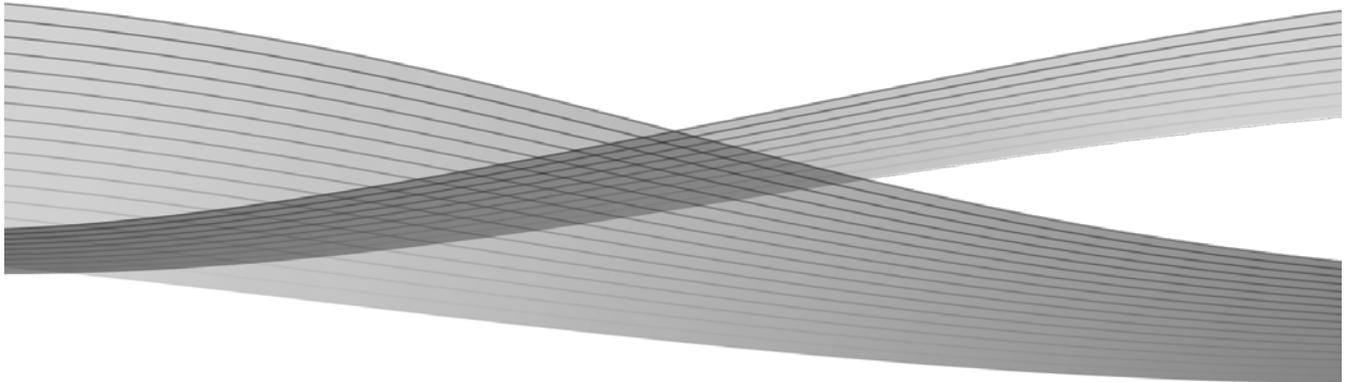




Treatment Authorization Request Medical User Guide 2016

Outpatient





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

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

Free Services for Providers

Provider Seminars and Webinars

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

Regional Representatives

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

Small Provider Billing Unit

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

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

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Module A. Introduction

Section 1. Training Policy

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

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

Section 2. eTAR Acronyms

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

Section 3. Purpose and Objectives

The purpose of this guide is to familiarize users with the Medi-Cal electronic Treatment Authorization Request (eTAR) website so that users may submit eTARs online.

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

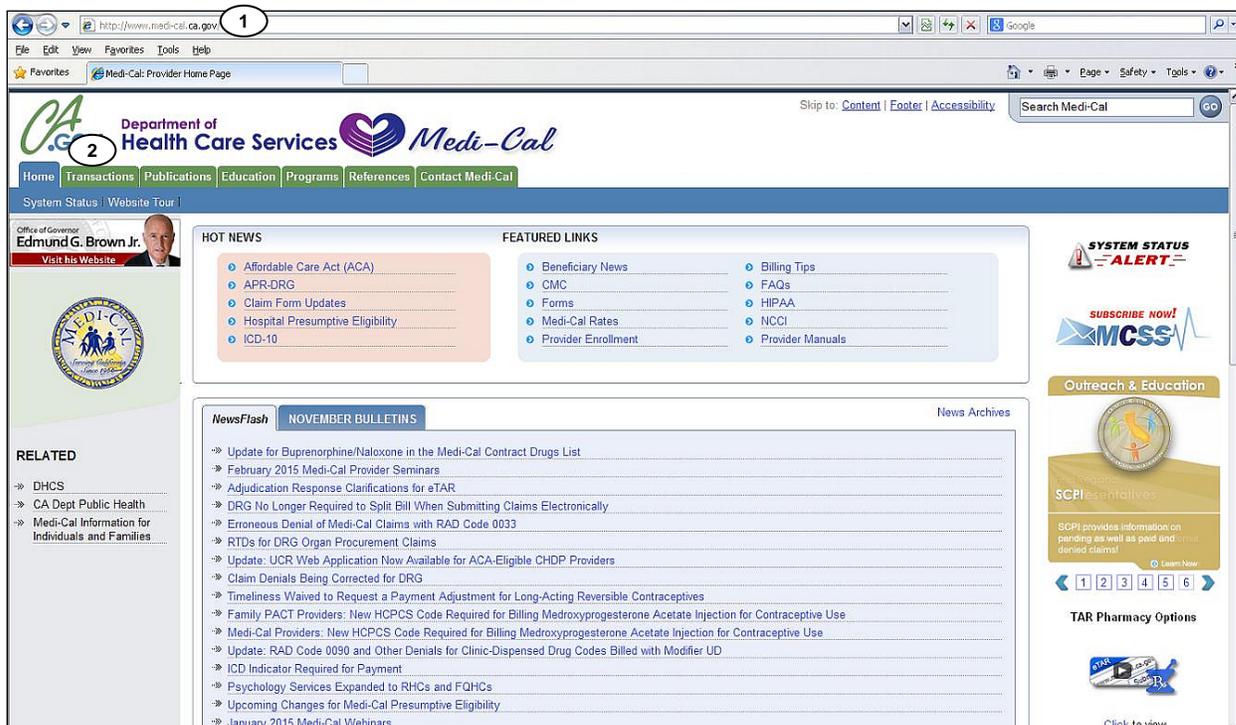
- ◆ Access the Medi-Cal website.
- ◆ Log in to the Transaction Services menu.
- ◆ Access the TAR menu.
- ◆ Create eTARs, update eTARs, and check TAR statuses online.
- ◆ Submit attachments.

General Guidelines

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

Module B. Accessing the TAR Menu

Section 1. Accessing the TAR Menu



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

Accessing the TAR Menu

CA.GOV Department of Health Care Services Medi-Cal

Home Transactions Publications Education Programs References Contact Medi-Cal

System Status | Login | Services Available | Enrollment Requirements

Home

Login to Medi-Cal

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

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

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

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

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

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

Visit Transaction Enrollment Requirements for Medi-Cal.

Please enter your User ID: **3**

Please enter your Password: **4**

5

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

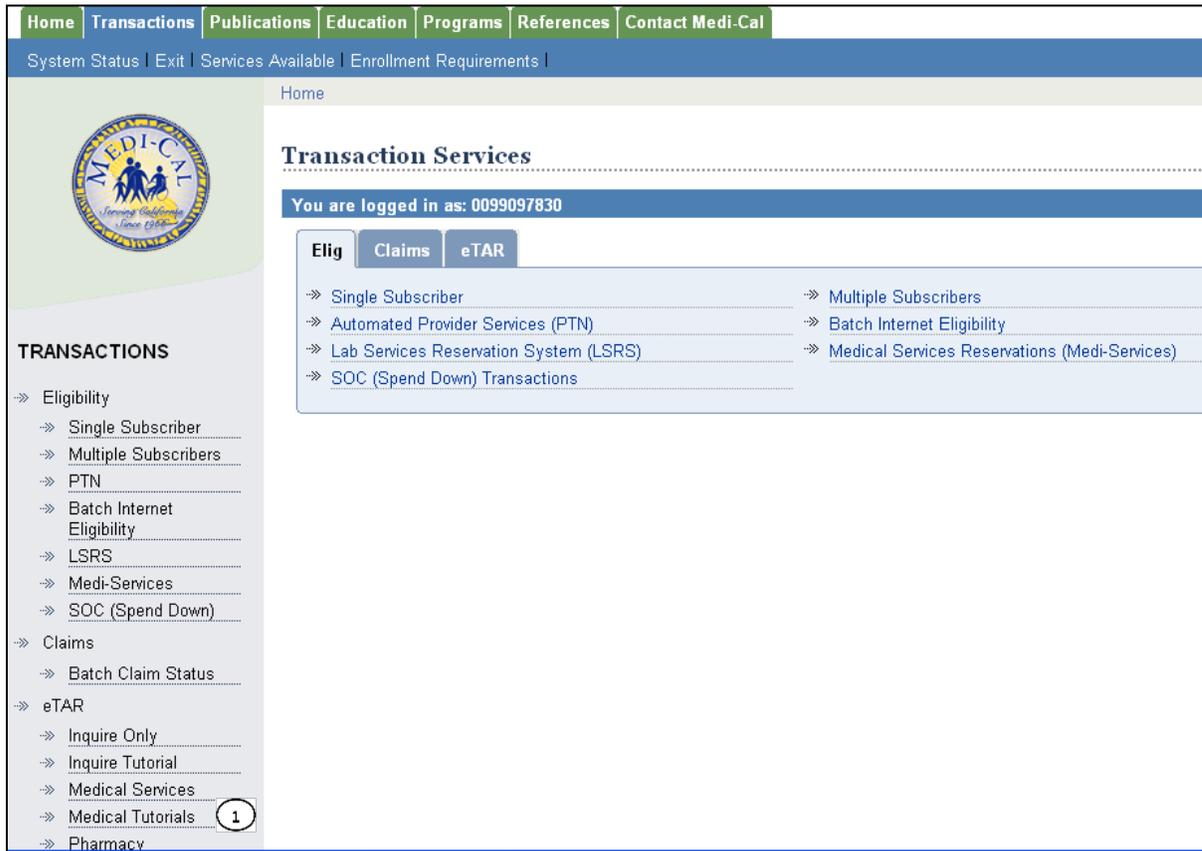
Be careful to protect your user ID and password to prevent unauthorized use.

