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!
# Table of Contents

Training Policy........................................................................................................... 1
Objectives and Purpose ............................................................................................... 2
General Guidelines...................................................................................................... 2

## Medical Services

Allergy.......................................................................................................................... 3
Comprehensive Perinatal Services Program (CPSP) .................................................... 7
Family PACT ............................................................................................................... 14
Hemodialysis .............................................................................................................. 17
Non-Pharmacy Issue Drug .......................................................................................... 21
Office Visit – Restricted ............................................................................................. 23
Office Visit – Restricted Provider ............................................................................. 28
Psychiatry ................................................................................................................... 34
Radiology .................................................................................................................... 41
Surgical Procedure/Other Procedures ...................................................................... 47

## Allied Health Services

Apnea Monitor ............................................................................................................ 3
Augmentative or Alternative Communication (AAC) Device....................................... 8
Cochlear Implants ....................................................................................................... 16
DME Beds .................................................................................................................. 19
Hearing Aids .............................................................................................................. 29
Incontinence Supplies ............................................................................................... 40
IV Equipment .............................................................................................................. 50
Medical Supply ......................................................................................................... 58
Orthotics/Prosthetics ................................................................................................. 66
Respiratory Therapy ................................................................................................. 74
Speech/Occupational/Physical Therapy .................................................................. 81
Transportation ........................................................................................................... 88

## Vision Care Services

Contact Lens .............................................................................................................. 2
Low Vision Aids ......................................................................................................... 12
Other Eye Appliances ............................................................................................... 22

January 2019
eTAR Acronyms
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 accessible on the Medi-Cal website (www.medi-cal.ca.gov).
Objectives and Purpose
The purpose of this User Guide is to familiarize users with the Medi-Cal electronic Treatment Authorization Request (eTAR) transaction tool so that users may submit Treatment Authorization Requests (TARs) online.

Upon completion of this training, participants will have an understanding of the eTAR submission process for the following services:

- Medical Services
- Allied Health Services
- Vision Care Services

General Guidelines

- An asterisk symbol (*) means the field is required.
- A downward arrow next to a field means there is a drop-down list that will allow the user to choose from existing options.
- Decimal points are required when indicated.
- Verify the cursor is located in a field before using the backspace key to delete a character.
- Date must be completed with a two digit month, a two digit date, and a four digit year (mmddyyyy) Example: June 10, 2018 is 06102018.
- Do not click “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.
- Provider should confirm recipient eligibility prior to submitting a TAR.
Medical Services

Select Service Category

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

1. If you know the code, enter the code in the search field and select **Find Service Category(s)**. This is the preferred method.

2. If you don’t know the code, but you know the service category, select the appropriate Service Category hyperlink.

3. If you don’t know the code or the service category, select the **Service Code Search** hyperlink to initiate the search. See the eTAR User Guide: Basics for additional information on code search.

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

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

January 2019
Service Selection

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

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

**NOTE:** TAR web pages do not have numbered fields.
1. Enter the **Service Code** being requested if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search.

3. Enter the **Total Units** requested. *Required

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

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

   ![Image of a field with values: **Frequency** 6 / Week]

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

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

   ![Image of a field with values: **Ant. Length of Need** 2 / Month]
6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If request is planned, enter range of dates during which service will be provided.

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

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

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

**NOTE:** The **Diagnosis Description** field is 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.
12. Enter current medical status codes which describe the patient’s condition in the Please list current medical status codes relevant to the requested service(s) field. If unknown, click the medical status link to access Code Search. *Required

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

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

**NOTE:** The Diagnosis Description field is 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 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.
17. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required

18. Enter the National Provider Identifier (NPI) in the **Physician’s License #** field. *Required

19. Enter the prescribing **Physician’s Name**. *Required

20. Enter the **Physician’s Phone** number. *Required

21. Enter the **Prescription Date** (mmddyyyy). *Required

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

   OR

23. Click **Another Service, Same Category** to create another service line for the same service type.
1. Enter the **Service Code** being requested if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search.

3. Enter the **Service Description** if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.

4. Enter the **Total Units** requested. *Required

5. Enter the **Frequency** for the number of units being requested along with the time period. Enter the number of units in the first field and use the drop-down to select the time period. *Required

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

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

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

   ![Ant. Length of Need](image)

   - **Ant. Length of Need**
   - **1 Month**

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

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

9. Enter a **Rendering Provider #** to allow another provider to inquire on the eTAR service information. If the submitting and rendering provider numbers are the same, leave the field blank.

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

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

**NOTE:** The **Diagnosis Description** field is no longer in use. Leave this field blank.
12. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.

13. Enter **Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.
14. Use the **P.O.T Adherence** drop-down to select the level of compliance the patient has to the Plan of Treatment.

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

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

17. Enter current medical status codes which describe the patient’s condition in the **Please list current medical status codes relevant to requested service(s)** field. If unknown, click the medical status hyperlink to access Code Search. *Required

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

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

**NOTE:** The **Diagnosis Description** field is 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. *Required

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

23. Enter a summary of the therapeutic goal to be met in the Please summarize the therapeutic goal to be met with the requested service(s) field.
24. Enter the **Service Code** that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code hyperlink to access Code Search.

25. Enter details in the **Describe Alternative Tried/Considered** field. If an alternative service code has been entered in the adjacent field, leave the field blank.

26. Use the **Reason** drop-down to identify why the service is not feasible for this patient. If an alternative service code or description is not entered, leave the field blank.
27. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required

28. Enter the National Provider Identifier (NPI) in the **Physician’s License #** field. *Required

29. Enter the prescribing **Physician’s Name**. *Required

30. Enter the **Physician’s Phone** number. *Required

31. Enter the **Prescription Date** (mmddyyyy). *Required

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

OR

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

Please Enter FPACT Information

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

Service Description (40 characters accepted)

Side  * Total Units  From Date  Thru Date

Start of Care  Frequency  Ant. Length of Need

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

2. Enter up to four Modifiers, if applicable. If unknown, click the Modifiers hyperlink to access Code Search.

3. Enter the Service Description if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.

4. Use the Side drop-down to select Right, Left or Bilateral. *Required

5. Enter the Total Units requested. *Required

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

7. Enter the Thru Date (mmddyyyy) for the requested end of the service date. If the request is retroactive, enter the actual dates of service. If request is planned, enter range of dates during which service will be provided.
8. Enter the **Start of Care** (mmddyyyy) date the patient began, or will begin, receiving the service requested.

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

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

   ![Frequency Example]

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

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

   ![Ant. Length of Need Example]
11. Enter the **Discharge Date** (mmddyyyy). If Discharge has been selected, this field is required.

12. Use the **Discharge** drop-down to select the level of care for the patient.

13. If the rendering provider is different from the submitting provider, enter a **Rendering Provider #**. This will allow another provider to inquire on the eTAR service information. If the submitting and rendering provider numbers are the same, leave the field blank.

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

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

   **NOTE:** The **Diagnosis Description** field is no longer in use. Leave this field blank.

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

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

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

   OR

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

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

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search.

3. Enter the **Service Description** if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.

4. Use the **Schedule** drop-down to select the appropriate details for the requested service. If “Other” is selected, enter the schedule in the Enter Miscellaneous TAR Information field. *Required

5. Enter the **Total Units** requested. *Required

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

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

   ![Example](image)

**NOTE:** TAR webpages do not have numbered fields.

January 2019
7. Enter the **Ant. Length of Need** to indicate the appropriate period of the requested services. Enter the number of units in the first field and use the drop-down to select the time period. *Required

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

   ![Ant. Length of Need](image)

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

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

10. Enter a **Rendering Provider #** to allow another provider to inquire on the eTAR service information. If the submitting and rendering provider numbers are the same, leave the field blank.

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

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

   **NOTE:** The **Diagnosis Description** field is no longer in use. Leave this field blank.

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

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

**NOTE:** TAR web pages do not have numbered fields.
15. Use the ICD-CM Type drop-down to select the ICD code type.

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

**NOTE:** The Diagnosis Description field is no longer in use. Leave this field blank.

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

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

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

20. Enter a summary of the therapeutic goal to be met in the Please summarize the therapeutic goal to be met with the requested service(s) field.
21. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required

22. Enter the National Provider Identifier (NPI) in the **Physician’s License #** field. *Required

23. Enter the prescribing **Physician’s Name**. *Required

24. Enter the **Physician’s Phone** number. *Required

25. Enter the **Prescription Date** (mmddyyyy). *Required

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

   OR

27. Click **Another Service, Same Category** to create another service line for the same service type.
Non-Pharmacy Issued Drug

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

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search.

3. Enter the **Total Units** requested. *Required

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

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

   ![Frequency Example]

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

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

   ![Ant. Length of Need Example]
6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If request is planned, enter range of dates during which service will be provided.

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

8. Enter a **Rendering Provider #** if the rendering provider is different from the submitting provider. This allows another provider to inquire on TAR service information. If the submitting and rendering provider numbers are the same, leave the field blank.

9. Use the **POS** drop-down to select the location where the service is being rendered.

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

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

**NOTE:** The **Diagnosis Description** field is no longer in use. Leave this field blank.

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

13. Click **Continue** to return to the TAR Service Menu. See the eTAR Basic User Guide for information on submitting the TAR.

   **OR**

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

**NOTE:** TAR web pages do not have numbered fields.
Office Visit – Restricted

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

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search.

3. Use the **Side** drop-down to select Right, Left or Bilateral.

4. Enter the **Total Units** requested. *Required

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

6. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If request is planned, enter range of dates during which service will be provided.
7. Enter the **Frequency** for the number of units that will be used per time period. Enter the number of units in the first field and use the drop-down to select the time period. *Required

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


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

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


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

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

   **NOTE:** The **Diagnosis Description** field is 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.
13. Use the **P.O.T Adherence** drop-down to select the level of compliance the patient has to the Plan of Treatment.

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

15. Enter current medical status codes which describe the patient’s condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, click the medical status hyper link to access Code Search.

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

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

**NOTE:** The **Diagnosis Description** field is no longer in use. Leave this field blank.

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

---

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

January 2019
19. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable** field. *Required

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

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

**NOTE:** TAR web pages do not have numbered fields.
22. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required

23. Enter the National Provider Identifier (NPI) in the **Physician's License #** field. *Required

24. Enter the prescribing **Physician's Name**. *Required

25. Enter the **Physician's Phone** number. *Required

26. Enter the **Prescription Date** (mmddyyyy). *Required

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

   OR

28. Click **Another Service, Same Category** to create another service line for the same service type
Office Visit – Restricted Provider

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

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search.

3. Use the **Side** drop-down list to select Right, Left or Bilateral.

4. Enter the **Total Units** requested. *Required

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

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

   ![Example Image]

**NOTE:** TAR web pages do not have numbered fields.
6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If request is planned, enter range of dates during which service will be provided.

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

8. Enter a **Rendering Provider #** if rendering provider is different from the submitting provider. This will allow another provider to inquire on the eTAR service information. If the submitting and rendering provider numbers are the same, leave the field blank.

