Attachment Form (Attachment E)

Daily Medication Information
 (* At least one Medication, Dosage, Frequency and Route are required.)

Medication (45 characters accepted)

21	22	23	24
Medication	Dosage	Freq.	Route
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Diet Information
 Diet (85 characters accepted)

25

Attachment A Attachment E Service

26 27

21. Enter the **Medication** name or description to indicate what the patient is receiving. If the patient is not receiving any medication enter none in the first field and continue to the Diet field on the next page. This replaces the need for submitting this information as an attachment. *Always required.
22. Enter **Dosage** details of the medications listed in the **Medication** field. If the patient is not receiving any medication, leave this field blank.
23. Use the **Freq.** drop-down list to select frequency of use for the medications listed. If the patient is not receiving any medication, leave this field blank.
24. Use the **Route** drop-down list to select the method of administration for the medications listed. If the patient is not receiving any medication, leave this field blank.
NOTE: At least one medication, dosage, frequency and route are required.
25. Enter the **Diet** information for the patient.
26. Click **Continue** to return to the TAR Service Menu. See Module E for information on submitting the eTAR.
27. Click **Another Service, Same Category** to create another service line for the same service type.

Section 3. NFA/NFB Non-Electronic MDS

1. Enter the **Service Code** identifying the service being requested. If the code was entered in the Service Code Search, it populates automatically. If unknown, click the Service Code link to access Code Search. See Module J for more information on Code Search. *Always required.
2. Enter the **Ant. Length of Need** to indicate the period of the requested services. Enter the number of units in the first field and use the drop-down list to select the time period.

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

3. Enter the **From Date** (mmddyyyy) for the requested start of service date. *Always required.
4. Enter the **Thru Date** for the requested end of the service date. *Always required.
5. Enter the **Admit Date** (mmddyyyy) when the patient was or will be admitted. *Always required.
6. Use the **Admit From** drop-down list to select the level of care from where the patient was admitted. *Always required.

NOTE: The eTAR Medical Tutorials are accessible from the upper right corner on all eTAR Medical webpages.

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

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

7. Enter the **Discharge Date** (mmddyyyy). If Discharge has been selected, this field is required.
8. Use the **Discharge** drop-down list to select the level of care for the patient.
9. Use the **ICD-CM Type** drop-down list to select the ICD code type.
10. Enter the **ICD Code** indicating the primary diagnosis relative to the requested service, including the decimal point. If unknown, click the ICD Code link to access Code Search. See Module J for more information on Code Search.
NOTE: The **Diagnosis Description** field is no longer in use. Leave this field blank.
11. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.

Attachment E Service

Patient assessment information for this Service (Attachment A)

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

12

ICD-CM Type	ICD Code (Decimal Required)	Diagnosis Description
13 <input type="text"/>	14 <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

15

12. Enter current medical status codes which describe the patient's condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, use the medical status code link to access Code Search. See Module J for more information on Code Search. See Appendix A for a list of medical status codes. This replaces the need for submitting this information as an attachment. *Always required.
13. Use the **ICD-CM Type** drop-down list to select the ICD code type.
14. Enter secondary **ICD Code** indicating the diagnoses relative to the requested service, including the decimal point. If unknown, click the ICD Code link to access Code Search. See Module J for more information on Code Search.

NOTE: The **Diagnosis Description** field is no longer in use. Leave this field blank.
15. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable** field.

The screenshot shows a web form titled "LTC Attachment Form (Attachment E)". At the top left, there is a link for "Attachment A Service" and a "Continue" button. The form contains several fields:

- 16:** A drop-down menu labeled "PAS/PASRR Exempt Reason".
- 17:** A drop-down menu labeled "* PAS/PASRR Self Certification".
- 18:** A text input field labeled "* Date Complete".
- 19:** A drop-down menu labeled "* Community Placement".
- 20:** A text input field labeled "DDS/DMH Referral Date".
- 21:** A drop-down menu labeled "* Referral Reason".
- 22:** A section for "Level II Self Certification?" containing two radio buttons: "No" (which is selected) and "Yes". To the right of the radio buttons are two text input fields: "Level II Date" and "DDS/DMH Response".