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

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

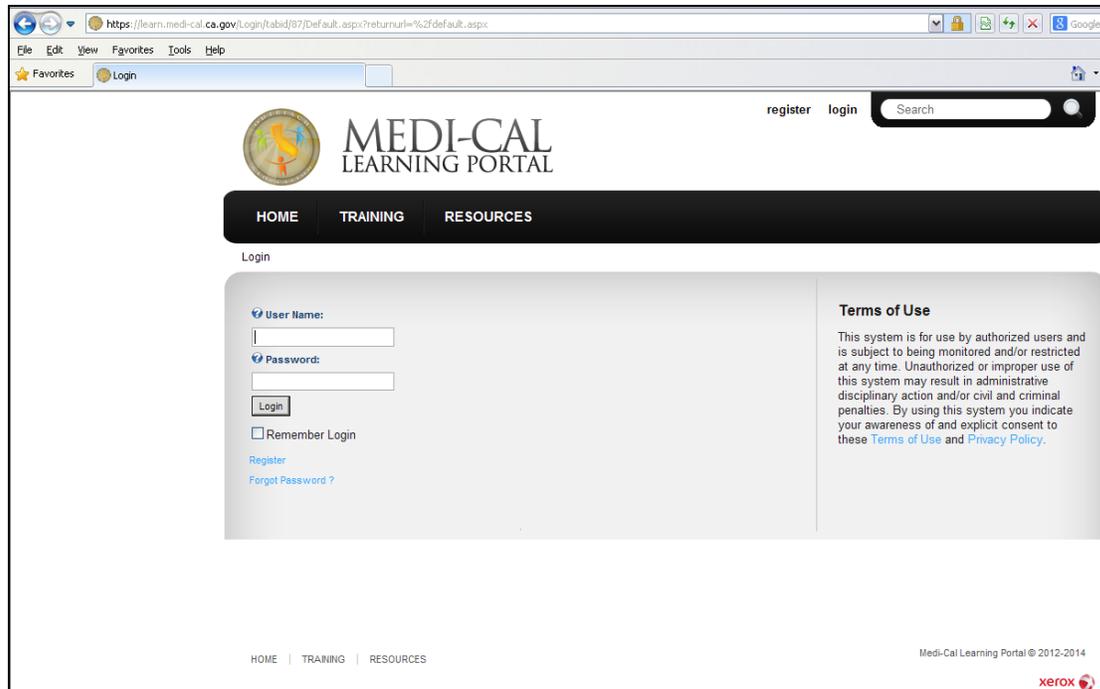
NOTE: If unable to log in, call the Telephone Support Center at 1-800-541-5555.

Section 2. eTAR Medical Tutorials



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

Accessing the TAR Menu



The screenshot shows the Medi-Cal Learning Portal login page. At the top, there is a navigation bar with "register" and "login" links, and a search box. Below this is a dark navigation bar with "HOME", "TRAINING", and "RESOURCES" links. The main content area is titled "Login" and contains a form with the following fields and options:

- User Name:** A text input field.
- Password:** A text input field.
- Login:** A button.
- Remember Login:** A checkbox.
- Register:** A link.
- Forgot Password ?** A link.

To the right of the login form is a "Terms of Use" section with the following text:

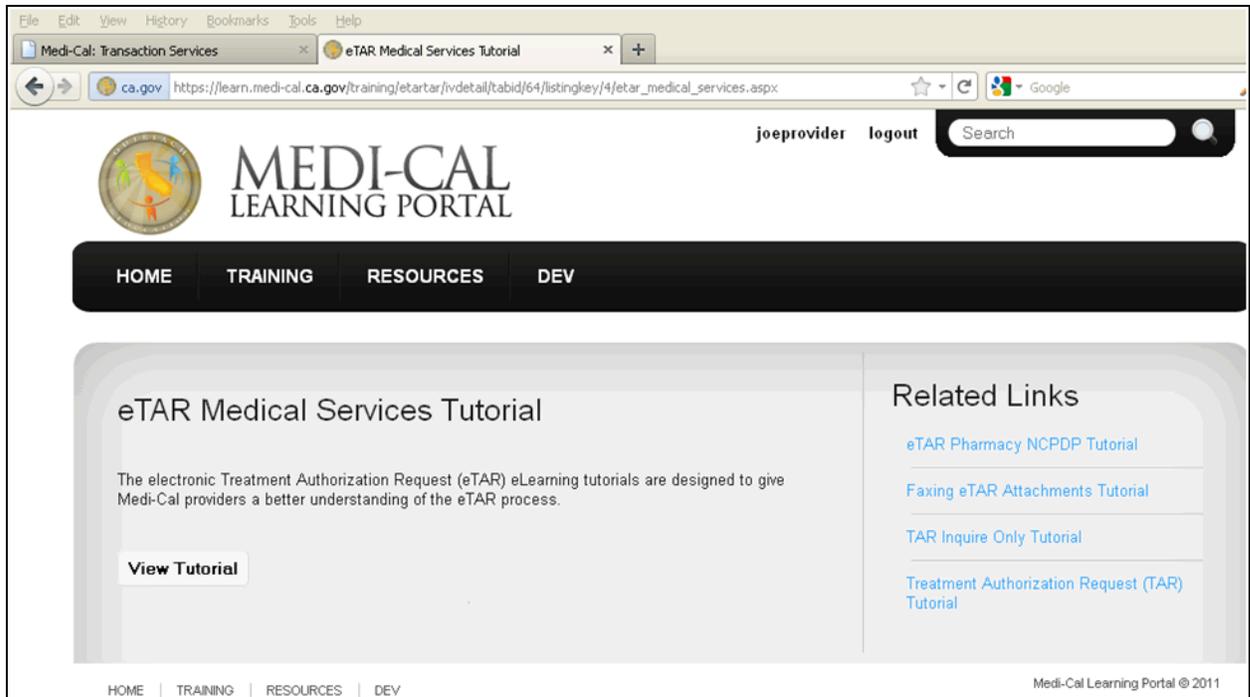
This system is for use by authorized users and is subject to being monitored and/or restricted at any time. Unauthorized or improper use of this system may result in administrative disciplinary action and/or civil and criminal penalties. By using this system you indicate your awareness of and explicit consent to these [Terms of Use](#) and [Privacy Policy](#).

At the bottom of the page, there is a footer with "HOME | TRAINING | RESOURCES" and "Medi-Cal Learning Portal © 2012-2014" along with a Xerox logo.

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

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

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



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

Accessing the TAR Menu

Click **Start the Tutorial**.

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

Click >| to advance to the next slide.

Click |< to go back to the previous slide.

NOTE: There is currently no audio in the tutorials.

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

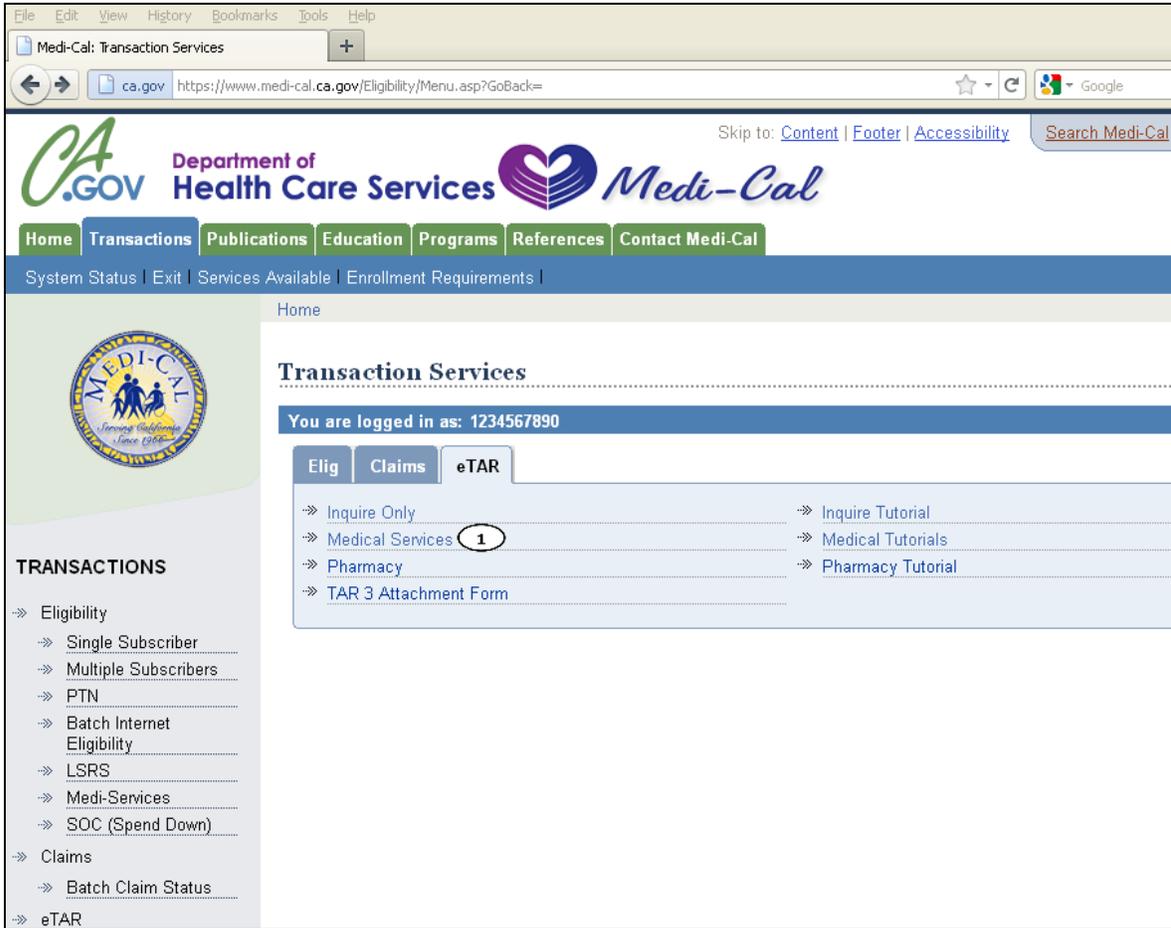
When done with the tutorial, close the session by clicking **X** in the window of this session.