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

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

**NOTE:** The **Diagnosis Description** field is no longer in use. Leave this field blank.

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

12. Enter **Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.
13. Use the **P.O.T Adherence** drop-down to select the level of compliance the patient has to the Plan of Treatment. *Required

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

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

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

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

18. Enter current medical status codes which describe the patient’s condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, click the medical status link to access Code Search. *Required
19. Use the ICD-CM Type drop-down to select the ICD code type.

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

**NOTE:** The Diagnosis Description field is no longer in use. Leave this field blank.

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

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

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

**NOTE:** TAR web pages do not have numbered fields.
24. Enter the Service Code that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code hyper link to access Code Search.

25. Enter details in the Describe Alternative Tried/Considered field. If an alternative service code has been entered in the adjacent field, leave the field blank.

26. Use the Reason drop-down to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave the field blank.

27. Enter a brief explanation in the Please explain why the least costly method of treatment is not being used field. *Required
28. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required

29. Enter the National Provider Identifier (NPI) in the **Physician's License #** field. *Required

30. Enter the prescribing **Physician's Name**. *Required

31. Enter the **Physician's Phone** number. *Required

32. Enter the **Prescription Date** (mmddyyyy). *Required

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

   OR

34. Click **Another Service, Same Category** to create another service line for the same service type.
1. Enter the **Service Code** being requested if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search.

3. Enter the **Service Description** if an unlisted, generic or miscellaneous service code is used. Otherwise, leave this field blank.

4. Enter the **Total Units** requested. *Required

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

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

```
* Frequency
2 / Week
```
6. Enter the Ant. Length of Need to indicate the appropriate period of the requested services.

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

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

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

9. Enter a Rendering Provider # if rendering provider is different from the submitting provider. This will allow another provider to inquire on the eTAR service information. If the submitting and rendering provider numbers are the same, leave the field blank.

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

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

   NOTE: The Diagnosis Description field is no longer in use. Leave this field blank.

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

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

NOTE: TAR web pages do not have numbered fields.
14. Use the **P.O.T Adherence** drop-down to select the level of compliance the patient has to the Plan of Treatment. *Required

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

16. Enter the patient’s **Height** in feet and inches. *Required

17. Enter the patient’s **Weight** in pounds and ounces. *Required

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

20. Enter current medical status codes which describe the patient’s condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, click the medical status hyperlink to access Code Search. *Required.
21. Use the **ICD-CM Type** drop-down to select the ICD code type.

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

**NOTE:** The **Diagnosis Description** field is no longer in use. Leave this field blank.

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

24. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable** field.
25. Enter information regarding any similar services in the **If it is known that the patient has ever received the requested or similar service(s), please explain -- include dates. (255 characters accepted)** field.

26. Enter a summary of the therapeutic goal to be met in the **Please summarize the therapeutic goal to be met with the requested service(s). (255 characters accepted)** field.

27. Enter a service code in the **Please list service codes for alternatives tried considered** field. If unknown, click the Service Code hyperlink to access Code Search.
28. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required

29. Enter the National Provider Identifier (NPI) in the **Physician’s License #** field. *Required

30. Enter the prescribing **Physician’s Name**. *Required

31. Enter the **Physician’s Phone number**. *Required

32. Enter the **Prescription Date** (mmddyyyy). *Required

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

   OR

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

Radiology

Please Enter Radiology Information

Attachment A  Continue

Service Information

* Service Code (HCPCS or CPT Code)

Modifiers (if applicable)

Service Description (40 characters accepted)

Side  * Total Units  From Date  Thru Date

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

2. Enter up to four Modifiers, if applicable. If unknown, click the Modifiers link to access Code Search.

3. Enter the Service Description if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.

4. Use the Side drop-down arrow select Right, Left or Bilateral.

5. Enter the Total Units requested. *Required

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

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

NOTE: TAR web pages do not have numbered fields.
8. Enter a Rendering Provider # if rendering provider is different from the submitting provider. This will allow another provider to inquire on the eTAR service information. If the submitting and rendering provider numbers are the same, leave the field blank.

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

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

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

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

15. Enter current medical status codes which describe the patient’s condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, click the medical status hyperlink to access Code Search. *Required

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

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

**NOTE:** The **Diagnosis Description** field is no longer in use. Leave this field blank.

18. Enter the **Date of Onset** (mm/dd/yyyy) for the diagnosis entered in the ICD Code field.
19. Enter a summary of the treatment and history of the patient in the Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) -- include dates if applicable. (255 characters accepted) field.

20. Enter information regarding any similar services in the If it is known that the patient has ever received the requested or similar service(s), please explain -- include dates. (255 characters accepted) field. *Required

21. Enter the Service Code identifying a service that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code hyperlink to access Code Search.

22. Enter details in the Describe Alternative Tried/Considered field. If an alternative service code has been entered in the adjacent field, leave the field blank.

NOTE: TAR web pages do not have numbered fields.
23. Use the **Reason** drop-down list to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave the field blank.

24. Enter a brief explanation in the **Please explain why the least costly method of treatment is not being used** field.
25. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required

26. Enter the National Provider Identifier (NPI) in the **Physician’s License #** field. *Required

27. Enter the prescribing **Physician’s Name**. *Required

28. Enter the **Physician’s Phone** number. *Required

29. Enter the **Prescription Date** (mmddyyyy). *Required

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

   OR

31. Click **Another Service, Same Category** to create another service line for the same service type.
Surgical Procedure/Other Procedures

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

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search.

3. Enter the **Service Description** if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.

4. Use the **Side** drop-down to select Right, Left or Bilateral.

5. Enter the **Total Units** requested. *Required

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

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

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

9. Use the **POS** drop-down to select the location where the service is being rendered.
10. Enter a Rendering Provider # to allow another provider to inquire on the eTAR service information. If the submitting and rendering provider numbers are the same, leave the field blank.

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

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

NOTE: The Diagnosis Description field is no longer in use. Leave this field blank.

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

14. Enter Miscellaneous TAR Information with additional details and medical justification pertinent to the requested service.
15. Enter the patient’s **Height** in feet and inches.

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

17. Enter current medical status codes which describe the patient’s condition in the **Please list current medical status codes relevant to requested service(s)** field. If unknown, click the medical status hyperlink to access Code Search. *Required

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

19. Enter 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.

**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.

**NOTE:** TAR web pages do not have numbered fields.
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).** (255 characters accepted).

22. Enter information regarding any similar services in the **If it is known that the patient has ever received the requested or similar service(s), please explain – include dates.** (255 characters accepted).

23. Enter the **Service Code** identifying a service that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code hyperlink to access Code Search.

24. Enter details in the **Describe Alternative Tried/Considered** field. If an alternative service code has been entered in the adjacent field, leave the field blank.
25. Use the **Reason** drop-down to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave the field blank.

26. Enter a brief explanation in the **Please explain why the least costly method of treatment is not being used** field.
27. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required

28. Enter the National Provider Identifier (NPI) in the **Physician’s License #** field. *Required

29. Enter the prescribing **Physician’s Name**. *Required

30. Enter the **Physician’s Phone** number. *Required

31. Enter the **Prescription Date** (mmdyyyy). *Required

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

OR

33. Click **Another Service, Same Category** to create another service line for the same service type.
Allied Health Services

Select Service Category

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

1. If you know the code, enter the code in the search field and select **Find Service Category(s)**. This is the preferred method.

2. If you don’t know the code, but you know the service category, select the appropriate Service Category hyperlink.

3. If you don’t know the code or the service category, select the **Service Code Search** hyperlink to initiate the search, see the eTAR User Guide: Basics for additional information on code search.

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

**NOTE:** TAR web pages do not have numbered fields.
Apnea Monitor

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

2. Enter up to four Modifiers, if applicable. If unknown, click the Modifier hyperlink to access Code Search.

3. Enter the Service Description if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave the field blank.

4. Enter the Total Units requested. If requesting a rental, enter the number of rental months or days, depending on the service code entered. *Required

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

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

   ![Ant. Length of Need Example]

NOTE: TAR web pages do not have numbered fields.
6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If request is planned, enter range of dates during which service will be provided.

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

8. Enter the **Start of Care** (mmddyyyy) date the patient began, or will begin, receiving the service requested. *Required

9. Enter the **Discharge Date** (mmddyyyy). If Discharge has been selected, this field is required.

10. Use the **Discharge** drop-down to select the level of care for the patient.

11. Enter the **Price** requested including a decimal point for unlisted items or price, up to seven digits. If Pricing Override Request is selected, this field is required.

12. Use the **Pricing Override Request** drop-down to select an override code for unlisted items or prices.

13. Enter the **MSRP** (Manufacturer’s Suggested Retail Price) or actual invoice price for the service being requested, up to seven digits.

14. Use the **Place of Service** drop-down to select the location where the service is being rendered.

15. Enter a **Rendering Provider #** if rendering provider is different from the submitting provider. This will allow another provider to inquire on eTAR service information. If the submitting and rendering provider numbers are the same, leave the field blank.

**NOTE:** TAR web pages do not have numbered fields.
16. Use the **ICD-CM Type** drop-down to select the ICD code type.

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

**NOTE:** The **Diagnosis Description** field is no longer in use. Leave this field blank.

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

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

**NOTE:** For retroactive eTARs, make sure the requested From Date and Thru Date are entered.
20. 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, click the medical status code link to access Code Search.

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

22. Enter the secondary ICD Code, including the decimal point, indicating the diagnoses relevant to the requested service. If unknown, click the ICD Code hyper link to access Code Search.

NOTE: The Diagnosis Description field is no longer in use. Leave this field blank.

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

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

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

NOTE: TAR web pages do not have numbered fields.
26. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required

27. Enter the National Provider Identifier (NPI) in the **Physician’s License #** field. *Required

28. Enter the prescribing **Physician’s Name**. *Required

29. Enter the **Physician’s Phone** number. *Required

30. Enter the **Prescription Date** (mmddyyyy). *Required

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

OR

32. Click **Another Service, Same Category** to create another service line for the same service type.
Augmentative & Alternative Communication (AAC)

1. Enter the **Service Code** being requested. If the code was entered in the Service Code Search, it will populate automatically. If unknown, click the Service Codes hyperlink, to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifier hyperlink to access Code Search.

3. Enter the **Service Description** if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave the field blank.

4. Enter the **Total Units** requested. *Required

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

Example: If the patient will need two services per month, enter:
6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If request is planned, enter range of dates during which service will be provided.

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

8. Use the **Place of Service** drop-down list to select the location where the service is being rendered.

9. Enter a **Rendering Provider #** if the rendering provider is different from the submitting provider. This allows another provider to inquire on eTAR service information. If the submitting and rendering provider numbers are the same, leave the field blank.

10. Use the **Pricing Override Request** drop-down to select an override code for unlisted items or prices.

11. Enter the **Price** requested including the decimal point for unlisted items or prices, up to seven digits. If Pricing Override Request is selected, this field is required.
12. Use the ICD-CM Type drop-down to select the ICD code type.

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

**NOTE:** The Diagnosis Description field is no longer in use. Leave this field blank.

14. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.
15. Use the **P.O.T. Adherence** drop-down to select the level of compliance the patient has to the Plan of Treatment. *Required

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

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

18. Enter current medical status codes that describe the patient’s condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, click the medical status link to access Code Search. *Required

**NOTE:** TAR web pages do not have numbered fields.
19. Use the **ICD-CM Type** drop-down to select the ICD code type for each secondary ICD code.