16. Use the **PAS/PASRR Exempt Reason** drop-down list to select the reason the provider is exempt from completing a PAS/PASRR.
17. Use the **PAS/PASRR Self Certification** drop-down list to select if the requested stay is exempt from PASRR requirements. If not, select Not Completed. This replaces the need for submitting this information as an attachment. *Always required
18. Enter the **Date Complete** (mmddyyyy) for the PAS/PASRR. If the requested stay is exempt from PASRR requirements, leave this field blank. This replaces the need for submitting this information as an attachment. *Always required.
19. Use the **Community Placement** drop-down list to select why community placement was not an option. This replaces the need for submitting this information as an attachment. *Always required.
20. Enter the **DDS/DMH Referral Date** (mmddyyyy). If a referral was not made, leave this field blank.
21. Use the **Referral Reason** drop-down list. If the requested stay is exempt from PASRR requirements, leave this field blank. This replaces the need for submitting this information as an attachment. *Always required.
22. Click the circular **Level II Self Certification?** radio button to indicate if level II screening was completed by DDS/DMH.

Level II Self Certification?		Level II Date	DDS/DMH Response	
<input checked="" type="radio"/> No <input type="radio"/> Yes		23	24	
Daily Medication Information				
Medication (45 characters accepted)	Dosage	Freq.	Route	
25	26	27	28	
Diet Information				
Diet (85 characters accepted)				
29				
Attachment A Attachment E Services				
		30	31	
		Continue	Another Service, Same Category	

23. Enter the **Level II Date** (mmddyyyy) the screening was completed. If no screening was performed, leave this field blank.
24. Use the **DDS/DMH Response** drop-down list if a level II screening was completed.
25. Enter the **Medication** name or description to indicate what the patient is receiving. If the patient is not receiving any medication enter "none" in the first field and continue to the Diet Information field on the next page.
26. Enter **Dosage** details of the medications listed in the Medication field. If the patient is not receiving any medication, leave this field blank.
27. Use the **Freq.** drop-down list to select the frequency of use for the medications listed. If the patient is not receiving any medication, leave this field blank.
28. Use the **Route** drop-down list to select the method of administration for the medications listed. If the patient is not receiving any medication, leave this field blank.
29. Enter the **Diet** information for the patient.
30. Click **Continue** to return to the TAR Service Menu. See Module E for information on submitting the eTAR.
31. Click **Another Service, Same Category** to create another service line for the same service type.

Section 4. Short Stay

1. Enter the **Service Code** identifying the service being requested. If the code was entered in the Service Code Search, it populates automatically. If unknown, click the Service Code link to access Code Search. See Module J for more information on Code Search. *Always required.
2. Enter the **Ant. Length of Need** to indicate the period of the requested services. Enter the number of units in the first field and use the drop-down list to select the time period.

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

3. Enter the **From Date** (mmddyyyy) for the requested start of service date. *Always required.
4. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. *Always required.
5. Enter the **Admit Date** (mmddyyyy) when the patient was or will be admitted. *Always required.
6. Use the **Admit From** drop-down list to select the level of care from where the patient was admitted. *Always required.

NOTE: The eTAR Medical Tutorials are accessible from the upper right corner on all eTAR Medical webpages.

TAR Services – Long Term Care

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

- Discharge Date**: A text input field with a placeholder 'mmddyyyy' and a circled number 7.
- Discharge**: A dropdown menu with a circled number 8.
- * ICD-CM Type**: A dropdown menu with a circled number 9.
- * ICD Code (Decimal Required)**: A text input field with a circled number 10.
- Diagnosis Description**: A text input field.
- Date of Onset**: A text input field with a placeholder 'mmddyyyy' and a circled number 11.
- Enter Miscellaneous TAR Information (500 characters accepted)**: A large text area with a circled number 12.

7. Enter the **Discharge Date** (mmddyyyy). If Discharge has been selected, this field is required.
8. Use the **Discharge** drop-down list to select the level of care for the patient.
9. Use the **ICD-CM Type** drop-down list to select the ICD code type.
10. Enter the **ICD Code** indicating the primary diagnosis relative to the requested service, including the decimal point. If unknown, click the ICD Code link to access Code Search. See Module J for more information on Code Search.
NOTE: The **Diagnosis Description** field is no longer in use. Leave this field blank.
11. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
12. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.

Attachment E Service Continue

Patient assessment information for this Service (Attachment A)

Feeding Method Height Weight

13 ▼

14 . "

15 lbs. oz.

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

16

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

17

13. Use the **Feeding Method** drop-down list to select method the patient is fed. This replaces the need for submitting this information as an attachment. *Always Required
14. Enter the patient's **Height** in feet and inches. This replaces the need for submitting this information as an attachment. *Always Required.
15. Enter the patient's **Weight** in pounds and ounces. This replaces the need for submitting this information as an attachment. *Always Required.
16. Enter the current functional limitation or physical condition relative to the requested services In the **Please list current functional limitation/ physical condition codes** field. If unknown, use the functional limitation code link to access Code Search. See Module J for more information on Code Search. See Appendix B for a list of functional limitation codes. This replaces the need for submitting this information as an attachment. *Always Required.
17. Enter current medical status codes which describe the patient's condition in the **Please list current medical status codes relevant to requested service(s)** field. If unknown, use the medical status code link to access Code Search. See Module J for more information on Code Search. See Appendix A for a list of medical status codes. This replaces the need for submitting this information as an attachment. *Always Required.