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

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

Module C. Create a New eTAR

Section 1. Treatment Authorization Request Menu



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

Create a New eTAR

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

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

 A left sidebar menu is also visible, listing:

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

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

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

Section 2. Provider Address Selection Option

Treatment Authorization Request

eTAR Medical Tutorials

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

SEAN'S MEDICAL SERVICE

Provider Address Selection Options:

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

NOTE: Please click on the appropriate address location.

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

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

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

Section 3. User Information

TAR

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

TRANSACTIONS

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

Please Enter Provider Information

1 Submitting Provider #
1234567890

3 Provider Name
COMMUNITY MEDICAL CLINIC

Phone #
(916) 636-1200

Street/Mailing Address
820 Stillwater Road

City
W. Sacramento

2 Medicare Cert?

4 Fax #
() -

State Zip Code
CA 95670

5 Contact Name

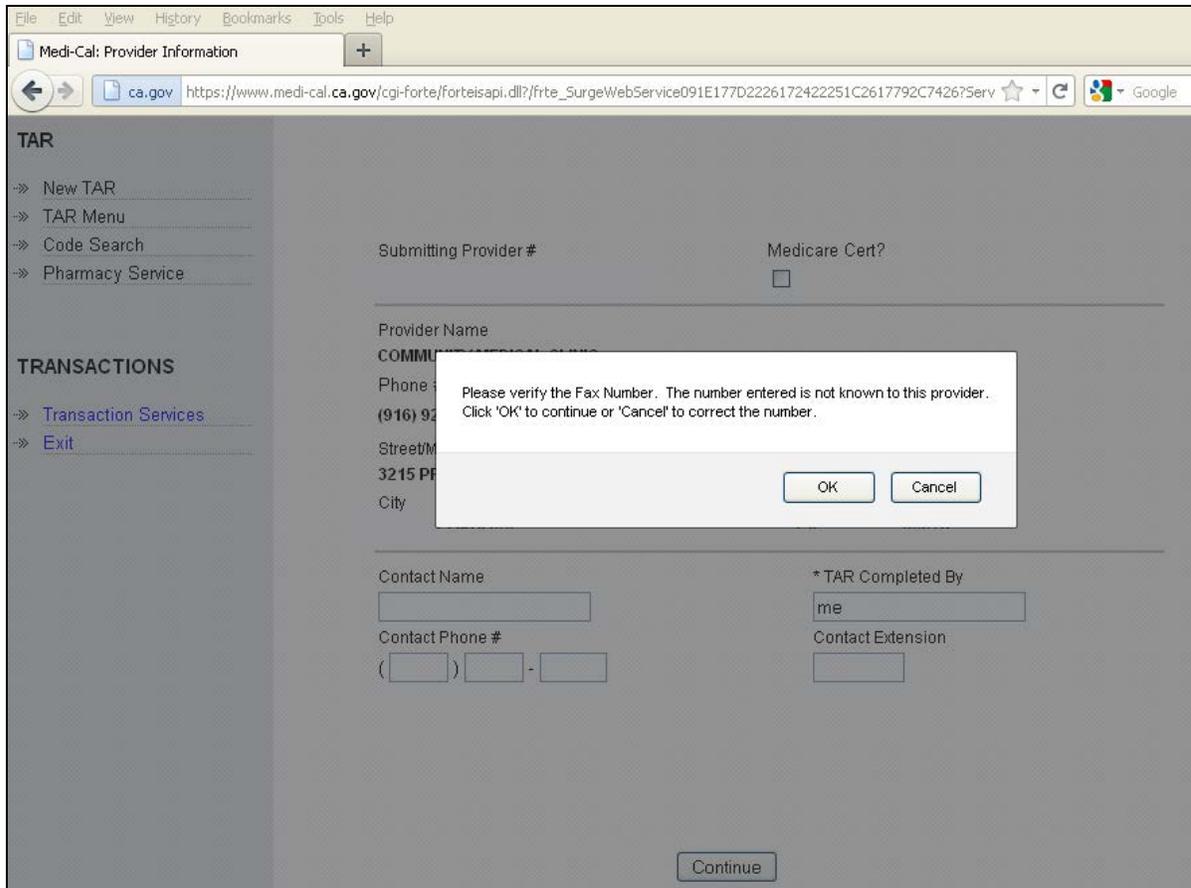
7 Contact Phone #
() -

6 *TAR Completed By

8 Contact Extension

9

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



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

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

Section 4. Patient Information

The screenshot shows a web form titled "Please Enter Patient Information". On the left is a sidebar menu with "TAR" selected and sub-options: "New TAR", "TAR Menu", "Code Search", and "Pharmacy Service". The main form area contains three numbered fields: 1. "* Recipient ID #" (required), 2. "Patient Record #" (optional), and 3. "Special Handling" (a drop-down menu).

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

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

Create a New eTAR

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

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

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

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

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

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

Mother/Transplant Recipient Providing Medi-Cal Eligibility

<p>14 Last Name <input type="text"/></p> <p>16 Date of Birth <input type="text"/></p>	<p>15 First Name <input type="text"/></p> <p>17 Male Female <input type="radio"/> <input type="radio"/></p>
---	---

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

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

Create a New eTAR

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

- 18** Name: A text input field.
- 19** Street/Mailing Address: A text input field.
- 20** City: A text input field.
- 21** State: A dropdown menu.
- 22** Zip Code: A text input field.
- 23** Continue: A button.

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

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

Module D. TAR Services – Outpatient

TAR Services Menu

Add Service - Category Unknown

* Service Code Search

1

2

Find Service Category(s)

eTAR Medical Tutorials

Please Select a Service Category

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

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

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

Service Category Selection

Service Category Selection

[eTAR Medical Tutorials](#)

Select appropriate service category for service code listed below:

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

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

[Return to TAR Services Menu](#)

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

Section 1. Allergy

Outpatient Services

eTAR Medical Tutorials

Please Enter Allergy Information

Attachment A Continue

Service Information

<p>* Service Code (CPT Code)</p> <p>1 <input style="width: 100%;" type="text"/></p>	<p>Modifiers (if applicable)</p> <p>2 <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/></p>
<p>* Total Units</p> <p>3 <input style="width: 100%;" type="text"/></p>	<p>* Frequency</p> <p>4 <input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/> v</p>
<p>* Ant. Length of Need</p> <p>5 <input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/> v</p>	

1. Enter the **Service Code** identifying the service being requested. If the code was entered in the Service Code Search, it populates automatically. If unknown, click the Service Code link to access Code Search. See Module J for more information on Code Search. *Always required.
2. Enter up to four **Modifiers**. If unknown, click the Modifiers link to access Code Search. See Module J for more information on Code Search.
3. Enter the **Total Units** requested. *Always 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 list to select the time period. *Always required.

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

*** Frequency**

/ v

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 list to select the time period. *Always required.

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

*** Ant. Length of Need**

/ v

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

TAR Services – Outpatient

From Date mmddyyyy	Through Date mmddyyyy			Date of Onset mmddyyyy
* ICD-CM Type	* ICD Code (Decimal Required)	Diagnosis Description		
8	9		10	
Enter Miscellaneous TAR Information (500 characters accepted)				
11				

6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive.
7. Enter the **Through Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive.
8. Use the **ICD-CM Type** drop-down list to select the ICD code type.
9. 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. See Module J for more information on Code Search.

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

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

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. See Module J for more information on Code Search. See Appendix A for a list of medical status codes. This replaces the need for submitting this information as an attachment. *Always required.

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

14. Enter secondary ICD Code, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the ICD Code link to access Code Search. See Module J for more information on Code Search.

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

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

16. Enter 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.

Prescribing Physician Information

* Physician Prescription (255 characters accepted)

17

* Physician's License # 18

* Physician's Name 19

* Physician's Phone 20

* Prescription Date 21

Attachment A Service

22 Continue 23 Another Service, Same Category

17. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. This replaces the need for submitting this information as an attachment. *Always required.
18. Enter the National Provider Identifier (NPI) in the **Physician's License #** field. This replaces the need for submitting this information as an attachment. *Always required.
19. Enter the prescribing **Physician's Name**. This replaces the need for submitting this information as an attachment. *Always required.
20. Enter the **Physician's Phone** number. This replaces the need for submitting this information as an attachment. *Always required.
21. Enter the **Prescription Date** (mmddyyyy). This replaces the need for submitting this information as an attachment. *Always required.
22. Click **Continue** to return to the TAR Service menu. See Module E for information on submitting the eTAR.
23. Click **Another Service, Same Category** to create another service line for the same service type.