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

**NOTE:** The **Diagnosis Description** field is no longer in use. Leave this field blank.

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

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

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

*Required

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

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

January 2019
25. Enter the **Service Code** identifying a service that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the service code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

26. Enter details in the **Describe Alternative Tried/Considered** field. If an alternative service code has been entered in the adjacent field, leave the field blank.

27. Use the **Reason** drop-down to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave the field blank.

28. Enter a brief explanation in the **Please explain why the least costly method of treatment is not being used** field.
29. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required

30. Enter the National Provider Identifier (NPI) in the **Physician’s License #** field. *Required

31. Enter the prescribing **Physician’s Name**. *Required

32. Enter the **Physician’s Phone** number. *Required

33. Enter the **Prescription Date** (mmddyyyy). *Required
34. Click the circular **Replacement?** radio button to indicate whether the requested service is a replacement of a previous item received or authorized for the patient. *Required*

35. If the circular Replacement radio button is selected as “Yes,” use the **Replacement Reason** drop-down to select up to three reasons why the item previously received or authorized for the patient, is being replaced.

36. If the service requested is under an unlisted code, use the **Why are you requesting an unlisted procedure code?** drop-down to select up to three reasons why a listed code cannot be used in place of the unlisted code.

37. Enter **Specific Comments** explaining why the particular item, device or accessory is needed for the patient. For repairs or replacements, explain why an existing warranty does not cover the service.

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

OR

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

**NOTE:** TAR web pages do not have numbered fields.
Cochlear Implants

1. Enter the **Service Code** being requested. If the code was entered in the Service Code Search, it will automatically populate in this field. If unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. *Required

3. Enter the **Service Description** if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.

4. Enter the **Total Units** requested. *Required

5. Use the **Side** drop-down list to select Right, Left or Bilateral. *Required

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

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

8. Enter the **Discharge Date** (mmddyyyy). If Discharge has been selected, this field is required.

9. Enter the date the patient was or will be admitted in the **Admit Date** field (mmddyyyy).

**NOTE:** TAR web pages do not have numbered fields.
10. Use the **Admit From** drop-down to select the level of care from where the patient was admitted.

11. Use the **Discharge** drop-down to select the level of care for the patient.

12. Enter a **Rendering Provider #** if rendering provider is different from the submitting provider. This will allow another provider to inquire on the eTAR service information. If the submitting and rendering provider numbers are the same, leave the field blank.

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

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

**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.

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

   OR

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

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

2. Enter up to four Modifiers, if applicable. If unknown, click the Modifier link to access Code Search.

3. Enter the Service Description if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave the field blank.

4. Use the Side drop-down to select Right, Left or Bilateral.

5. Enter the Total Units requested. If requesting a rental, enter the number of rental months or days, depending on the service code entered. *Required

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

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

```
Ant. Length of Need
2 / Month
```
7. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If request is planned, enter range of dates during which service will be provided.

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

9. Enter the **Start of Care** (mmddyyyy) date the patient began, or will begin, receiving the service requested. *Required

10. Enter the **Discharge Date** (mmddyyyy). If Discharge has been selected, this field is required.

11. Use the **Admit From** drop-down to select the level of care from where the patient was admitted.

12. Use the **Discharge** drop-down to select the level of care for the patient.

13. Use the **Place of Service** drop-down to select the location where the service is being rendered. *Required

14. Enter a **Rendering Provider #** if rendering provider is different from the submitting provider. This will allow another provider to inquire on eTAR service information. If the submitting and rendering provider numbers are the same, leave the field blank.
15. Use the **Pricing Override Request** drop-down to select an override code for unlisted items or prices.

16. Enter the **Price** requested including a decimal point for unlisted items or price, up to seven digits. If Pricing Override Request is selected, this field is required.

17. Enter the **MSRP** (Manufacturer’s Suggested Retail Price) or actual invoice price for the service being requested, up to seven digits.

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

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

**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 **Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.
22. Use the **P.O.T Adherence** drop-down to select the level of compliance the patient has to the Plan of Treatment.

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

24. Enter the amount of hours per day and days per week assistance is available to the patient in his or her home in the **In-Home Assistance/Care Giver** field.

25. Enter the patient’s **Height** in feet and inches.

26. Enter the patient’s **Weight** in pounds and ounces.

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

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

29. 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 code hyperlink to access Code Search.

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

January 2019
30. Use the **ICD-CM Type** drop-down to select the ICD code type.

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

**NOTE**: The **Diagnosis Description** field is no longer in use. Leave this field blank.

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

33. 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.

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

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

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**NOTE**: TAR web pages do not have numbered fields.
36. Enter the **Service Code** identifying a service that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code hyperlink to access Code Search.

37. Enter details in the **Describe Alternative Tried/Considered** field. If an alternative service code has been entered in the adjacent field, leave the field blank.

38. Use the **Reason** drop-down to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave the field blank.

39. Enter a brief explanation in the **Please explain why the least costly method of treatment is not being used** field.

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

January 2019
40. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required

41. Enter the **National Provider Identifier** (NPI) in the Physician’s License # field. *Required

42. Enter the prescribing **Physician’s Name**. *Required

43. Enter the **Physician’s Phone number**. *Required

44. Enter the **Prescription Date** (mmddyyyy). *Required
45. If the service requested is for an unlisted code, use the **Unlisted Reason** drop-down to select up to three reasons why a listed code cannot be used in place of the unlisted code.

46. Enter the patient’s **Ideal Weight** in pounds.

47. Click the circular **Home Accessible?** radio button to indicate if the patient’s home is accessible for the Equipment.

48. Click the circular **Safe Operation?** radio button to indicate if the patient is able to operate the equipment requested safely.

49. Click the circular **Independent Operation?** radio button to indicate if the patient is able to operate the equipment requested independently.
50. Use the Item drop-down to select the equipment already present in the home relevant to the requested service.

51. Enter the average number of hours per day the patient uses the equipment in the Usage field.

52. Enter the number of hours scheduled between each turning in the Turning Schedule Every “__” _Hours_ field. *Required

53. Use the UTS drop-down lists to select Unavailable Turning Surface (UTS). *Required

54. For the UTS indicated, use the RSN drop-down to select the reason why the turning surface is unavailable for the patient. *Required

55. Enter the Lab Date (mmddyyyy) the Hemoglobin, Hematocrit and Albumin tests were taken. *Required

56. Enter the Hemoglobin lab score from the test taken on the Lab Date. Exclude the decimal point.

57. Enter the Hematocrit lab score from the test taken on the Lab Date. Exclude the decimal point.

58. Enter the Albumin lab score from the test taken on the Lab Date. Exclude the decimal point.

**NOTE:** TAR web pages do not have numbered fields.
59. Enter the **Serial #** of the product.

60. Enter the **Manufacturer** of the equipment.

61. Enter the **Model** or stock number identifying the equipment.

62. Enter the original **Purchase Date** (mmddyyyy) for repair or replacements. Otherwise, leave the field blank.

63. If Purchase Date is entered, use the **Purchased By** drop-down to select the original purchaser of the equipment.

64. Enter the expiration date for the warranty on the equipment in the **Warr. Exp. Date** (mmddyyyy) field. If later than the request date, an explanation or medical justification of why the warranty does not cover repair or replacement must be entered in Miscellaneous TAR Information.

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

   OR

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

**NOTE:** TAR web pages do not have numbered fields.
Hearing Aids

1. Enter the Service Code being requested. If the code was entered in the Service Code Search, it will automatically populate. If unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four Modifiers, if applicable. If unknown, click the Modifier hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

3. Enter the Service Description if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave the field blank.

4. Use the Side drop-down to select Right, Left or Bilateral. *Required

5. Enter the Total Units requested. If a trial period is being requested, enter the number of rental days for the trial.

6. Enter a Rendering Provider # if the rendering provider is different from the submitting provider. This will allow another provider to inquire on eTAR service information. If the submitting and rendering provider numbers are the same, leave the field blank.

NOTE: TAR web pages do not have numbered fields.
7. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If request is planned, enter range of dates during which service will be provided.

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

9. Use the **Pricing Override Request** drop-down to select an override code for unlisted items or prices.

10. Enter the **Price** requested including a decimal point for unlisted items or price, up to seven digits. If Pricing Override Request is selected, this field is required.

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

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

**NOTE:** The **Diagnosis Description** field is no longer in use. Leave this field blank.

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

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

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

January 2019
15. Enter the current functional limitation or physical condition relative to the requested services in the **Please list current functional limitation/physical condition codes** field. If unknown, click the functional limitation link to access Code Search.

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

17. Enter current medical status codes which describe the patient's condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, click the medical status code hyperlink to access Code Search.

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

19. Enter the secondary **ICD Code**, including the decimal point, indicating the diagnoses relevant to the requested service. If unknown, click the ICD Code link to access 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 the **Service Code** identifying a service that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code hyperlink to access Code Search.

22. Enter details in the **Describe Alternative Tried/Considered** field. If an alternative service code has been entered in the adjacent field, leave the field blank.

23. Use the **Reason** drop-down to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave the field blank.

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

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

*Required
26. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required.

27. Enter the National Provider Identifier (NPI) in the **Physician’s License #** field. *Required

28. Enter the prescribing **Physician’s Name**. *Required

29. Enter the **Physician’s Phone number**. *Required

30. Enter the **Prescription Date** (mmddyyyy). *Required
31. Enter the Provider number of the **Examiner/Provider**. *Required

32. Click the **Altern. Test** checkbox to indicate if an alternate test was performed due to the patient not speaking English. If this field is selected, the alternate test method and results are required in the remarks field.

33. Enter the **Exam Date** (mmddyyyy). *Required

34. Use the **Exam Location** drop-down list to select the place of service in which the exam was performed. *Required

**NOTE:** TAR web pages do not have numbered fields.
At least one row of values must be completed for the **Right Side** and **Left Side**, unless included on a freeform attachment, if an alternate test method was used.

35. Enter the pure tone audiometry test score for **Air** mode exam recorded for the right and left ear at 500, 1000 and 2000 MHZ.

36. Enter the pure tone audiometry test score for **Bone** mode exam recorded for the right and left ear at 500, 1000 and 2000 MHZ.

37. Enter the pure tone audiometry test score for **Air (Mask)** mode exam recorded for the right and left ear at 500, 1000 and 2000 MHZ.

38. Enter the pure audiometry test score for **Bone (Mask)** mode exam recorded for the right and left ear at 500, 1000 and 2000 MHZ.
39. Use the **Ear Fitted** drop-down to select the ears fitted with aids. *Required

40. Use the **Language** drop-down to select the language in which the test was administered.

41. Use the **Monitored** drop-down to indicate if the test was monitored.

42. Enter the speech audiometry test score (measured in decibels) for Speech Reception Threshold (SRT) for Under Headphones – Right or Left, Unaided, Aided-Present (as indicated by Ear Fitted) and Aided-New (as indicated by Ear Fitted) in the **SRT** field.

43. Enter the speech audiometry test score (measured in percentage) for Word Discrimination Score (WDS) in Quiet for Right or Left ear Under Headphones, Unaided, Aided-Present (as indicated by Ear Fitted) and Aided-New (as indicated by Ear Fitted) in the **WDS in quiet** field.