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

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

21

18. Use the **ICD-CM Type** drop-down list to select the ICD code type.
19. Enter secondary **ICD Code** indicating the diagnoses relative to the requested service, including the decimal point. If unknown, click the ICD Code link to access Code Search. See Module J for more information on Code Search.
NOTE: The **Diagnosis Description** field is no longer in use. Leave this field blank.
20. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
21. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable** field.

Medication (45 characters accepted)	Dosage	Freq.	Route
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Diet Information

Diet (85 characters accepted)

Attachment A Attachment E Service

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

Section 5. Subacute (Adult and Pediatric)

Long Term Care

[eTAR Medical Tutorials](#)

Please Enter Subacute Information

Attachment F

Service Information

* **Service Code** (Level of Care or Accomodation Code)

1

* **Total Units**

2

Quantity **Frequency** **Ant. Length of Need**

3 / 4 / /

1. Enter the **Service Code** identifying the service being requested. If the code was entered in the Service Code Search, it populates automatically. If unknown, click the Service Code link to access Code Search. See Module J for more information on Code Search.
*Always required.
2. Enter the **Total Units** being requested. *Always required.
3. Enter the **Quantity** used for a time period. Enter the number of uses in the first box and use the drop-down list to select the time period in the second box. Use only when requesting supplemental rehabilitation or ventilator weaning services in pediatric subacute.

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

Quantity

/

4. Enter the **Frequency** for a time period. Enter the number of units in the first field and use the drop-down list to select the time period. Use only when requesting supplemental rehabilitation or ventilator weaning therapy services in pediatric subacute.

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

Frequency

/

NOTE: The eTAR Medical Tutorials are accessible from the upper right corner on all eTAR Medical webpages.

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

- Quantity:** A text input field followed by a dropdown menu. Callout 5 points to the dropdown.
- Frequency:** A text input field followed by a dropdown menu.
- Ant. Length of Need:** A text input field followed by a dropdown menu. Callout 5 points to the dropdown.
- * From Date:** A text input field with the format 'mmddyyyy'. Callout 6 points to the field.
- * Thru Date:** A text input field with the format 'mmddyyyy'. Callout 7 points to the field.
- * Admit Date:** A text input field with the format 'mmddyyyy'. Callout 8 points to the field.
- Discharge Date:** A text input field with the format 'mmddyyyy'. Callout 9 points to the field.
- * Admit From:** A dropdown menu. Callout 10 points to the dropdown.
- Discharge:** A dropdown menu. Callout 11 points to the dropdown.
- Rendering Provider #:** A text input field. Callout 12 points to the field.

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

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

The close-up shows the 'Ant. Length of Need' field with the value '2' entered in the text box and 'Month' selected in the dropdown menu.

6. Enter the **From Date** (mmddyyyy) for the requested start of service date. *Always required.
7. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. *Always required.
8. Enter the **Admit Date** (mmddyyyy) when the patient was or will be admitted. *Always required.
9. Enter the **Discharge Date** (mmddyyyy). If Discharge has been selected, this field is required.
10. Use the **Admit From** drop-down list to select the level of care from where the patient was admitted. *Always required.
11. Use the **Discharge** drop-down list to select the level of care for the patient.
12. Enter a **Rendering Provider #** if the provider rendering the service is different from the submitting provider. This will allow the rendering provider to inquire on eTAR service information. If the submitting and rendering provider numbers are the same, leave this field blank.

TAR Services – Long Term Care

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

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

13. Use the **ICD-CM Type** drop-down list to select the ICD code type.
14. Enter the **ICD Code** indicating the primary diagnosis relative to the requested service, including the decimal point. If unknown, click the ICD Code link to access Code Search. See Module J for more information on Code Search.
NOTE: The **Diagnosis Description** field is no longer in use. Leave this field blank.
15. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
16. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.

The screenshot shows a web form titled "LTC Subacute Attachment Form (Attachment F)". At the top left, there is a "Service" label and a "Continue" button. Below the title, the section "PASS/PASRR Information" is displayed. It contains four fields: 1. "PAS/PASRR Exempt Reason" (a drop-down menu with a circled "17" next to it). 2. "PAS/PASRR Self Certification" (a drop-down menu with a circled "18" next to it). 3. "Date Completed" (a text input field with a circled "19" next to it). 4. "Reason Community Placement not an option" (a drop-down menu with a circled "20" next to it).