Section 2. Cochlear Implants

Outpatient Services

eTAR Medical Tutorials

Please Enter Cochlear Implant Information

Service Information

*Service Code (HCPCS or CPT Code) [Modifiers](#) (if applicable)

1 2

Service Description (40 characters accepted)

3

*Total Units *Side From Date Thru Date

4 5 6 mmddyyyy 7 mmddyyyy

Discharge Date Admit Date

8 mmddyyyy 9 mmddyyyy

1. Enter the **Service Code** identifying the service being requested. If the code was entered in the Service Code Search, it populates automatically. If unknown, click the Service Code link to access Code Search. See Module J for more information on Code Search. *Always required.
2. Enter up to four **Modifiers**. If unknown, click the Modifiers link to access Code Search. See Module J for more information on Code Search.
3. Enter the **Service Description** if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.
4. Enter the **Total Units** requested. *Always required.
5. Use the **Side** drop-down list to select Right, Left or Bilateral. *Always required.
6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive.
7. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive.
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: The eTAR Medical Tutorials are accessible from the upper right corner on all eTAR Medical webpages.

TAR Services – Outpatient

The screenshot shows a web form with the following elements:

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

10. Use the **Admit From** drop-down list to select the level of care from where the patient was admitted.
11. Use the **Discharge** drop-down list 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 list 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 link to access Code Search. See Module J for more information on Code Search.

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

Admit From

Discharge

Rendering Provider #

* ICD-CM Type

* ICD Code (Decimal Required)

Diagnosis Description

Date of Onset

Enter Miscellaneous TAR Information (500 characters accepted)

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 Module E for information on submitting the eTAR.
18. Click **Another Service, Same Category** to create another service line for the same service type.

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

- 6**: Ant. Length of Need (units and time period dropdown)
- 7**: From Date (mmddyyyy)
- 8**: Thru Date (mmddyyyy)
- 9**: Rendering Provider #
- 10**: * ICD-CM Type (Required) (dropdown)
- 11**: * ICD Code (Decimal) (text input)
- Diagnosis Description (text input)
- Date of Onset (mmddyyyy)
- Enter Miscellaneous TAR Information (500 characters accepted) (text area)

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 list to select the time period.

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

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.
- 8. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive.
- 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 list to select the ICD code type.
- 11. 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. See Module J for more information on Code Search.

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

TAR Services – Outpatient

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

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

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

The screenshot shows a web form titled "Service" with a "Continue" button. Below the title is the heading "Patient assessment information for this Service (Attachment A)". The form contains several input fields:

- 14**: A drop-down menu for "P.O.T. Adherence".
- 15**: Two input boxes for "Height" in feet and inches.
- 16**: Two input boxes for "Weight" in pounds and ounces.
- 17**: A row of eight input boxes for "Please list current medical status codes relevant to requested service(s)".
- 18**: A drop-down menu for "ICD-CM Type".
- 19**: An input box for "ICD Code(Decimal Required)".
- 20**: An input box for "Date Of Onset".

There are also three empty input boxes for "Diagnosis Description" corresponding to the ICD-CM Type and ICD Code fields.

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

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

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

17. Enter current medical status codes which describe the patient's condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, click the medical status link to access Code Search. See Module J for more information on Code Search. See Appendix A for a list of medical status codes This replaces the need for submitting this information as an attachment. *Always required.

18. Use the **ICD-CM Type** drop-down list 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 link to access Code Search. See Module J for more information on Code Search.

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

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

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

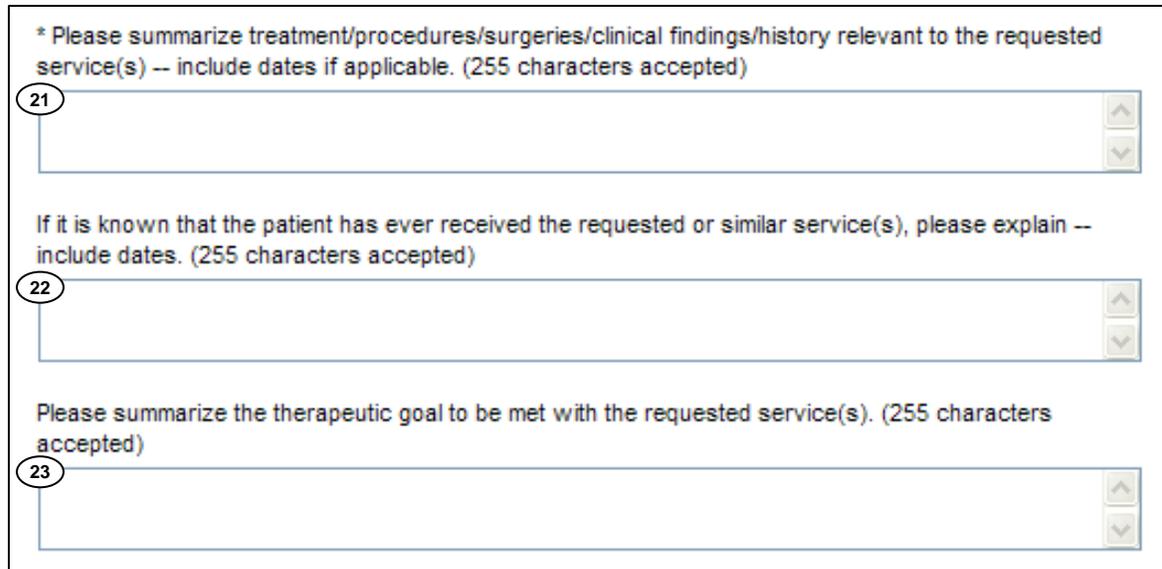
21

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

22

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

23



21. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable** field. This replaces the need for submitting this information as an attachment. *Always 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.

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

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

- 24. 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. See Module J for more information on 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 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.

Prescribing Physician Information

* Physician Prescription (255 characters accepted)

27

* Physician's License #

28

* Physician's Name

29

* Physician's Phone

30

* Prescription Date

31

Attachment A Service

32 Continue

33 Another Service, Same Category

27. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. This replaces the need for submitting this information as an attachment. *Always required.
28. Enter the National Provider Identifier (NPI) in the **Physician's License #** field. This replaces the need for submitting this information as an attachment. *Always required.
29. Enter the prescribing **Physician's Name**. This replaces the need for submitting this information as an attachment. *Always required.
30. Enter the **Physician's Phone** number. This replaces the need for submitting this information as an attachment. *Always required.
31. Enter the **Prescription Date** (mmddyyyy). This replaces the need for submitting this information as an attachment. *Always required.
32. Click **Continue** to return to the TAR Service menu. See Module E for information on submitting the eTAR.
33. Click **Another Service, Same Category** to create another service line for the same service type.

Section 4. Hemodialysis

1. Enter the **Service Code** identifying the service being requested. If the code was entered in the Service Code Search, it populates automatically. If unknown, click the Service Code link to access Code Search. See Module J for more information on Code Search. *Always required.
2. Enter up to four **Modifiers**. If unknown, click the Modifiers link to access Code Search. See Module J for more information on Code Search.
3. Enter the **Service Description** if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.
4. Use the **Schedule** drop-down list to select the appropriate details for the requested service. If Other is selected, enter the schedule in the Enter Miscellaneous TAR Information field. *Always required.
5. Enter the **Total Units** requested. *Always required.
6. Enter the **Frequency** for the number of units that will be used per time period. Enter the number of units in the first field and use the drop-down list to select the time period. *Always required.

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

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

TAR Services – Outpatient

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

- * Total Units**: Input field.
- * Frequency**: Input field with a dropdown arrow.
- Ant. Length of Need**: Input field with a dropdown arrow. Callout 7 points to this field.
- From Date**: Input field with format 'mmddyyyy'. Callout 8 points to this field.
- Thru Date**: Input field with format 'mmddyyyy'. Callout 9 points to this field.
- Rendering Provider #**: Input field. Callout 10 points to this field.
- * ICD-CM Type**: Dropdown menu. Callout 11 points to this field.
- * ICD Code (Decimal Required)**: Input field. Callout 12 points to this field.
- Diagnosis Description**: Input field.
- Date of Onset**: Input field with format 'mmddyyyy'. Callout 13 points to this field.
- Enter Miscellaneous TAR Information (500 characters accepted)**: Large text area. Callout 14 points to this area.

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. *Always required.

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

Ant. Length of Need
1 / Month

8. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive.
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 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 list 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 link to access Code Search. See Module J for more information on Code Search. *Always 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.

ICD-CM Type	ICD Code(Decimal Required)	Diagnosis Description	Date Of Onset
15	16		17
* Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) -- include dates if applicable. (255 characters accepted)			
18			
If it is known that the patient has ever received the requested or similar service(s), please explain -- include dates. (255 characters accepted)			
19			
Please summarize the therapeutic goal to be met with the requested service(s). (255 characters accepted)			
20			

15. Use the **ICD-CM Type** drop-down list 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 link to access Code Search. See Module J for more information on Code Search.
- NOTE:** The **Diagnosis Description** field is no longer in use. Leave this field blank.
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. This replaces the need for submitting this information as an attachment. *Always 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.