44. Enter the speech audiometry test score (measured in decibels) for Most Comfortable Loudness (MCL) for Right or Left ear Under Headphones in the **MCL** field.

45. Enter the speech audiometry test score (measured in decibels) for Uncomfortable Loudness (UCL) for Aided-Present (as indicated by Ear Fitted), Aided-New (as indicated by Ear Fitted) in the **UCL** field.

46. Enter alternate testing method and results if testing was done in English but no scores were listed, or if testing was done in another language in the **Remarks** field. For repairs or replacements, the field may be used to explain why the existing warranty does not cover the request.

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

January 2019
47. Enter the **Service Code** being requested. If the code was entered in the Service Code Search, it will automatically populate. If unknown, click the Service Code hyperlink to access Code Search.

48. Click the circular **Replace?** radio button to indicate if the requested service is a replacement for a left side hearing aid. If “Yes” is selected, the replacement reason is required.

49. Use the **Replace Rsn.** drop-down to select the reason for replacing the existing left side hearing aid with the requested product.

50. Click the circular **Repair?** radio button to indicate if the requested service is a repair for a left side hearing aid. If “Yes” is selected, the repair reason is required.

51. Use the **Repair Rsn.** drop-down to select the reason for repairing the existing side hearing aid.

52. Enter the **Serial #** of the product.
53. Enter the **Model** or stock number identifying the equipment.

54. Enter the **Manufacturer** of the equipment.

55. Enter the original **Purchase Date** (mmddyyyy).

56. Use the **Purchased By** drop-down to select the original purchaser of the equipment.

57. Enter the **Warranty Expiration Date** (mmddyyyy) on the equipment. If later than the request date, an explanation or medical justification of why the warranty does not cover repair or replacement must be entered in Miscellaneous TAR Information.

**NOTE:** TAR web pages do not have numbered fields.
Incontinence Supplies

1. Enter the **Service Code** to identify the service being requested. If the code was entered in the Service Code Search, it will automatically populate. If unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifier link to access Code Search.

3. Enter the **Service Description** if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave the field blank.

4. Enter the **Total Units** requested. *Required

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

   **Example:** If 200 units are anticipated to be used per month, enter:

   ![Example](image)
6. Enter the **Frequency** for the number of units that will be used per time period. Enter the number of units in the first field and use the drop-down list to select the time period.

   *Required

   **Example:** If 10 units per day will be needed, enter:

   ![Frequency Example](image)

7. Enter the **Ant. Length of Need** to indicate the appropriate 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 the remainder of their life, use the drop-down list to select:

   ![Ant. Length of Need Example](image)

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

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

10. Enter a **Rendering Provider #** if rendering provider is different from the submitting provider. This will allow another provider to inquire on eTAR service information. If the submitting and rendering provider numbers are the same, leave the field blank.
11. Use the **Pricing Override Request** drop-down to select an override code for unlisted items or prices.

12. Enter the **Price** requested including a decimal point for unlisted items or price, up to seven digits. If **Pricing Override Request** is selected, this field is required.

13. Use **Place of Service** the drop-down to select the location where the service is being rendered. **Required**

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

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

**NOTE:** The **Diagnosis Description** field is no longer in use. Leave this field blank.

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

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

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**NOTE:** TAR web pages do not have numbered fields.
18. Enter the patient’s **Height** in feet and inches.

19. Enter the patient’s **Weight** in pounds and ounces.

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

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

22. 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 code link to access Code Search.

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

January 2019
23. Use the **ICD-CM Type** drop-down to select the ICD code type.

24. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis relevant to the requested service. If unknown, click the ICD Code link to access Code Search.

   **NOTE:** The **Diagnosis Description** field is no longer in use. Leave this field blank.

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

26. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) (include dates if applicable)** (255 characters accepted) field.

27. Enter information regarding any similar services in the **If it is known that the patient has ever received the requested or similar service(s), please explain (include dates)** (255 characters accepted) field.

28. Enter a summary of the therapeutic goal to be met in the **Please summarize the therapeutic goal to be met with the requested service(s)** field.
29. Enter the **Service Code** identifying a service that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code hyperlink to access Code Search.

30. Enter details in the **Describe Alternative Tried/Considered** field. If an alternative service code has been entered in the adjacent field, leave the field blank.

31. Use the **Reason** drop-down to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave the field blank.

32. 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.
33. Enter the description of the prognosis for controlling incontinence in the **Please describe prognosis for controlling incontinence** field.

34. Enter the summary of the incontinence treatment plan in the **Please summarize treatment plan** field.

35. Enter the need for multiple varieties of supplies in the **Please document need for multiple products** field.

**NOTE:** TAR web pages do not have numbered fields.
36. Click the circular **TAR Required?** radio button to indicate if the prescribed product requires prior authorization. *Required

37. Enter the **Service Code** identifying the service being requested. If unknown, click the Service Code link to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

38. Enter the **Daily Usage** for the number of items to be used daily. *Required

39. Enter the **Unit Cost** of the product including markup and sales tax. *Required

40. Enter the **Monthly Usage** for the number of items to be used monthly* Required

41. Enter the **Monthly Cost** of the product including markup and sales tax. *Required

42. Enter the **Total Units** to be used for the duration of the prescription. *Required

43. Enter the **Total Cost** over the duration of the prescription for this product including markup and sales tax. *Required

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

January 2019
44. Use the **# of Months Prescription Valid** drop-down to select the duration of the prescription in months. *Required

45. Click the circular **Generic Equivalents Prescribed?** radio button to indicate if the physician prescribed generic equivalent products. *Required

**NOTE:** TAR web pages do not have numbered fields.
46. Enter the **National Provider Identifier** (NPI) in the Physician’s License # field. *Required
47. Enter the prescribing **Physician’s Name**. *Required
48. Enter the **Physician’s Phone number**. *Required
49. Enter the **Prescription Date** (mmdyyyy). *Required
50. Click **Continue** to return to the TAR Services menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

OR

51. Click **Another Service, Same Category** to create another service line for the same service type.
1. Enter the Service Code to identify the service being requested. If the code was entered in the Service Code Search, it will automatically populate. If unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four Modifiers, if applicable. If unknown, click the Modifier hyperlink to access Code Search.

3. Enter the Service Description if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave the field blank.

4. Enter the Total Units requested. If requesting a rental, enter the number of rental months or days, depending on the service code entered. *Required

5. Use the Sched. drop-down list to select the appropriate details for the requested service. If “Other” is selected, enter the schedule in the Miscellaneous TAR Information field.

**NOTE:** TAR web pages do not have numbered fields.
6. Enter the **Frequency** for the number of units that will be used per time period. Enter the number of units in the first field and use the drop-down to select the time period. *Required

   **Example:** If two units per day are needed, enter:

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

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

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

9. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive.
10. Enter the **Start of Care** (mmddyyyy) date the patient began, or will begin, receiving the service requested. *Required

11. Use the **Pricing Override Request** drop-down to select an override code for unlisted items or prices.

12. Enter the **Price** requested including a decimal point for unlisted items or price, up to seven digits. If Pricing Override Request is selected, this field is required.

13. Use the **Place of Service** drop-down to select the location where the service is being rendered. *Required

14. Enter a **Rendering Provider #** if rendering provider is different from submitting provider. This will allow another provider to inquire on eTAR service information. If the submitting and rendering provider numbers are the same, leave the field blank.

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

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

**NOTE:** The **Diagnosis Description** field is no longer in use. Leave this field blank.

**NOTE:** TAR web pages do not have numbered fields.
17. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
18. Enter **Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.
19. Enter the current functional limitation or physical condition relative to the requested services in the Please list current functional limitation/physical condition codes field. If unknown, click the functional limitation link to access Code Search.

20. Enter current medical status codes which describe the patient’s condition in the Please list current medical status codes relevant to the requested service(s) field. If unknown, click the medical status code link to access Code Search.

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

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

NOTE: The Diagnosis Description field is no longer in use. Leave this field blank.

23. Enter the Date of Onset (mmddyyyy) for the diagnosis entered in the ICD Code field.
24. Enter a summary of the treatment and history of the patient in the Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) -- include dates if applicable. (255 characters accepted) field.

25. Enter information regarding any similar services in the If it is known that the patient has ever received the requested or similar service(s), please explain -- include dates (255 characters accepted) field.

26. Enter a summary of the therapeutic goal to be met in the Please summarize the therapeutic goal to be met with the requested service(s) field.
27. Enter the **Service Code** identifying a service that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code hyperlink to access Code Search.

28. Enter details in the **Describe Alternative Tried/Considered** field. If an alternative service code has been entered in the adjacent field, leave the field blank.

29. Use the **Reason** drop-down to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave the field blank.

30. Enter a brief explanation in the **Please explain why the least costly method of treatment is not being used** field.

**NOTE:** TAR web pages do not have numbered fields.
31. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required

32. Enter the National Provider Identifier (NPI) in the **Physician’s License #** field. *Required

33. Enter the prescribing **Physician’s Name**. *Required

34. Enter the **Physician’s Phone** number. *Required

35. Enter the **Prescription Date** (mmddyyyy). *Required

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

   OR

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

1. Enter the **Service Code** to identify the service being requested. If the code was entered in the Service Code Search, it will automatically populate. If unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required.

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifier hyperlink to access Code Search.

3. Enter the **Service Description** if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave the field blank.

4. Enter the **Total Units** requested. *Required

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

   **Example:** If two units are anticipated to be used per month, enter:

   ![Example](image)
6. Enter the **Frequency** for the number of units that will be used per time period. Enter the number of units in the first field and use the drop-down list to select the time period.

   **Example: If three units per day are needed, enter:**
   
   ![DME Medical Supply Information](image)

7. Enter the **Ant. Length of Need** to indicate the appropriate 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 six months, enter:**

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

9. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive.
10. Enter the **Start of Care** (mmddyyyy) date the patient began, or will begin, receiving the service requested.

11. Use the **Price Override** drop-down to select an override code for unlisted items or prices.

12. Enter the **Price** requested including a decimal point for unlisted items or price, up to seven digits. If Pricing Override Request is selected, this field is required.

13. Use **Place of Service** the drop-down to select the location where the service is being rendered. *Required

14. Enter a **Rendering Provider #** if rendering provider is different from submitting provider. This will allow another provider to inquire on eTAR service information. If the submitting and rendering provider numbers are the same, leave the field blank.

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

**NOTE:** The **Diagnosis Description** field is no longer in use. Leave this field blank.

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

18. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.
19. Use the **P.O.T Adherence** drop-down to select the level of compliance the patient has to the Plan of Treatment.

20. Enter the amount of hours per day and days per week assistance is available to the patient in his or her home in the **In-Home Assistance/Care Giver** field.

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

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

23. 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 code link to access Code Search.
24. Use the **ICD-CM Type** drop-down to select the ICD code type.

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

**NOTE:** The **Diagnosis Description** field is no longer in use. Leave this field blank.

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

27. 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.

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

29. Enter a summary of the therapeutic goal to be met in the **Please summarize the therapeutic goal to be met with the requested service(s)** field.
30. Enter the **Service Code** identifying a service that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code hyperlink to access Code Search.