- 17. Use the **PAS/PASRR Exempt Reason** drop-down list to select the reason the provider is exempt from completing a PAS/PASRR.
- 18. Use the **PAS/PASRR Self Certification** drop-down list. If the requested stay is exempt from PASRR requirements, select Not Completed.
- 19. Enter the **Date Completed** (mmddyyyy) for the PAS/PASRR. If the requested stay is exempt from PASRR requirements, leave this field blank.
- 20. Use the **Reason Community Placement not an option** drop-down list.

DDS/DMH Referral Date Referral Reason

21 [Text Input] 22 [Drop-Down]

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

23 No Yes 24 [Text Input] 25 [Drop-Down]

Subacute Care Service Information

26 * Pediatric or Adult Care? Ped Adult 27 * 24 hour access to nursing care? No Yes

28 * Please summarize care requirements (255 characters accepted)

21. Enter the **DDS/DMH Referral Date** (mmddyyyy). If a referral was not made, leave this field blank.
22. Use the **Referral Reason** drop-down list. If the requested stay is exempt from PASRR requirements, leave this field blank. This replaces the need for submitting this information as an attachment.
23. Click the circular **Level II Self Certification?** radio button to indicate if level II screening was completed by DDS/DMH.
24. Enter the **Level II Date** (mmddyyyy) the screening was completed. If no screening has been performed, leave this field blank.
25. If a level II screening was completed, use the **DDS/DMH Response** drop-down list to select a response.
26. Click the circular **Pediatric or Adult Care ?**radio button to indicate if the request is for a minor or adult. *Always required unless included as an attachment DHCS 6200 or DHCS 6200A.
27. Click the circular **24 hour access to nursing care?** radio button to indicate if the patient's condition warrants 24 hour access to nursing care by a Registered Nurse. *Always required unless included as an attachment DHCS 6200 or DHCS 6200A.
28. If "Yes" was selected for 24 hour access to nursing care, a written summary of the care requirements for each shift is required in the **Please summarize care requirements** field. *Always required.

29 * Please Choose Qualifying Condition

- Patient has a Tracheostomy and requires mechanical ventilation - at least 12 hours a day for adult, at least 6 hours a day for pediatric
- Patient has a Tracheostomy and requires suctioning (at least every 6 hours for pediatric) and room air mist or oxygen, plus one of the treatments listed in the treatment procedures below
- Administration of at least three treatment procedures listed below
- Dependence on total parenteral nutrition (TPN) or other intravenous nutritional support, plus one of the treatment procedures listed below - not applicable to adult.

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

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

Reason	Frequency	Rate
31 <input type="text" value=""/>	32 <input type="text" value=""/>	33 <input type="text" value=""/>

34 Tube Feeding (Nasogastric or Gastrostomy)

Frequency and Rate (85 characters accepted)

35

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

36 Total Parenteral Nutrition (TPN) - not applicable to pediatric

37 Inpatient physical, occupational, and/or speech therapy at least 2 hours a day, 5 days a week - not applicable to pediatric

38 Inhalation/Respiratory therapy treatments at least 4 times per 24-hour period (not self administered by resident) - not applicable to pediatric

39 Wound debridement, packing and medicated irrigation with/without whirlpool therapy - please explain - not applicable to pediatric

Explanation (85 characters accepted)

40

41 Peritoneal dialysis treatments requiring at least 4 exchanges every 24 hours - not applicable to adult

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

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

Summary (85 characters accepted)

43

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

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

Explanation (85 characters accepted)

46

Attachment F Service

47 Continue

48 Another Service, Same Category

42. If other daily medical technologies are required that necessitate the services of a professional nurse, click the **Other daily medical technologies required continuously which required the services of a professional nurse – please summarize – not applicable to adult** checkbox.
43. If “Other daily medical technologies...” is selected, in the **Summary** field enter a description of the care for each shift involving other medical technologies.
44. If intermittent suctioning is required at least every eight hours, along with room air mist or oxygen click the **Intermittent suctioning (non-Tracheostomy) at least every 8 hours and room air mist or oxygen – not applicable to adult – relates to Qualifying Condition “D” only** checkbox. This relates to dependence on Total Parental Nutrition (TPN) or other intravenous support.
45. If the patient has potential for discharge to a lower level of care, click the circular **The patient has potential for discharge from a subacute care unit to a lower level or care (skilled nursing facility or home) – please explain** radio button.
46. Enter a description in the **Explanation** field if the patient has potential for discharge to a lower level of care.
47. Click **Continue** to return to the TAR Service Menu. See Module E for information on submitting the eTAR.
48. Click **Another Service, Same Category** to create another service line for the same service type.