Prescribing Physician Information

* Physician Prescription (255 characters accepted)

21

* Physician's License # * Physician's Name

22 23

* Physician's Phone * Prescription Date

24 25

Attachment A Service

26 27

21. 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. *Always required.
22. Enter the National Provider Identifier (NPI) in the **Physician's License #** field. This replaces the need for submitting this information as an attachment. *Always required.
23. Enter the prescribing **Physician's Name**. This replaces the need for submitting this information as an attachment. *Always required.
24. Enter the **Physician's Phone** number. This replaces the need for submitting this information as an attachment. *Always required.
25. Enter the **Prescription Date** (mmddyyyy). This replaces the need for submitting this information as an attachment. *Always required.
26. Click **Continue** to return to the TAR Service menu. See Module E for information on submitting the eTAR.
27. Click **Another Service, Same Category** to create another service line for the same service type.

Section 5. Family PACT

Outpatient Services

[eTAR Medical Tutorials](#)

Please Enter FPACT Information

Service Information

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

1 2

Service Description (40 characters accepted)

3

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

4 5 6 mmddyyyy 7 mmddyyyy

Start of Care **Frequency** **Ant. Length of Need**

mmddyyyy / /

1. Enter the **Service Code** identifying the service being requested. If the code was entered in the Service Code Search, it populates automatically. If unknown, click the Service Code link to access Code Search. See Module J for more information on Code Search. *Always required.
2. Enter up to four **Modifiers**. If unknown, click the Modifiers link to access Code Search. See Module J for more information on Code Search.
3. Enter the **Service Description** if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.
4. Use the **Side** drop-down list to select Right, Left or Bilateral. *Always required.
5. Enter the **Total Units** requested. *Always required.
6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive.
7. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive.

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

Outpatient Services

eTAR Medical Tutorials

Please Enter FPACT Information

Service Information

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

Service Description (40 characters accepted)

Side * Total Units From Date Thru Date

Start of Care Frequency Ant. Length of Need

8 9 / 10 /

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

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

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

* Frequency

/ Week

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 list to select the time period.

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

Ant. Length of Need

/ Month

The screenshot shows a web form with the following elements:

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

11. Enter the **Discharge Date** (mmddyyyy). If Discharge has been selected, this field is required.
 12. Use the **Discharge** drop-down list to select the level of care for the patient.
 13. 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.
 14. Use the **ICD-CM Type** drop-down list to select the ICD code type.
 15. Enter the ICD Code, including the decimal point, indicating the primary diagnosis relative to the requested service. If unknown, click the IDC-9 Code link to access Code Search. See Module J for more information on Code Search. *Always 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.
 18. Click **Continue** to return to the TAR Service menu. See Module E for information on submitting the eTAR.
 19. Click **Another Service, Same Category** to create another service line for the same service type.

Section 6. Hoptel

Outpatient Services

eTAR Medical Tutorials

Please Enter Hoptel Information

Service Information

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

1 2

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

3 4 / 5 6

1. Enter the **Service Code** identifying the service being requested. If the code was entered in the Service Code Search, it populates automatically. If unknown, click the Service Code link to access Code Search. See Module J for more information on Code Search. *Always required.
2. Enter up to four **Modifiers**. If unknown, click the Modifiers link to access Code Search. See Module J for more information on Code Search.
3. Enter the **Total Units** requested. *Always required.
4. 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 one months, enter:

Ant. Length of Need

1 / Month

5. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive.
6. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive.

The screenshot shows a web form with the following elements:

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

7. Enter the **Start of Care** (mmddyyyy) date the patient began, or will begin, receiving the service requested. *Always required.
8. Enter the **Discharge Date** (mmddyyyy).
9. Use the **Admit From** drop-down list to select the level of care from where the patient was admitted. *Always required.
10. Use the **ICD-CM Type** drop-down list to select the ICD code type.
11. 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. See Module J for more information on Code Search.

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 Module E for information on submitting the eTAR.
14. Click **Another Service, Same Category** to create another service line for the same service type.

Section 7. Hyperbaric Oxygen

Inpatient / Outpatient Services

[eTAR Medical Tutorials](#)

Please Enter Hyperbaric Oxygen Information

Attachment A

Service Information

<p>* Service Code (HCPCS or CPT Code)</p> <p>1 <input style="width: 150px; height: 25px;" type="text"/></p>	<p>Modifiers (if applicable)</p> <p>2 <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/></p>
<p>* Total Units</p> <p>3 <input style="width: 80px; height: 25px;" type="text"/></p>	<p>From Date</p> <p>4 <input style="width: 120px; height: 25px;" type="text" value="mmddyyyy"/></p>
<p>* Frequency</p> <p><input style="width: 60px; height: 25px;" type="text"/> / <input style="width: 60px; height: 25px;" type="text"/> <input style="width: 20px; height: 25px;" type="button" value="v"/></p>	<p>Thru Date</p> <p>5 <input style="width: 120px; height: 25px;" type="text" value="mmddyyyy"/></p>
	<p>* Start of Care</p> <p>6 <input style="width: 120px; height: 25px;" type="text" value="mmddyyyy"/></p>

1. Enter the **Service Code** identifying the service being requested. If the code was entered in the Service Code Search, it populates automatically. If unknown, click the Service Code link to access Code Search. See Module J for more information on Code Search. *Always required.
2. Enter up to four **Modifiers**. If unknown, click the Modifiers link to access Code Search. See Module J for more information on Code Search.
3. Enter the **Total Units** requested. *Always required.
4. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive.
5. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive.
6. Enter the **Start of Care** (mmddyyyy) date the patient began, or will begin, receiving the service requested. *Always required.

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

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

- 7**: * Frequency (input field for units and a dropdown for time period)
- 8**: * POS (dropdown menu)
- 9**: Pricing Override Request (dropdown menu)
- 10**: Price (input field)
- 11**: * ICD-CM Type (dropdown menu)
- 12**: * ICD Code (Decimal Required) (input field)
- Diagnosis Description (input field)
- * Date of Onset (input field with format mmddyyyy)
- Enter Miscellaneous TAR Information (500 characters accepted) (text area)

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 list to select the time period.
*Always required.

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

* Frequency
6 / Week

8. Use the **POS** drop-down list to select the location where the service is being rendered.
*Always required.
9. Use the **Pricing Override Request** drop-down list to select an override code for unlisted items or prices.
10. Enter the **Price** requested including a decimal point for unlisted items or prices, up to seven digits. If Pricing Override Request is selected, this field is required.
11. Use the **ICD-CM Type** drop-down list 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, use the ICD Code link to access Code Search. See Module J for more information on Code Search.

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

TAR Services – Outpatient

* Frequency		<input type="text"/> / <input type="text"/>	<input type="text"/>
* POS		<input type="text"/>	
Pricing Override Request		<input type="text"/>	Price <input type="text"/>
* ICD-CM Type	* ICD Code (Decimal Required)	Diagnosis Description	* Date of Onset
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> ¹³ mmddyyyy
Enter Miscellaneous TAR Information (500 characters accepted)			
<input type="text"/> ¹⁴			

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

*Always required.

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

Service

Patient assessment information for this Service (Attachment A)

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

15

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

15. Enter current medical status codes which describe the patient's condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, click the medical status link to access Code Search. See Module J for more information on Code Search. See Appendix A for a list of medical status codes. This replaces the need for submitting this information as an attachment. *Always required.

16. Use the **ICD-CM Type** drop-down list 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 link to access Code Search. See Module J for more information on Code Search.

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

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

TAR Services – Outpatient

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

Service Code	Describe Alternative Tried/Considered (30 characters accepted)
19	20
Reason	21
Reason	
Reason	

19. 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. See Module J for more information on Code Search.
20. 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.
21. 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.

Prescribing Physician Information

* Physician Prescription (255 characters accepted)

22

* Physician's License #

23

* Physician's Name

24

* Physician's Phone

25

* Prescription Date

26

Attachment A Service

27

28

22. 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. *Always required.
23. Enter the National Provider Identifier (NPI) in the **Physician's License #** field. This replaces the need for submitting this information as an attachment. *Always required.
24. Enter the prescribing **Physician's Name**. This replaces the need for submitting this information as an attachment. *Always required.
25. Enter the **Physician's Phone** number. This replaces the need for submitting this information as an attachment. *Always required.
26. Enter the **Prescription Date** (mmddyyyy). This replaces the need for submitting this information as an attachment. *Always required.
27. Click **Continue** to return to the TAR Service menu. See Module E for information on submitting the eTAR.
28. Click **Another Service, Same Category** to create another service line for the same service type.

Section 8. Radiology

Outpatient Services

[eTAR Medical Tutorials](#)

Please Enter Radiology Information

[Attachment A](#)

Service Information

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

1 2

Service Description (40 characters accepted)

3

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

4 5 6 mmddyyyy 7 mmddyyyy

1. Enter the **Service Code** identifying the service being requested. If the code was entered in the Service Code Search, it populates automatically. If unknown, click the Service Code link to access Code Search. See Module J for more information on Code Search. *Always required.
2. Enter up to four **Modifiers**. 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. *Always required.
6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive.
7. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive.

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

Rendering Provider #

8

*ICD-CM Type 9

*ICD Code (Decimal Required) 10

Diagnosis Description

Date of Onset 11

mmddyyyy

Enter Miscellaneous TAR Information (500 characters accepted)

12

Continue Another Service, Same Category

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 list to select the ICD code type.
 10. 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. See Module J for more information on Code Search.
- NOTE:** The **Diagnosis Description** field is no longer in use. Leave this field blank.
11. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
 12. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.