31. Enter details in the **Describe Alternative Tried/Considered** field. If an alternative service code has been entered in the adjacent field, leave the field blank.

32. Use the **Reason** drop-down to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave the field blank.

33. Enter a brief explanation in the **Please explain why the least costly method of treatment is not being used** field.

**NOTE:** TAR web pages do not have numbered fields.
34. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. This replaces the need for submitting this information as an attachment. *Required

35. Enter the National Provider Identifier (NPI) in the **Physician’s License #** field. *Required

36. Enter the prescribing **Physician’s Name**. *Required

37. Enter the **Physician’s Phone** number. *Required

38. Enter the **Prescription Date** (mmddyyyy). *Required

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

   OR

40. Click **Another Service, Same Category** to create another service line for the same service type.
Orthotics/Prosthetics

1. Enter the **Service Code** being requested. If the code was entered in the Service Code Search, it will automatically populate. If unknown, click the Service Code link to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifier link to access Code Search.

3. Enter the **Service Description** if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave the field blank.

4. Use the **Side** drop-down list to select Right, Left or Bilateral. *Required

5. Enter the **Total Units** requested. *Required

6. If compression stockings or burn garments are being requested, enter the **Quantity** for the number of units that will be used per time period. Enter the number of units in the first field and use the drop-down list to select the time period.

   **Example:** If it is expected that four stockings will be used per month, enter:

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Month</td>
</tr>
</tbody>
</table>

**NOTE:** TAR web pages do not have numbered fields.
7. If compression stockings or burn garments are being requested, enter the **Frequency** for the number of items that will be used per time period. Enter the number of hours in the first field, and use the drop-down list to select the time period.

   Example: If the item will be used five hours per day, enter:
   ![Frequency](image)

8. Enter the **Ant. Length of Need** to indicate the appropriate 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:
   ![Ant. Length of Need](image)

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

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

11. Use **Place of Service** the drop-down list to select the location where the service is being rendered.

12. Enter a **Rendering Provider #** if rendering provider is different from submitting provider. This will allow another provider to inquire on eTAR service information. If the submitting and rendering provider numbers are the same, leave the field blank.

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

January 2019
13. Use the **Pricing Override Request** drop-down list to select an override code for unlisted items or prices.

14. Enter the **Price** requested including a decimal point for unlisted items or price, up to seven digits. If Pricing Override Request is selected, this field is required.

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

16. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis relevant to the requested service. If unknown, click the ICD Code link to access Code Search.

   **NOTE:** The **Diagnosis Description** field is no longer in use. Leave this field blank.

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

18. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.
19. Use the **P.O.T Adherence** drop-down list to select the level of compliance the patient has to the Plan of Treatment. *Required*

20. Enter the patient’s **Height** in feet and inches.

21. Enter the patient’s **Weight** in pounds and ounces.

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

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

24. 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 code link to access Code Search. *Required*
25. Use the ICD-CM Type drop-down list to select the ICD code type.

26. Enter the secondary ICD Code, including the decimal point, indicating the diagnoses relevant to the requested service. If unknown, click the ICD Code link to access Code Search.

NOTE: The Diagnosis Description field is no longer in use. Leave this field blank.

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

28. 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.

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

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

NOTE: TAR web pages do not have numbered fields.
31. Enter the **Service Code** that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code link to access Code Search.

32. Enter details in the **Describe Alternative Tried/Considered** field. If an alternative service code has been entered in the adjacent field, leave the field blank.

33. Use the **Reason** drop-down list to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave the field blank.

34. Enter a brief explanation in the **Please explain why the least costly method of treatment is not being used** field.
35. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required

36. Enter the National Provider Identifier (NPI) in the **Physician’s License #** field. *Required

37. Enter the prescribing **Physician’s Name**. *Required

38. Enter the **Physician’s Phone** number. *Required

39. Enter the **Prescription Date** (mm/dd/yyyy). *Required

**NOTE:** TAR web pages do not have numbered fields.
40. Click the circular Replacement? radio button to indicate whether the requested service is a replacement of a previous item received or authorized for the patient. *Required

41. If the circular Replacement radio button is selected as “Yes,” use the Replacement Reason drop-down lists to select up to three reasons why the item previously received or authorized for the patient is being replaced.

42. If the service requested is for an unlisted code, use the Unlisted Reason drop-down lists to select up to three reasons why a listed code cannot be used in place of the unlisted code.

43. Click the circular Home Accessible? radio button to indicate if the patient’s home is accessible for the Equipment. This replaces the need for submitting this information as an attachment. *Required

44. Enter Specific Comments explaining why the particular item, device or accessory is needed for the patient. For repairs or replacements, explain why an existing warranty does not cover the service.

45. Click Continue once to return to the TAR Services menu. See the eTAR User Guide: Basics for information on submitting the TAR.

OR

46. Click Another Service, Same Category to create another service line for the same service type.
Respiratory Care

<table>
<thead>
<tr>
<th>Other Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>eTAR Medical Tutorials</td>
</tr>
</tbody>
</table>

Please Enter Respiratory Therapy Information

Attachment A [Continue]  

<table>
<thead>
<tr>
<th>Service Information</th>
</tr>
</thead>
</table>

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

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search.

3. Enter the **Service Description** if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.

4. Enter the **Total Units** requested. *Required

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

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

<table>
<thead>
<tr>
<th>Quantity</th>
<th>* Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>/ Month</td>
</tr>
</tbody>
</table>
6. Enter the **Frequency** for the number of units to be used per time period. Enter the number of units in the first field and use the drop-down to select the time period. *Required

   **Example: If the equipment will be used three times per day enter:**

   ![Frequency](image)

7. Use the **Schedule** drop-down to select the details for the requested service. If the schedule selected is Other, enter the schedule in the Enter Miscellaneous TAR Information field. *Required

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

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

   ![Ant. Length of Need](image)

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

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

11. Enter the **Start of Care** date (mm/dd/yyyy) the patient will begin, or has begun, receiving the requested service. *Required

12. Enter the **Discharge Date** (mm/dd/yyyy) the patient completed receiving the requested services. *Required
13. Use the **Discharge** drop-down to select the level of care for the patient.

14. Use the **Place of Service** drop-down to select the location where the service is being rendered. *Required

15. Enter a **Rendering Provider #** if the rendering provider is different from the submitting provider. This allows another provider to inquire on TAR service information. If the submitting and rendering provider numbers are the same, leave the field blank.

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

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

**NOTE:** The **Diagnosis Description** field is no longer in use. Leave this field blank.

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

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

**NOTE:** TAR web pages do not have numbered fields.
20. Use the P.O.T. Adherence drop-down to select the level of compliance the patient has to the Plan of Treatment.

21. Enter the patient’s **Height** in feet and inches.

22. Enter the patient’s **Weight** in pounds and ounces.

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

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

25. Enter current medical status codes that describe the patient’s condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, click the medical status link to access Code Search. *Required

**NOTE:** TAR web pages do not have numbered fields.
26. Use the ICD-CM Type drop-down to select the ICD code type.

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

**NOTE:** The Diagnosis Description field is no longer in use. Leave this field blank.

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

29. 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.

30. Enter a summary of the therapeutic goal to be met in the Please summarize the
therapeutic goal to be met with the requested service(s) *Required
31. Enter the **Service Code** identifying a service that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code hyperlink to access Code Search. *Required

32. Enter details in the **Describe Alternative Tried/Considered** field. If an alternative service code has been entered in the adjacent field, leave the field blank. This replaces the need for submitting this information as an attachment. *Required

33. Use the **Reason** drop-down to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave the field blank. *Required

34. Enter a brief explanation in the **Please explain why the least costly method of treatment is not being used** field. *Required
35. Enter the Physician Prescription instructions in the exact words as written on the prescription. *Required

36. Enter the National Provider Identifier (NPI) in the Physician’s License # field. *Required

37. Enter the prescribing Physician’s Name. *Required

38. Enter the Physician’s Phone number. *Required

39. Enter the Prescription Date (mmddyyyy). *Required

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

OR

41. Click Another Service, Same Category to create another service line for the same service type.
Speech/Occupational/Physical Therapy

**Other Services**

Please Enter Speech/Occupational/Physical Therapy Information

<table>
<thead>
<tr>
<th>Service Information</th>
<th>Modifiers (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Service Code (HCPCS or CPT Code)</td>
<td></td>
</tr>
<tr>
<td>* Total Units</td>
<td></td>
</tr>
<tr>
<td>* Frequency</td>
<td></td>
</tr>
<tr>
<td>* Ant. Length of Need</td>
<td></td>
</tr>
</tbody>
</table>

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

2. Enter up to four Modifiers, if applicable. If unknown, click the Modifiers link to access Code Search.

3. Enter the Service Description if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.

4. Use the Side drop-down list to select Right, Left or Bilateral.

5. Enter the Total Units requested. *Required

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

**Example:** If the patient will need one visit per week, enter:

![Example Frequency Enter](example_frequency.png)
7. Enter the **Ant. Length of Need** to indicate the appropriate 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. *Required

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

   ![Ant. Length of Need](image)

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

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

10. Enter the **Start of Care** (mmddyyyy) date the patient began, or will begin, receiving the service requested.

11. Enter the **Discharge Date** (mmddyyyy) the patient completed receiving the requested services. * Required

12. Use the **Discharge** drop-down list to select the level of care for the patient.

13. Enter a **Rendering Provider #** if the rendering provider is different from the submitting provider. This allows another provider to inquire on TAR service information. If the submitting and rendering provider numbers are the same, leave the field blank.

14. Use the **POS** drop-down list to select the location where the service is being rendered. *Required

**NOTE:** TAR web pages do not have numbered fields.
15. Use the **ICD-CM Type** drop-down list to select the ICD code type. *Required

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

**NOTE**: The **Diagnosis Description** field is no longer in use. Leave this field blank.

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

18. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.
19. Use the **P.O.T. Adherence** drop-down list to select the level of compliance the patient has to the Plan of Treatment.

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

21. Enter the number of hours per day and days per week assistance is available to the patient in his or her home in the **In-Home Assistance/Care Giver** field. These fields do not accept a value of zero. If no in-home caregiver assistance is available, either leave the field blank or enter “1” in each field and explain in the Miscellaneous TAR Information field. *Required

22. Enter the patient’s **Height** in feet and inches.

23. Enter the patient’s **Weight** in pounds and ounces.

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

25. Enter the previous functional limitation or physical condition relative to the requested services in the Please list previous functional limitation/physical condition codes field. If unknown, click the functional limitation link to access Code Search.
26. Enter current medical status codes that describe the patient’s condition in the Please list current medical status codes relevant to requested service(s) field. If unknown, click the medical status link to access Code Search.

27. Use the ICD-CM Type drop-down list to select the ICD code type.

28. Enter secondary ICD Code, including the decimal point, indicating the diagnosis relative to the requested service. If unknown, click the ICD Code link to access Code Search. **NOTE:** The Diagnosis Description field is no longer in use. Leave this field blank.

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

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

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

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

January 2019
32. Enter a summary of the therapeutic goal to be met in the **Please summarize the therapeutic goal to be met with the requested service(s)** field. *Required

33. Enter the Service Code identifying a service that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code link to access Code Search. *Required

34. Enter details in the **Describe Alternative Tried/Considered** field. If an alternative service code has been entered in the adjacent field, leave the field blank. *Required

35. Use the **Reason** drop-down list to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave the field blank. *Required

**NOTE:** TAR web pages do not have numbered fields.
36. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required

37. Enter the National Provider Identifier (NPI) in the **Physician’s License #** field. *Required

38. Enter the prescribing **Physician’s Name**. *Required

39. Enter the **Physician’s Phone** number *Required

40. Enter the **Prescription Date** (mm/dd/yyyy). *Required

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

**OR**

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

1. Enter a Rendering Provider # if the rendering provider is different from the submitting provider. This allows another provider to inquire on TAR service information. If the submitting and rendering provider numbers are the same, leave the field blank.

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

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

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

   **Example:** If three trips per week is needed, enter:

5. Use the Schedule drop-down list to select the appropriate details for the requested service. If the schedule selected is Other, enter the schedule in Miscellaneous TAR Information field. *Required

**NOTE:** TAR web pages do not have numbered fields.
6. Enter the name of the provider, physician or medical group in the **Appointment With** field. *Required

7. Enter the appointment **Time** in a 24-hour format. Example: For 9 a.m. – enter 0900; for 2:30 p.m. – enter 1430.

8. Enter the **Contact Phone** number where the person indicated in the Appointment With field may be reached.

9. Enter the primary care **Physician’s Name**. *Required

10. Enter the **Phone** number of the primary care physician.

11. Use the **Origin** drop-down to select the place of service where the transport begins. *Required.

12. Enter the **Street Address** of the origin. *Required

**NOTE:** Do not use a P.O. Box for the Street Address. Only use a physical address.

13. Enter the **City** of origin. *Required

14. Use the **State** drop-down to select the state of origin. *Required

15. Enter the **Zip Code** of origin. *Required

**NOTE:** TAR web pages do not have numbered fields.
16. Use the **Primary Destination** drop-down to select the place of service where the patient is traveling. *Required

17. Enter the **Street Address** of the primary destination. *Required

18. Enter the **City** of the primary destination. *Required

19. Use the **State** drop-down to select the state of the primary destination. *Required

20. Enter the **Zip Code** of the primary destination. *Required

21. Enter the number of **Miles One Way** from the origin address to the primary destination address. *Required
22. For three-way trips, use the **Second Destination** drop-down select the place of service where the patient is traveling as a second destination. *Required only for three-way trips.

23. Enter the **Street Address** of the secondary destination. *Required only for three-way trips.

24. Enter the **City** of the secondary destination. *Required only for three-way trips.

25. Use the **State** drop-down select the state of the secondary destination. *Required only for three-way trips.

26. Enter the **Zip Code** of the secondary destination. *Required only for three-way trips.

27. Enter the number of **Miles One Way** from the primary destination address to the secondary destination address. *Required only for three-way trips.

28. Enter the **Return Miles** between the secondary destination and the origin. *Required only for three-way trips.
29. Enter the service **Code** to identify the service being requested. At least one code must be entered. *Required*

30. Enter up to four **Modifiers**, if applicable. Providers may need to include details related to the services in the **Enter Miscellaneous TAR Information** field.

**NOTE:** Providers are able to include up to four modifiers (if applicable) per service code on their **Treatment Authorization Request** (TAR) and claim. For dates of service on or after November 1, 2018, claims submitted for an NEMT service that includes modifiers must have an approved TAR with matching modifiers. Claims that include modifiers that are not supported by the TAR will be denied.

31. Enter the total number of **Units** requested. This field must be completed for each code that is entered. *Required.*

32. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.
33. Use the **P.O.T. Adherence** drop-down to select the level of compliance the patient has to the Plan of Treatment.

34. Enter the number of hours per day and days per week assistance is available to the patient in his or her home in the **In-Home Assistance/Care Giver** field.

35. Enter the patient’s **Height** in feet and inches.

36. Enter the patient’s **Weight** in pounds and ounces.

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

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

39. Enter current medical status codes that describe the patient’s condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, click the medical status link to access Code Search. *Required

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

January 2019
40. Use the ICD-CM Type drop-down to select the ICD code type.

41. Enter secondary ICD Code, including the decimal point, indicating the diagnosis relative to the requested service. If unknown, click the ICD Code link to access Code Search.

**NOTE:** The Diagnosis Description field is no longer in use. Leave this field blank.

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

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

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

45. Enter a summary of the therapeutic goal to be met in the Please summarize the therapeutic goal to be met with the requested service(s) field. *Required
46. Enter the **Service Code** identifying a service that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code link to access Code Search.

47. Enter details in the **Describe Alternative Tried/Considered** field. If an alternative service code has been entered in the adjacent field, leave the field blank.

48. Use the **Reason** drop-down to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave the field blank.

49. Enter a brief explanation in the **Please explain why the least costly method of treatment is not being used** field.
50. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required

51. Enter the National Provider Identifier (NPI) in the **Physician’s License #** field. *Required

52. Enter the prescribing **Physician’s Name**. *Required

53. Enter the **Physician’s Phone** number. *Required

54. Enter the **Prescription Date** (mmddyyyy). *Required

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

OR

56. Click **Another Service, Same Category** to create another service line for the same service type.
Vision Care Services

Select Service Category

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

1. If you know the code, enter the code in the search field and select **Find Service Category(s)**. This is the preferred method.

2. If you don’t know the code, but you know the service category, select the appropriate Service Category hyperlink.

3. If you don’t know the code or the service category, select the **Service Code Search** hyperlink to initiate the search. See the eTAR User Guide: Basics for additional information on code search.

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

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

January 2019
Contact Lens

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

2. Enter up to four **Modifiers**. If unknown, click the Modifiers link to access Code Search. *Required

3. Enter the **Service Description** if an unlisted, generic or miscellaneous service code is used. Otherwise, leave this field blank.

4. Enter the **Total Units** requested. *Required

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

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

7. Use the **POS** drop-down list to select the location where the service is being rendered. *Required

**NOTE:** TAR web pages do not have numbered fields.
8. Enter a Rendering Provider # if the rendering provider is different from the submitting provider. This allows another provider to inquire on TAR service information. If the submitting and rendering provider numbers are the same, leave the field blank.

9. Use the Pricing Override Request drop-down to select an override code for unlisted items or prices.

10. Enter the Price requested including the decimal point for unlisted items or prices, up to seven digits. If Pricing Override Request is selected, this field is required.

11. Enter the MSRP (Manufacturer’s Suggested Retail Price) or actual invoice price for the service being requested, up to seven digits.

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

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

**NOTE:** The Diagnosis Description field is no longer in use. Leave this field blank.

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

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

**NOTE:** TAR web pages do not have numbered fields.
16. Enter the current functional limitation or physical condition relative to the requested services in the Please list current functional limitation/physical condition codes field. If unknown, click the functional limitation link to access Code Search.

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

18. Enter current medical status codes that describe the patient’s condition in the Please list current medical status codes relevant to the requested service(s) field. If unknown, click the medical status link to access Code Search.

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

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

**NOTE:** The Diagnosis Description field is no longer in use. Leave this field blank.

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

**NOTE:** TAR web pages do not have numbered fields.
22. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable** field.

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

24. Enter a summary of the therapeutic goal to be met in the **Please summarize the therapeutic goal to be met with the requested service(s)** field.
25. Enter the **Service Code** identifying a service that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code hyperlink to access Code Search.

26. Enter details in the **Describe Alternative Tried/Considered** field. If an alternative service code has been entered in the adjacent field, leave the field blank.

27. Use the **Reason** drop-down to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave the field blank.

28. Enter a brief explanation in the **Please explain why the least costly method of treatment is not being used** field.

**NOTE:** TAR web pages do not have numbered fields.
29. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required

30. Enter the **National Provider Identifier (NPI)** in the Physician’s License # field. *Required

31. Enter the prescribing **Physician’s Name**. *Required

32. Enter the **Physician’s Phone number**. *Required

33. Enter the **Prescription Date** (mmddyyyy). *Required
34. Enter the **Date of Comprehensive Eye Exam** (mmddyyyy).

35. Enter the **Date of the Prior Eye Exam** (mmddyyyy).

36. Click the circular **First Time Wearer** radio button to indicate whether or not the patient is wearing Contact Lenses for the first time. *Required

37. Click the circular **Replacement?** radio button to indicate whether the requested service is a replacement of a previous item received or authorized for the patient. *Required

38. If the circular Replacement radio button was selected as “Yes,” use the **Replacement Reason** drop-down to select up to three reasons why the item previously received or authorized for the patient is being replaced.

**NOTE:** TAR web pages do not have numbered fields.
39. Enter the right and left eye **Distance** visual acuity measured without spectacles (measurement of ability to distinguish fine detail).

40. Enter the right and left eye **Near** visual acuity measured without spectacles (measurement of ability to distinguish fine detail).

41. Enter the right and left eye **Sphere** power (nearsighted or farsighted) of the spectacle prescription. *Required

42. Enter the right and left eye **Cylinder** power (astigmatism) of the spectacle prescription. *Required

43. Enter the right and left eye **Axis** (direction of the cylinder power) of the spectacle prescription. *Required

44. Enter the right and left eye **Add Power** (magnification power added to sphere power for near vision). *Required

---

NOTE: TAR web pages do not have numbered fields.

January 2019
45. Enter the right and left eye **Distance** visual acuity measured with spectacles (measurement of ability to distinguish fine detail). *Required

46. Enter the right and left eye **Near** visual acuity measured with spectacles (measurement of ability to distinguish fine detail).

47. Enter the right and left eye measurement of anterior curvature of the cornea in the **Keratometry** fields. *Required

48. Enter the amount of right and left eye distortion in the luminous pattern of mire images in the **Grade of Mire Distortion** fields. *Required

49. Enter the name of the **Manufacturer** of the requested eye appliance. *Required

50. Enter the **Model** number or name of the requested eye appliance in the right and left eye. *Required

51. Click the circular **Wear** radio button to indicate if the patient will wear daily or extended contact lenses. *Required

52. Use the **Wearing Schedule** drop-down lists to select the wearing schedule of the right and left contact lens. *Required
53. Enter the right and left eye **Base Curve** of the posterior surface in the area corresponding to the optic zone. *Required

54. Enter the right and left eye **Diameter** for the contact lens in millimeters. *Required

55. Enter the right and left eye **Power** of the contact lens. *Required

56. Enter the right and left eye near **Visual Acuity thru Eye Appliances**. *Required

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

OR

58. Click **Another Service, Same Category** to create another service line for the same service type.
### Low Vision Aids

**Please Enter Low Vision Aids Information**

<table>
<thead>
<tr>
<th>Service Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>* Service Code (HCPCS Code)</td>
<td></td>
</tr>
<tr>
<td>* Modifiers</td>
<td></td>
</tr>
<tr>
<td>Service Description (40 characters accepted)</td>
<td></td>
</tr>
<tr>
<td>* Total Units</td>
<td></td>
</tr>
<tr>
<td>* From Date</td>
<td></td>
</tr>
<tr>
<td>* Thru Date</td>
<td></td>
</tr>
<tr>
<td>* POS</td>
<td></td>
</tr>
<tr>
<td>Rendering Provider #</td>
<td></td>
</tr>
</tbody>
</table>

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

2. Enter up to four **Modifiers**. If unknown, click the Modifiers hyperlink to access Code Search. *Required

3. Enter the **Service Description** if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.

4. Enter the **Total Units** requested. *Required

5. Enter the **From Date** (mm/dd/yyyy) for the requested start of service date. This field is required if the request is retroactive. If request is planned, enter range if dates during which service will be provided. *Required

6. Enter the **Thru Date** (mm/dd/yyyy) for the requested end of the service date. This field is required if the request is retroactive. If request is planned, enter range if dates during which service will be provided. *Required

7. Use the **POS** drop-down list to select the location where the service is being rendered. *Required

---

**NOTE:** TAR web pages do not have numbered fields.
8. Enter a **Rendering Provider #** if the rendering provider is different from the submitting provider. This allows another provider to inquire on TAR service information. If the submitting and rendering provider numbers are the same, leave the field blank.