TAR Services – Outpatient

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

13. Enter the patient's **Weight** in pounds and ounces.
14. Enter the current functional limitation or physical condition relative to the requested services in the **Please list current functional limitation/physical condition codes** field. If unknown, click the functional limitation link to access Code Search. See Module J for more information on Code Search. See Appendix B for a list of functional limitation codes.
15. Enter current medical status codes which describe the patient's condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, click the medical status link to access Code Search. See Module J for more information on Code Search. See Appendix A for a list of medical status codes. This replaces the need for submitting this information as an attachment. *Always required.
16. Use the **ICD-CM Type** drop-down list 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 link to access Code Search. See Module J for more information on Code Search.
- NOTE:** The **Diagnosis Description** field is no longer in use. Leave this field blank.
18. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.

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

19

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

20

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

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

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

19. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable** field.
20. Enter information regarding any similar services in the **If it is known that the patient has ever received the requested or similar service(s), please explain – include dates** field. This replaces the need for submitting this information as an attachment.
*Always 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 link to access Code Search. See Module J for more information on Code Search.
22. Enter details in the **Describe Alternative Tried/Considered** field. If an alternative service code has been entered in the adjacent field leave the field blank.

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

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

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

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

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

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.

Prescribing Physician Information

* Physician Prescription (255 characters accepted)

25

* Physician's License #

26

* Physician's Name

27

* Physician's Phone

28

* Prescription Date

29

Attachment A Service

30 Continue

31 Another Service, Same Category

25. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. This replaces the need for submitting this information as an attachment. *Always required.
26. Enter the National Provider Identifier (NPI) in the **Physician's License #** field. This replaces the need for submitting this information as an attachment. *Always required.
27. Enter the prescribing **Physician's Name**. This replaces the need for submitting this information as an attachment. *Always required.
28. Enter the **Physician's Phone** number. This replaces the need for submitting this information as an attachment. *Always required.
29. Enter the **Prescription Date** (mmddyyyy). This replaces the need for submitting this information as an attachment. *Always required.
30. Click **Continue** to return to the TAR Service menu. See Module E for information on submitting the eTAR.
31. Click **Another Service, Same Category** to create another service line for the same service type.

Section 9. Office Visit – Restricted

Outpatient Services

eTAR Medical Tutorials

Please Enter Office Visit - Restricted Information

Attachment A

Service Information

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

1 2

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

3 4 5 6

1. Enter the **Service Code** identifying the service being requested. If the code was entered in the Service Code Search, it populates automatically. If unknown, click the Service Code link to access Code Search. See Module J for more information on Code Search.
*Always required.
2. Enter up to four **Modifiers**. If unknown, click the Modifiers link to access Code Search. See Module J for more information on Code Search.
3. Use the **Side** drop-down list to select Right, Left or Bilateral.
4. Enter the **Total Units** requested. *Always required.
5. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive.
6. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive.

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

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

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

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

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

* Frequency
3 / Week

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. *Always required.

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

* Ant. Length of Need
2 / Month

9. Use the **ICD-CM Type** drop-down list to select the ICD code type.
10. 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. See Module J for more information on Code Search. *Always 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.

TAR Services – Outpatient

Service <input type="button" value="Continue"/>			
Patient assessment information for this Service (Attachment A)			
P.O.T. Adherence			
13	<input type="text"/>		
Please list current functional limitation /physical condition codes			
14	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please list current medical status codes relevant to requested service(s)			
15	<input type="text"/>	<input type="text"/>	<input type="text"/>
ICD-CM Type	ICD Code (Decimal Required)	Diagnosis Description	Date Of Onset
16	17		18
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

13. Use the **P.O.T Adherence** drop-down list 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 link to access Code Search. See Module J for more information on Code Search. See Appendix B for a list of functional limitation codes.
 15. Enter current medical status codes which describe the patient's condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, click the medical status link to access Code Search. See Module J for more information on Code Search. See Appendix A for a list of medical status codes.
 16. Use the **ICD-CM Type** drop-down list 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 link to access Code Search. See Module J for more information on Code Search.
- NOTE:** The **Diagnosis Description** field is no longer in use. Leave this field blank.
18. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.

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

19

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

20

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

21

- 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. This replaces the need for submitting this information as an attachment. *Always 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.

Prescribing Physician Information

* Physician Prescription (255 characters accepted)

22

* Physician's License #

23

* Physician's Name

24

* Physician's Phone

25

* Prescription Date

26

Attachment A Service

27 Continue 28 Another Service, Same Category

22. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. This replaces the need for submitting this information as an attachment. *Always required.
23. Enter the National Provider Identifier (NPI) in the **Physician's License #** field. This replaces the need for submitting this information as an attachment. *Always required.
24. Enter the prescribing **Physician's Name**. This replaces the need for submitting this information as an attachment. *Always required.
25. Enter the **Physician's Phone** number. This replaces the need for submitting this information as an attachment. *Always required.
26. Enter the **Prescription Date** (mmddyyyy). This replaces the need for submitting this information as an attachment. *Always required.
27. Click **Continue** to return to the TAR Service menu. See Module E for information on submitting the eTAR.
28. Click **Another Service, Same Category** to create another service line for the same service type.

Section 10. Office Visit – Restricted Provider

Outpatient Services

eTAR Medical Tutorials

Please Enter Office Visit - Restricted Provider Information

Attachment A

Service Information

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

1 2

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

3 4 5 /

1. Enter the **Service Code** identifying the service being requested. If the code was entered in the Service Code Search, it populates automatically. If unknown, click the Service Code link to access Code Search. See Module J for more information on Code Search. *Always required.
2. Enter up to four **Modifiers**. If unknown, click the Modifiers link to access Code Search. See Module J for more information on Code Search. See Module J for more information on Code Search.
3. Use the **Side** drop-down list to select Right, Left or Bilateral.
4. Enter the **Total Units** requested. *Always 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 list to select the time period.

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

Ant. Length of Need

1 / Month

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

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

- From Date** (mmddyyyy) - circled 6
- Thru Date** (mmddyyyy) - circled 7
- Rendering Provider #** - circled 8
- * ICD-CM Type** (dropdown menu) - circled 9
- * ICD Code (Decimal Required)** - circled 10
- Diagnosis Description** - empty text box
- Date of Onset** (mmddyyyy) - circled 11
- Enter Miscellaneous TAR Information (500 characters accepted)** - circled 12

6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive.
7. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive.
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 list to select the ICD code type.
10. 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. See Module J for more information on Code Search. *Always 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.
*Always 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 list to select the level of compliance the patient has to the Plan of Treatment. This replaces the need for submitting this information as an attachment. *Always required.
14. Enter the patient's **Height** in feet and inches. This replaces the need for submitting this information as an attachment. *Always required.
15. Enter the patient's **Weight** in pounds and ounces. This replaces the need for submitting this information as an attachment. *Always required.
16. Enter the current functional limitation or physical condition relative to the requested services in the **Please list current functional limitation/physical condition codes** field. If unknown, click the functional limitation link to access Code Search. See Module J for more information on Code Search. See Appendix B for a list of functional limitation codes. This replaces the need for submitting this information as an attachment. *Always required.
17. Enter 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 Module J for more information on Code Search. See Appendix B for a list of functional limitation codes.
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. See Module J for more information on Code Search. See Appendix A for a list of medical status codes. This replaces the need for submitting this information as an attachment. *Always required.

TAR Services – Outpatient

ICD-CM Type	ICD Code(Decimal Required)	Diagnosis Description	Date Of Onset
19	20		

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

21

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

22

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

23

19. Use the **ICD-CM Type** drop-down list 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 link to access Code Search. See Module J for more information on Code Search.
- NOTE:** The **Diagnosis Description** field is no longer in use. Leave this field blank.
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. This replaces the need for submitting this information as an attachment. *Always 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.

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

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

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

27

24. Enter the **Service Code** 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. See Module J for more information on 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 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.
27. Enter a brief explanation in the **Please explain why the least costly method of treatment is not being used** field. This replaces the need for submitting this information as an attachment. *Always required.

Prescribing Physician Information

* Physician Prescription (255 characters accepted)

28

* Physician's License #

29

* Physician's Name

30

* Physician's Phone

31

* Prescription Date

32

Attachment A Service

33 Continue

34 Another Service, Same Category

28. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. This replaces the need for submitting this information as an attachment. *Always required.
29. Enter the National Provider Identifier (NPI) in the **Physician's License #** field. This replaces the need for submitting this information as an attachment. *Always required.
30. Enter the prescribing **Physician's Name**. This replaces the need for submitting this information as an attachment. *Always required.
31. Enter the **Physician's Phone** number. This replaces the need for submitting this information as an attachment. *Always required.
32. Enter the **Prescription Date** (mmddyyyy). This replaces the need for submitting this information as an attachment. *Always required.
33. Click **Continue** to return to the TAR Service menu. See Module E for information on submitting the eTAR.
34. Click **Another Service, Same Category** to create another service line for the same service type.

Section 11. Plasmapheresis

Outpatient Services

eTAR Medical Tutorials

Please Enter Plasma Pheresis Information

Attachment A Continue

Service Information

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

1 2

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

3 4 / ▼ 5 / ▼

1. Enter the **Service Code** identifying the service being requested. If the code was entered in the Service Code Search, it populates automatically. If unknown, click the Service Code link to access Code Search. See Module J for more information on Code Search. *Always required.
2. Enter up to four **Modifiers**. If unknown, click the Modifiers link to access Code Search. See Module J for more information on Code Search. See Module J for more information on Code Search.
3. Enter the **Total Units** requested. *Always 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 list to select the time period. *Always required.

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

* **Frequency**

2 / 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 list to select the time period. *Always required.

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

* **Ant. Length of Need**

2 / Month ▼

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

TAR Services – Outpatient

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

- From Date** (mmddyyyy) - circled 6
- Thru Date** (mmddyyyy) - circled 7
- Rendering Provider #** - circled 8
- * ICD-CM Type** (dropdown) - circled 9
- * ICD Code (Decimal Required)** - circled 10
- Diagnosis Description**
- Date of Onset** (mmddyyyy) - circled 11
- Enter Miscellaneous TAR Information (500 characters accepted)** - circled 12

6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive.
7. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive.
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 list to select the ICD code type.
10. 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. See Module J for more information on Code Search.

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

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

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

13

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

14

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

13. Enter the current functional limitation or physical condition relative to the requested services in the **Please list current functional limitation/physical condition codes** field. If unknown, click the functional limitation link to access Code Search. See Module J for more information on Code Search. See Appendix B for a list of functional limitation codes.

14. Enter current medical status codes which describe the patient’s condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, click the medical status link to access Code Search. See Module J for more information on Code Search. See Appendix A for a list of medical status codes. This replaces the need for submitting this information as an attachment. *Always required.

15. Use the **ICD-CM Type** drop-down list 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 link to access Code Search. See Module J for more information on Code Search.

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

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

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

18

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

19

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

* Service Code	* Describe Alternative Tried/Considered (30 characters accepted)
20	21
* Reason	22
Reason	

18. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable** field. This replaces the need for submitting this information as an attachment. *Always 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 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. See Module J for more information on Code Search.
21. 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.
22. 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.

Prescribing Physician Information

* Physician Prescription (255 characters accepted)

* Physician's License #

* Physician's Name

* Physician's Phone

* Prescription Date

Attachment A Service

Continue Another Service, Same Category

23. 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. *Always required.
24. Enter the National Provider Identifier (NPI) in the **Physician's License #** field. This replaces the need for submitting this information as an attachment. *Always required.
25. Enter the prescribing **Physician's Name**. This replaces the need for submitting this information as an attachment. *Always required.
26. Enter the **Physician's Phone** number. This replaces the need for submitting this information as an attachment. *Always required.
27. Enter the **Prescription Date** (mmddyyyy). This replaces the need for submitting this information as an attachment. *Always required.
28. Click **Continue** to return to the TAR Service menu. See Module E for information on submitting the eTAR.
29. Click **Another Service, Same Category** to create another service line for the same service type.

Section 12. Portable X-Ray

Outpatient Services

eTAR Medical Tutorials

Please Enter Portable X-Ray Information

Attachment A

Service Information

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

1 2

* Side * Total Units

3 4

POS

5

From Date Thru Date Rendering Provider #

6 7

1. Enter the **Service Code** identifying the service being requested. If the code was entered in the Service Code Search, it populates automatically. If unknown, click the Service Code link to access Code Search. See Module J for more information on Code Search. *Always required.
2. Enter up to four **Modifiers**. If unknown, click the Modifiers link to access Code Search. See Module J for more information on Code Search. See Module J for more information on Code Search.
3. Use the **Side** drop-down list to select Right, Left or Bilateral. *Always required.
4. Enter the **Total Units** requested. *Always required.
5. Use the **POS** drop-down list to select the location where the service is being rendered.
6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive.
7. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive.

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

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

- From Date**: Input field with placeholder `mmddyyyy`.
- Thru Date**: Input field with placeholder `mmddyyyy`.
- Rendering Provider #**: Input field with a circled **8** next to it.
- * ICD-CM Type**: A dropdown menu with a circled **9** next to it.
- * ICD Code (Decimal Required)**: Input field with a circled **10** next to it.
- Diagnosis Description**: Input field.
- Date of Onset**: Input field with placeholder `mmddyyyy` and a circled **11** next to it.
- Enter Miscellaneous TAR Information (500 characters accepted)**: A large text area with a circled **12** next to it.

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 list to select the ICD code type.
10. 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. See Module J for more information on Code Search.

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

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

Service

Patient assessment information for this Service (Attachment A)

Height Weight

13 , " 14 lbs. oz.

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

15

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

16

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

17

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

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

15. Enter the current functional limitation or physical condition relative to the requested services in the **Please list current functional limitation/physical condition codes** field. If unknown, click the functional limitation link to access Code Search. See Module J for more information on Code Search. See Appendix B for a list of functional limitation codes. This replaces the need for submitting this information as an attachment. *Always required.

16. Enter 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 Module J for more information on Code Search. See Appendix B for a list of functional limitation codes.

17. Enter current medical status codes which describe the patient's condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, click the medical status link to access Code Search. See Module J for more information on Code Search. See Appendix A for a list of medical status codes. This replaces the need for submitting this information as an attachment. *Always required.

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

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

21

- 18. Use the **ICD-CM Type** drop-down list 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 link to access Code Search. See Module J for more information on Code Search.
- NOTE:** The **Diagnosis Description** field is no longer in use. Leave this field blank.
- 20. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
- 21. Enter 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.

Prescribing Physician Information

* Physician Prescription (255 characters accepted)

22

* Physician's License # * Physician's Name

23 24

* Physician's Phone * Prescription Date

25) - 26

Attachment A Service

27 28

22. 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. *Always required.
23. Enter the National Provider Identifier (NPI) in the **Physician's License #** field. This replaces the need for submitting this information as an attachment. *Always required.
24. Enter the prescribing **Physician's Name**. This replaces the need for submitting this information as an attachment. *Always required.
25. Enter the **Physician's Phone** number. This replaces the need for submitting this information as an attachment. *Always required.
26. Enter the **Prescription Date** (mmddyyyy). This replaces the need for submitting this information as an attachment. *Always required.
27. Click **Continue** to return to the TAR Service menu. See Module E for information on submitting the eTAR.
28. Click **Another Service, Same Category** to create another service line for the same service type.

Section 13. Psychiatry

Outpatient Services

[eTAR Medical Tutorials](#)

Please Enter Psychiatry Information

Attachment A

Service Information

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

1 2

Service Description (40 characters accepted)

3

* Total Units * Frequency Ant. Length of Need

4 5 / /

1. Enter the **Service Code** identifying the service being requested. If the code was entered in the Service Code Search, it populates automatically. If unknown, click the Service Code link to access Code Search. See Module J for more information on Code Search. *Always required.
2. Enter up to four **Modifiers**. If unknown, click the Modifiers link to access Code Search. See Module J for more information on Code Search. See Module J for more information on Code Search.
3. Enter the **Service Description** if an unlisted, generic or miscellaneous service code is used. Otherwise, leave this field blank.
4. Enter the **Total Units** requested. *Always 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 list to select the time period. *Always required.

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

* Frequency

/

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

TAR Services – Outpatient

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

- 6**: Ant. Length of Need (dropdown menu)
- 7**: From Date (text input, format mmddyyyy)
- 8**: Thru Date (text input, format mmddyyyy)
- 9**: Rendering Provider # (text input)
- 10**: * ICD-CM Type (dropdown menu)
- 11**: * ICD Code (Decimal Required) (text input)
- Diagnosis Description (text input)
- 12**: Date of Onset (text input, format mmddyyyy)
- 13**: Enter Miscellaneous TAR Information (500 characters accepted) (text area)

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:

* 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.
8. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive.
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 list to select the ICD code type.
11. 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. See Module J for more information on Code Search. *Always 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.

Service Continue

Patient assessment information for this Service (Attachment A)

* P.O.T. Adherence Feeding Method

14 15

Height Weight

16 , " 17 lbs. oz.

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

18

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

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

14. Use the **P.O.T Adherence** drop-down list to select the level of compliance the patient has to the Plan of Treatment. This replaces the need for submitting this information as an attachment. *Always required.
15. Use the **Feeding Method** drop-down list to select the method of feeding for the patient.
16. Enter the patient’s **Height** in feet and inches. This replaces the need for submitting this information as an attachment. *Always required.
17. Enter the patient’s **Weight** in pounds and ounces. This replaces the need for submitting this information as an attachment. *Always 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. See Module J for more information on Code Search. See Appendix B for a list of functional limitation codes. This replaces the need for submitting this information as an attachment. *Always required.

Service

Patient assessment information for this Service (Attachment A)

* P.O.T. Adherence Feeding Method

Height , " Weight lbs. oz.

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

19

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

20

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

19. Enter the previous functional limitation or physical condition relative to the requested services in the **Please list previous functional limitation/physical condition codes** field. If unknown, click the functional limitation link to access Code Search. See Module J for more information on Code Search. See Appendix B for a list of functional limitation codes.
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 link to access Code Search. See Module J for more information on Code Search. See Appendix A for a list of medical status codes. This replaces the need for submitting this information as an attachment. *Always required.

ICD-CM Type	ICD Code(Decimal Required)	Diagnosis Description	Date Of Onset
21 <input type="text"/>	22 <input type="text"/>	<input type="text"/>	23 <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

24

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

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

21. Use the **ICD-CM Type** drop-down list 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 link to access Code Search. See Module J for more information on Code Search.
- NOTE:** The **Diagnosis Description** field is no longer in use. Leave this field blank.
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.