9. Use the **Pricing Override Request** drop-down to select an override code for unlisted items or prices.

10. Enter the **Price** requested including the decimal point, for unlisted items or prices, up to seven digits. If Pricing Override Request is selected, this field is required.

11. Enter the **MSRP** (Manufacturer’s Suggested Retail Price) or actual invoice price for the requested service. Enter this as a one through seven digit number with decimal point.

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

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

**NOTE:** The **Diagnosis Description** field is no longer in use. Leave this field blank.

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

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

**NOTE:** TAR web pages do not have numbered fields.
16. Enter the current functional limitation or physical condition relative to the requested services in the **Please list current functional limitation/physical condition codes** field. If unknown, click the functional limitation link to access Code Search.

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

18. Enter current medical status codes that describe the patient’s condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, click the medical status link to access Code Search.

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

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

**NOTE:** The **Diagnosis Description** field is no longer in use. Leave this field blank.

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

**NOTE:** TAR web pages do not have numbered fields.
22. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) -- include dates if applicable**. (255 characters accepted)

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

24. Enter a summary of the therapeutic goal to be met in the **Please summarize the therapeutic goal to be met with the requested service(s)**. (255 characters accepted)
25. Enter the Service Code identifying a service that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code hyperlink to access Code Search.

26. Enter details in the Describe Alternative Tried/Considered field. If an alternative service code has been entered in the adjacent field, leave the field blank.

27. Use the Reason drop-down list to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave the field blank.

28. Enter a brief explanation in the Please explain why the least costly method of treatment is not being used field.
29. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required

30. Enter the **National Provider Identifier (NPI)** in the Physician’s License # field. *Required

31. Enter the prescribing **Physician’s Name**. *Required

32. Enter the **Physician’s Phone number**. *Required

33. Enter the **Prescription Date** (mmddyyyy). *Required
34. Enter the **Date of the Comprehensive Eye Exam** (mmddyyyy).

35. Enter the **Date of the Prior Eye Exam** (mmddyyyy).

36. Enter the **Professional Time Spent** fitting, training and counseling the patient on the use of the low vision aids in hours and minutes.

    **Example:** If three hours and four minutes are spent, enter:

37. Click the circular **Replacement?** radio button to indicate whether the requested service is a substitute of a previous item received or authorized for the patient. *Required

38. If the circular Replacement radio button is selected as “Yes,” use the drop-down lists on the **Replacement Reason** field to select up to three reasons why the item previously received or authorized for the patient is being replaced.
39. Enter the right and left eye **Distance** visual acuity measured without spectacles (measurement of ability to distinguish fine detail).

40. Enter the right and left eye **Near** visual acuity measured without spectacles (measurement of ability to distinguish fine detail).

41. Enter the right and left eye **Sphere** power (nearsighted or farsighted) of the spectacle prescription. *Required

42. Enter the right and left eye **Cylinder** power (astigmatism) of the spectacle prescription. *Required

43. Enter the right and left eye **Axis** (direction of the cylinder power) of the spectacle prescription. *Required

44. Enter the right and left eye **Add Power** (magnification power added to sphere power for near vision). *Required

45. Enter the right and left eye **Distance** visual acuity measured with spectacles (measurement of ability to distinguish fine detail). *Required

46. Enter the right and left eye **Near** visual acuity measured with spectacles (measurement of ability to distinguish fine detail).
47. Use the **Type of Visual Field Defects** drop-down to select the type of visual field defect in the right and left eye. *Required

48. Enter the amount of **Visual Field Constriction** in the right and left eye in degrees.

49. Enter the right and left eye near visual acuity (measurement of ability to distinguish fine detail) measured with requested eye appliance in the **Visual Acuity thru Eye Appliances** field. *Required

50. Use the **Sensitivity to Glare** drop-down to select the degree of annoyance, discomfort or loss in visual performance caused by light. *Required

51. Enter the name of the **Manufacturer** of the requested eye appliance. *Required

52. Enter the **Model** number or name of the requested eye appliance. *Required

53. Enter the **Model Description** of the low vision aid. (Example: 2.8X monocular telescope). *Required
54. Enter the **Purpose of Low Vision Aid.** *Required

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

   OR

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

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

January 2019
Other Eye Appliances

<table>
<thead>
<tr>
<th>Service Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service Code</strong> (HCPCS Code)</td>
<td><strong>Modifiers</strong></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Service Description (40 characters accepted)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>Total Units</strong></td>
<td><strong>From Date</strong> (mmddyyyy)</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>POS</strong></td>
<td>Rendering Provider #</td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>

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

2. Enter up to four **Modifiers**. If unknown, click the Modifiers hyperlink to access Code Search. *Required

3. Enter the **Service Description** if an unlisted, generic or miscellaneous service code is used. Otherwise, leave this field blank.

4. Enter the **Total Units** requested. *Required

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

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

7. Use the **POS** drop-down list to select the location where the service is being rendered. *Required

**NOTE:** TAR web pages do not have numbered fields.
8. Enter a Rendering Provider # if the rendering provider is different from the submitting provider. This allows another provider to inquire on TAR service information. If the submitting and rendering provider numbers are the same, leave the field blank.

9. Use the Pricing Override Request drop-down select an override code for unlisted items or prices.

10. Enter the Price requested including the decimal point for unlisted items or prices, up to seven digits. If Pricing Override Request is selected, this field is required.

11. Enter the MSRP (Manufacturer's Suggested Retail Price) or actual invoice price for the requested service. Enter this as a one through seven digit number with decimal points.

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

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

**NOTE:** The Diagnosis Description field is no longer in use. Leave this field blank.

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

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

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

January 2019
16. Enter the current functional limitation or physical condition relative to the requested services in the **Please list current functional limitation/physical condition codes** field. If unknown, click the functional limitation link to access Code Search.

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

18. Enter current medical status codes that describe the patient’s condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, click the medical status link to access Code Search.

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

20. Enter the **ICD Code**, including the decimal point, indicating the secondary diagnosis relative to the requested service. If unknown, click the ICD Code link to access Code Search.

**NOTE:** The **Diagnosis Description** field is no longer in use. Leave this field blank.

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

**NOTE:** TAR web pages do not have numbered fields.
22. Enter a summary of the treatment and history of the patient in the Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) -- include dates if applicable. (255 characters accepted) field.

23. Enter information regarding any similar services in the If it is known that the patient has ever received the requested or similar service(s), please explain -- include dates. (255 characters accepted) field.

24. In the Please summarize the therapeutic goal to be met with the requested service(s) field, enter a summary of the therapeutic goal.
25. Enter the **Service Code** identifying a service that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code link to access Code Search.

26. Enter details in the **Describe Alternative Tried/Considered** field. If an alternative service code has been entered in the adjacent field, leave the field blank.

27. Use the **Reason** drop-down list to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave the field blank.

28. Enter a brief explanation in the **Please explain why the least costly method of treatment is not being used** field.
29. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required

30. Enter the **National Provider Identifier** (NPI) in the Physician’s License # field. *Required

31. Enter the prescribing **Physician’s Name**. *Required

32. Enter the **Physician’s Phone number**. *Required

33. Enter the **Prescription Date** (mmddyyyy). *Required
34. Enter the **Date of the Comprehensive Eye Exam** (mmddyyyy). *Required

35. Click the circular **Replacement?** radio button to indicate whether the requested service is a replacement of a previous item received or authorized for the patient. *Required

36. If the circular Replacement radio button is selected as “Yes”, use the **Replacement Reason** drop-down lists to select up to three reasons why the item previously received or authorized for the patient, is being replaced.
37. Enter the right and left eye **Distance** visual acuity measured with spectacles (measurement of ability to distinguish fine detail).

38. Enter the right and left eye **Near** visual acuity measured with spectacles (measurement of ability to distinguish fine detail).

39. Enter the right and left eye **Sphere** power (nearsighted or farsighted) of the spectacle prescription. *Required

40. Enter the right and left eye **Cylinder** power (astigmatism) of the spectacle prescription. *Required.

41. Enter the right and left eye **Axis** (direction of the cylinder power) of the spectacle prescription. *Required

42. Enter the right and left eye **Add Power** (magnification power added to sphere power for near vision). *Required

<table>
<thead>
<tr>
<th>Uncorrected Visual Acuity</th>
<th>Right Eye (OD)</th>
<th>Left Eye (OS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Near</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refraction Results</td>
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</tr>
<tr>
<td>* Sphere</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Cylinder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Axis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Add Power</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
43. Enter the right and left eye **Distance** visual acuity measured with spectacles (measurement of ability to distinguish fine detail). *Required

44. Enter the right and left eye **Near** visual acuity measured with spectacles (measurement of ability to distinguish fine detail).

45. Enter the **Keratometry** of the right and left eye measurement of anterior curvature of the cornea.

46. Enter of the amount **Grade of Mire Distortion** of right and left eye in the luminous pattern of mire images.

47. Use the **Type of Visual Field Defects** drop-down to select the type of visual field defect in the right and left eye.

48. Enter the amount of **Visual Field Constriction** in the right and left eye in degrees.

49. Enter the right and left eye near visual acuity (measurement of ability to distinguish fine detail) measured with requested eye appliance in the **Visual Acuity thru Eye Appliances** field. *Required

50. Use the **Sensitivity to Glare** drop-down list to select the degree of annoyance, discomfort or loss in visual performance caused by light.