TAR Services – Outpatient

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

25

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

26

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

27

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

- 28. 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. *Always required.
- 29. Enter the National Provider Identifier (NPI) in the **Physician's License #** field. This replaces the need for submitting this information as an attachment. *Always required.
- 30. Enter the prescribing **Physician's Name**. This replaces the need for submitting this information as an attachment. *Always required.
- 31. Enter the **Physician's Phone** number. This replaces the need for submitting this information as an attachment. *Always required.
- 32. Enter the **Prescription Date** (mmddyyyy). This replaces the need for submitting this information as an attachment. *Always required.
- 33. Click **Continue** to return to the TAR Service menu. See Module E for information on submitting the eTAR.
- 34. Click **Another Service, Same Category** to create another service line for the same service type.

Section 14. Surgical Procedure/Other Procedures

Outpatient Services

eTAR Medical Tutorials

Please Enter Surgical Procedure Information

Attachment A

Service Information

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

1 2

Service Description (40 characters accepted)

3

Side * Total Units From Date Thru Date Admit Date

4 6 7 8

POS

9

1. Enter the **Service Code** identifying the service being requested. If the code was entered in the Service Code Search, it populates automatically. If unknown, click the Service Code link to access Code Search. See Module J for more information on Code Search. *Always required.
2. Enter up to four **Modifiers**. If unknown, click the Modifiers link to access Code Search. See Module J for more information on Code Search.
3. Enter the **Service Description** if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.
4. Use the **Side** drop-down list to select Right, Left or Bilateral.
5. Enter the **Total Units** requested. *Always required.
6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive.
7. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive.
8. Enter the date the patient was or will be admitted in the **Admit Date** field (mmddyyyy).
9. Use the **POS** drop-down list to select the location where the service is being rendered.

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

The screenshot shows a web form with the following elements:

- Rendering Provider #**: A text input field with a circled '10' next to it.
- *ICD-CM Type**: A dropdown menu with a circled '11' next to it.
- *ICD Code (Decimal Required)**: A text input field with a circled '12' next to it.
- Diagnosis Description**: A text input field.
- Date of Onset**: A text input field with a circled '13' next to it and the placeholder text 'mmddyyyy'.
- Enter Miscellaneous TAR Information (500 characters accepted)**: A large text area with a circled '14' next to it.
- Buttons**: 'Continue' and 'Another Service, Same Category' buttons at the bottom.

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 list 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 link to access Code Search. See Module J for more information on Code Search. *Always 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.

Patient assessment information for this Service (Attachment A)

Height " Weight lbs. oz.

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

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

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

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

17. Enter current medical status codes which describe the patient's condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, click the medical status link to access Code Search. See Module J for more information on Code Search. See Appendix A for a list of medical status codes. This replaces the need for submitting this information as an attachment. *Always required.

18. Use the **ICD-CM Type** drop-down list 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 link to access Code Search. See Module J for more information on Code Search.

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

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

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

21

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

22

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

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

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

21. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable** field.
22. Enter information regarding any similar services in the **If it is known that the patient has ever received the requested or similar service(s), please explain – include dates** field. This replaces the need for submitting this information as an attachment.
*Always required.
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 link to access Code Search. See Module J for more information on 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.

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

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

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

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

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

25. 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.
26. Enter a brief explanation in the **Please explain why the least costly method of treatment is not being used** field.

Prescribing Physician Information

Physician Prescription (255 characters accepted)

27

Physician's License #

28

Physician's Name

29

Physician's Phone

30

Prescription Date

31

Attachment A Service

32 Continue

33 Another Service, Same Category

27. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. This replaces the need for submitting this information as an attachment. *Always required.
28. Enter the National Provider Identifier (NPI) in the **Physician's License #** field. This replaces the need for submitting this information as an attachment. *Always required.
29. Enter the prescribing **Physician's Name**. This replaces the need for submitting this information as an attachment. *Always required.
30. Enter the **Physician's Phone** number. This replaces the need for submitting this information as an attachment. *Always required.
31. Enter the **Prescription Date** (mmddyyyy). This replaces the need for submitting this information as an attachment. *Always required.
32. Click **Continue** to return to the TAR Service menu. See Module E for information on submitting the eTAR.
33. Click **Another Service, Same Category** to create another service line for the same service type.

Section 15. Telemedicine

Outpatient Services

[eTAR Medical Tutorials](#)

Please Enter Telemed Information

[Attachment A](#)

Service Information

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

1 2

Service Description (40 characters accepted)

3

Side *** Total Units** **Schedule**

4 5 6

1. Enter the **Service Code** identifying the service being requested. If the code was entered in the Service Code Search, it populates automatically. If unknown, click the Service Code link to access Code Search. See Module J for more information on Code Search. *Always required.
2. Enter up to four **Modifiers**. If unknown, click the Modifiers link to access Code Search. See Module J for more information on Code Search.
3. Enter the **Service Description** if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.
4. Use the **Side** drop-down list to select Right, Left or Bilateral.
5. Enter the **Total Units** requested. *Always required.
6. Use the **Schedule** drop-down list to select the appropriate details for the requested service. If Other is selected, enter the schedule in the Enter Miscellaneous TAR Information field.

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

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

- Frequency**: A text input field followed by a drop-down menu. A circled '7' is next to the input field.
- Ant. Length of Need**: A text input field followed by a drop-down menu. A circled '8' is next to the input field.
- From Date**: A text input field with the format 'mmddyyyy'. A circled '9' is next to the field.
- Thru Date**: A text input field with the format 'mmddyyyy'. A circled '10' is next to the field.
- * POS**: A drop-down menu. A circled '11' is next to the menu.
- Rendering Provider #**: A text input field. A circled '12' is next to the field.

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

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

* Frequency
2 / Week

8. Enter the **Ant. Length of Need** to indicate the 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
2 / Month

9. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive.
10. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive.
11. Use the **POS** drop-down list to select the location where the service is being rendered.
*Always required.
12. 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.

TAR Services – Outpatient

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

- * ICD-CM Type**: A drop-down menu with a downward arrow, circled with the number 13.
- * ICD Code (Decimal Required)**: A text input field, circled with the number 14.
- Diagnosis Description**: A text input field.
- Date of Onset**: A text input field with the placeholder text "mmddyyyy", circled with the number 15.
- Enter Miscellaneous TAR Information (500 characters accepted)**: A large text area with a scroll bar, circled with the number 16.

13. Use the **ICD-CM Type** drop-down list to select the ICD code type.
 14. 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. See Module J for more information on Code Search. *Always 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.

The screenshot shows a form with the following sections:

- P.O.T. Adherence:** A drop-down menu labeled '17'.
- Please list current functional limitation/physical condition codes:** A row of eight text input boxes labeled '18'.
- Please list current medical status codes relevant to requested service(s):** A row of eight text input boxes labeled '19'.
- ICD Code (Decimal Required) section:**
 - *ICD-CM Type:** A column of three drop-down menus labeled '20'.
 - ICD Code (Decimal Required):** A column of three text input boxes labeled '21'.
 - Diagnosis Description:** A column of three text input boxes.

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

18. Enter the current functional limitation or physical condition relative to the requested services in the **Please list current functional limitation/physical condition codes** field. If unknown, click the functional limitation link to access Code Search. See Module J for more information on Code Search. See Appendix B for a list of functional limitation codes.

19. Enter current medical status codes which describe the patient’s condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, click the medical status link to access Code Search. See Module J for more information on Code Search. See Appendix A for a list of medical status codes.

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

21. Enter secondary ICD Code, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the ICD Code link to access Code Search. See Module J for more information on Code Search.

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

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

22

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

23

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

24

22. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable** field. This replaces the need for submitting this information as an attachment. *Always required.
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.

Prescribing Physician Information
Physician Prescription (255 characters accepted)

25

Physician's License #

26

Physician's Name

27

Physician's Phone

28

Prescription Date

29

Attachment A Service

30 Continue

31 Another Service, Same Category

25. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. This replaces the need for submitting this information as an attachment. *Always required.
26. Enter the National Provider Identifier (NPI) in the **Physician's License #** field. This replaces the need for submitting this information as an attachment. *Always required.
27. Enter the prescribing **Physician's Name**. This replaces the need for submitting this information as an attachment. *Always required.
28. Enter the **Physician's Phone** number. This replaces the need for submitting this information as an attachment. *Always required.
29. Enter the **Prescription Date** (mmddyyyy). This replaces the need for submitting this information as an attachment. *Always required.
30. Click **Continue** to return to the TAR Service menu. See Module E for information on submitting the eTAR.
31. Click **Another Service, Same Category** to create another service line for the same service type.

Section 16. Transplant Acquisition

Outpatient Services

eTAR Medical Tutorials

Please Enter Transplant Acquisition Information

Service Information

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

1 2

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

3 4 mmddyyyy 5 mmddyyyy

6

7 8

1. Enter the **Service Code** identifying the service being requested. If the code was entered in the Service Code Search, it populates automatically. If unknown, click the Service Code link to access Code Search. See Module J for more information on Code Search. *Always required.
2. Enter up to four **Modifiers**. If unknown, click the Modifiers link to access Code Search. See Module J for more information on Code Search.
3. Enter the **Total Units** requested. *Always required.
4. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive.
5. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive.
6. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.
7. Click **Continue** to return to the TAR Service menu. See Module E for information on submitting the eTAR.
8. Click **Another Service, Same Category** to create another service line for the same service type.

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