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

   OR

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

**NOTE:** TAR web pages do not have numbered fields.
## eTAR Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ANSI</td>
<td>American National Standards Institute</td>
</tr>
<tr>
<td>BIC</td>
<td>Benefits Identification Card</td>
</tr>
<tr>
<td>CAASD</td>
<td>Clinical Assurance &amp; Administrative Support Division</td>
</tr>
<tr>
<td>CCS</td>
<td>California Children's Services</td>
</tr>
<tr>
<td>CPSP</td>
<td>Comprehensive Prenatal Services Program</td>
</tr>
<tr>
<td>DHCS</td>
<td>Department of Health Care Services</td>
</tr>
<tr>
<td>DME</td>
<td>Durable Medical Equipment</td>
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<td>DOS</td>
<td>Date of Service</td>
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<tr>
<td>DX</td>
<td>Diagnosis Code</td>
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<tr>
<td>EPSDT</td>
<td>Early and Periodic Screening, Diagnostic, and Treatment</td>
</tr>
<tr>
<td>ETAR</td>
<td>Electronic Treatment Authorization Request</td>
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<tr>
<td>FPACT</td>
<td>Family Planning, Access, Care and Treatment</td>
</tr>
<tr>
<td>FQHC</td>
<td>Federally Qualified Health Center</td>
</tr>
<tr>
<td>ICF</td>
<td>Intermediate Care Facility</td>
</tr>
<tr>
<td>ICF-DD</td>
<td>Intermediate Care Facility Developmentally Disabled</td>
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<tr>
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<td>Intermediate Care Facility Developmentally Disabled Habilitative</td>
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<td>ID</td>
<td>Identification</td>
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<tr>
<td>IHO</td>
<td>In Home Operation</td>
</tr>
<tr>
<td>LTC</td>
<td>Long Term Care</td>
</tr>
<tr>
<td>MDS</td>
<td>Minimum Data Set</td>
</tr>
<tr>
<td>MMDDYYYY</td>
<td>Two digit month and date, four digit year (ex. 06102018)</td>
</tr>
<tr>
<td>NCPDP</td>
<td>National Council for Prescription Drug Program</td>
</tr>
<tr>
<td>NPI</td>
<td>National Provider Identifier</td>
</tr>
<tr>
<td>NPPES</td>
<td>National Plan and Provider Enumeration System</td>
</tr>
<tr>
<td>OHC</td>
<td>Other Health Care Coverage</td>
</tr>
<tr>
<td>OCR</td>
<td>Optical Character Recognition</td>
</tr>
<tr>
<td>PED</td>
<td>Provider Enrollment Department</td>
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<td>Pricing Indicator</td>
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<td>Personal Identification Number</td>
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<tr>
<td>POC</td>
<td>Plan of Care</td>
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<tr>
<td>POE</td>
<td>Proof of Eligibility</td>
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<td>POS</td>
<td>Point of Service</td>
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<td>TSC</td>
<td>Telephone Service Center</td>
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<tr>
<td>SOC</td>
<td>Share of Cost</td>
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<td>SSL</td>
<td>Secure Socket Layer</td>
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<td>TAR</td>
<td>Treatment Authorization Request</td>
</tr>
<tr>
<td>TCN</td>
<td>TAR Control Number</td>
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</table>
## Appendix A: eTAR Glossary

### Medical Status Codes and Descriptions

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>Symptom control: Asymptomatic, no treatment needed at this time</td>
</tr>
<tr>
<td>002</td>
<td>Symptom control: well controlled with current therapy</td>
</tr>
<tr>
<td>003</td>
<td>Symptom control: Difficult, affects ADLs; patient needs ongoing monitoring</td>
</tr>
<tr>
<td>004</td>
<td>Symptom control: Poor, patient needs frequent adjustment</td>
</tr>
<tr>
<td>005</td>
<td>Symptom control: Poor, history of hospitalizations</td>
</tr>
<tr>
<td>011</td>
<td>IV: hydration only</td>
</tr>
<tr>
<td>012</td>
<td>IV: chemotherapy</td>
</tr>
<tr>
<td>013</td>
<td>IV: blood/blood products</td>
</tr>
<tr>
<td>014</td>
<td>IV medication: continuous with/without pump</td>
</tr>
<tr>
<td>015</td>
<td>IV medication: intermittent with/without pump</td>
</tr>
<tr>
<td>016</td>
<td>IV medication: bolus</td>
</tr>
<tr>
<td>017</td>
<td>Parenteral nutrition (TPN or lipids): central</td>
</tr>
<tr>
<td>018</td>
<td>Parenteral nutrition (TPN or lipids): peripheral</td>
</tr>
<tr>
<td>019</td>
<td>Enteral nutrition (ng, g-tube, jejunostomy, other artificial entry into alimentary canal)</td>
</tr>
<tr>
<td>021</td>
<td>Drainage tube: Chest</td>
</tr>
<tr>
<td>022</td>
<td>Drainage tube: Nasogastric</td>
</tr>
<tr>
<td>023</td>
<td>Drainage tube: Gastrostomy</td>
</tr>
<tr>
<td>024</td>
<td>Drainage tube: Jackson Pratt</td>
</tr>
<tr>
<td>025</td>
<td>Drainage tube: Hemovac</td>
</tr>
<tr>
<td>026</td>
<td>Drainage tube: Urinary</td>
</tr>
<tr>
<td>027</td>
<td>Drainage tube: Intracranial/ intraventricular</td>
</tr>
<tr>
<td>031</td>
<td>Prognosis: Little or no recovery is expected and/or further decline is imminent</td>
</tr>
<tr>
<td>032</td>
<td>Prognosis: Partial to full recovery is expected</td>
</tr>
<tr>
<td>033</td>
<td>Prognosis: Minimal improvement in functional status is expected, decline is possible</td>
</tr>
<tr>
<td>034</td>
<td>Prognosis: Marked improvement in functional status is expected</td>
</tr>
<tr>
<td>035</td>
<td>Life expectancy: greater than 6 months</td>
</tr>
<tr>
<td>036</td>
<td>Life expectancy: 6 months or fewer</td>
</tr>
</tbody>
</table>

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

May 2019
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>041</td>
<td>Pain Description: Aching</td>
</tr>
<tr>
<td>042</td>
<td>Pain Description: Throbbing</td>
</tr>
<tr>
<td>043</td>
<td>Pain Description: Constant</td>
</tr>
<tr>
<td>044</td>
<td>Pain Description: Intermittent</td>
</tr>
<tr>
<td>045</td>
<td>Pain Description: Sharp</td>
</tr>
<tr>
<td>046</td>
<td>Pain Description: Dull</td>
</tr>
<tr>
<td>047</td>
<td>Pain Description: Widespread</td>
</tr>
<tr>
<td>048</td>
<td>Pain Description: Localized</td>
</tr>
<tr>
<td>049</td>
<td>Pain Description: Intractable</td>
</tr>
<tr>
<td>061</td>
<td>Pain Location: Abdominal</td>
</tr>
<tr>
<td>062</td>
<td>Pain Location: Chest</td>
</tr>
<tr>
<td>063</td>
<td>Pain Location: Back</td>
</tr>
<tr>
<td>064</td>
<td>Pain Location: Head</td>
</tr>
<tr>
<td>065</td>
<td>Pain Location: Face</td>
</tr>
<tr>
<td>066</td>
<td>Pain Location: Ear</td>
</tr>
<tr>
<td>067</td>
<td>Pain Location: Eye</td>
</tr>
<tr>
<td>068</td>
<td>Pain Location: Mouth</td>
</tr>
<tr>
<td>069</td>
<td>Pain Location: Throat</td>
</tr>
<tr>
<td>070</td>
<td>Pain Location: Neck</td>
</tr>
<tr>
<td>071</td>
<td>Pain Location: Foot</td>
</tr>
<tr>
<td>072</td>
<td>Pain Location: Leg</td>
</tr>
<tr>
<td>073</td>
<td>Pain Location: Hand</td>
</tr>
<tr>
<td>074</td>
<td>Pain Location: Arm</td>
</tr>
<tr>
<td>075</td>
<td>Pain Location: Pelvis</td>
</tr>
<tr>
<td>076</td>
<td>Pain Location: Hip</td>
</tr>
<tr>
<td>077</td>
<td>Pain Location: Buttocks</td>
</tr>
<tr>
<td>078</td>
<td>Pain Location: Perineal/Genital Area</td>
</tr>
<tr>
<td>079</td>
<td>Pain Location: Joints (generalized)</td>
</tr>
<tr>
<td>081</td>
<td>Pain Frequency: Less often than daily</td>
</tr>
<tr>
<td>082</td>
<td>Pain Frequency: Daily, but not constantly</td>
</tr>
<tr>
<td>083</td>
<td>Pain Frequency: Constantly</td>
</tr>
</tbody>
</table>

**NOTE:** TAR web pages do not have numbered fields.
| 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 |
| 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
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

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

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

NOTE: TAR web pages do not have numbered fields.
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
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

NOTE: TAR web pages do not have numbered fields.
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

NOTE: TAR web pages do not have numbered fields.
Appendix B: eTAR Glossary

Functional Limitation Codes and Descriptions

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

NOTE: TAR web pages do not have numbered fields.
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
556  Vision: sees clearly using eyeglasses
557  Vision: sees clearly using contact lenses
558  Vision: minimally impaired: sees objects clearly, cannot read print
559  Vision: partially impaired: sees shapes, objects
560  Vision: severely impaired: sees light/dark, some shapes
561  Vision: blind: one eye
562  Vision: blind: both eyes
563  Hearing/comprehension: no deficits, naturally or with a hearing aid
564  Hearing/comprehension: moderate deficits: one-step instruction and brief conversation
565  Hearing/comprehension: severe deficits: simple greetings and short comments
566  Hearing/comprehension: severe deficits: unable to hear and understand consistently
567  Hearing/comprehension: deaf
568  Hearing/comprehension: cochlear implant
569  Communication: nonverbal
570  Communication: device: board
571  Communication: device: writing
572  Communication: device: instrument/mechanical/computer
573  Communication: American Sign Language
574  Communication: speech: slurred
Communication: speech: stutters
Communication: speech: aphasia: sensory
Communication: speech: aphasia motor
Communication: speech: minimal difficulty expressing ideas and needs
Communication: speech: moderate difficulty expressing simple ideas or needs
Communication: speech: sever difficulty expressing basic ideas or needs
Communication: speech: interpreter required
Communication: unable to express basic needs but is not comatose or unresponsive
Communication: patient is non-responsive
Cognitive functioning alert
Cognitive functioning: oriented
Cognitive functioning: impaired decision-making
Cognitive functioning: requires prompting under stressful or unfamiliar condition
Cognitive functioning: requires assistance and direction in specific situations
Cognitive functioning: distractibility: requires low stimulus environment
Cognitive functioning: requires considerable assistance in routine situations
Cognitive functioning: disorientation, coma, persistent, vegetative state or delirium
Confusion: new or complex situations
Confusion: upon awakening or at night
Confusion: during sundown/twilight
Confused: constantly
Memory deficit: failure to recognize familiar persons or places
Memory deficit: inability to recall events of past 24 hours
Memory deficit: to the extent that supervision is required
Feeding/Eating: independent
Feeding/Eating: requires meal set-up
Feeding/Eating: requires intermittent aid or supervision
Feeding/Eating: requires total feeding assistance/supervision
Feeding/Eating: mechanical soft diet
Feeding/Eating: liquid/pureed diet
Feeding/Eating: takes in nutrients orally AND receives oral supplements
Feeding/Eating: takes in nutrients orally AND receives enteral supplements
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
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

NOTE: TAR web pages do not have numbered fields.
801 Socioeconomic: lacks electricity
802 Socioeconomic: lacks running water
803 Socioeconomic: lacks telephone
804 Socioeconomic: lacks heat
805 Socioeconomic: lacks refrigeration/appliances
806 Socioeconomic: lacks food
807 Socioeconomic: homeless