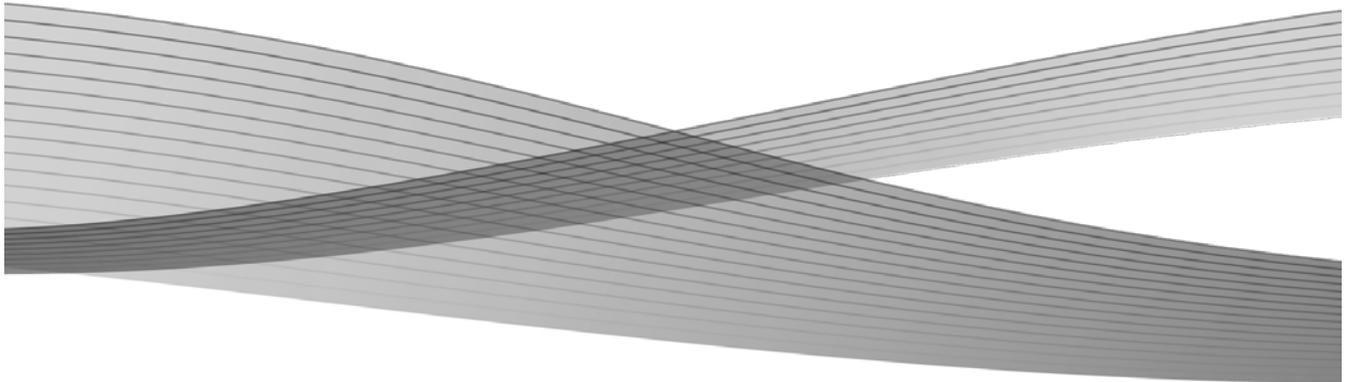




# Treatment Authorization Request Pharmacy User Guide 2016







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

## **Free Services for Providers**

### **Provider Seminars and Webinars**

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

### **Regional Representatives**

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

### **Small Provider Billing Unit**

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

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



# Table of Contents

<b>Module A:</b>	<b>Introduction</b>	
Section 1:	Training Policy.....	1
Section 2:	eTAR Acronyms .....	2
Section 3:	Purpose and Objectives .....	3
<b>Module B:</b>	<b>How to Access the eTAR Tutorial</b>	
Section 1:	Accessing the TAR Menu.....	1
Section 2:	eTAR Pharmacy Tutorials .....	3
<b>Module C:</b>	<b>Submit Prior Authorization Request</b>	
Section 1:	Creating a New Prior Authorization Request.....	1
Section 2:	Patient Information .....	4
Section 3:	Service Information .....	8
Section 4:	Compound Drug.....	11
Section 5:	Supporting Documentation.....	13
Section 6:	Patient Assessment Information.....	15
Section 7:	Prior Authorization Summary .....	16
Section 8:	Attachment Options.....	17
Section 9:	Prior Authorization Response – Rejected.....	20
Section 10:	Prior Authorization Response – Duplicate.....	21
Section 11:	Prior Authorization Response – Captured .....	22
Section 12:	Adjudication Response.....	24
<b>Module D:</b>	<b>Reversal of a Prior Authorization</b> .....	1
<b>Module E:</b>	<b>Prior Authorization Inquiry</b>	
Section 1:	Search by Authorization Number and NDC.....	1
Section 2:	PA Inquiry – Multiple Transactions.....	11
<b>Module F:</b>	<b>Update Deferred Prior Authorization</b> .....	1
<b>Module G:</b>	<b>Submit Reauthorization of a PA</b> .....	1
<b>Module H:</b>	<b>Submit Attachments</b>	
Section 1:	Upload Attachments.....	1
Section 2:	Fax Attachment Form.....	8
<b>Module I:</b>	<b>Using Code Search</b> .....	1



# Module A. Introduction

## Section 1. Training Policy

This user guide is a tool to be used for today's 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 at ([www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)).

Please note that this training module pertains only to the Medi-Cal web-based application for eTAR, not for the POS Network Prior Authorization – Transaction using the NCPDP Telecommunication Standard version D.0. If your pharmacy has the capability, and if you wish to submit such transaction, please consult the technical specification for HIPAA 5010/NCPDP D.0 found under the References tab on the Medi-Cal website at: ([http://files.medi-cal.ca.gov/pubsdoco/hipaa/hipaa\\_5010\\_home.asp](http://files.medi-cal.ca.gov/pubsdoco/hipaa/hipaa_5010_home.asp)) or call the Telephone Service Center (TSC) at 1-800-541-5555 for assistance.

## 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 Perinatal 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
MCM	Medical Case Management
MDS	Minimum Data Set
MMDDYYYY	Two digit month and date, four digit year (ex. 10232015)
NCPDP	National Council for Prescription Drug Program
NDC	National Drug Code
NPI	National Provider Identifier
NPES	National Plan and Provider Enumeration System
OHC	Other Health Care Coverage
OCR	Optical Character Recognition
PA	Prior Authorization (also known in Medi-Cal as a TAR)
PED	Provider Enrollment Department
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 user guide is to familiarize users with the Medi-Cal eTAR Pharmacy Prior Authorization website so users may inquire, submit or reverse Prior Authorization (PA) requests 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 eTAR Pharmacy Prior Authorization application
- ◆ Request Prior Authorizations (PAs), inquire on PA status and reverse PAs online
- ◆ Submit attachments

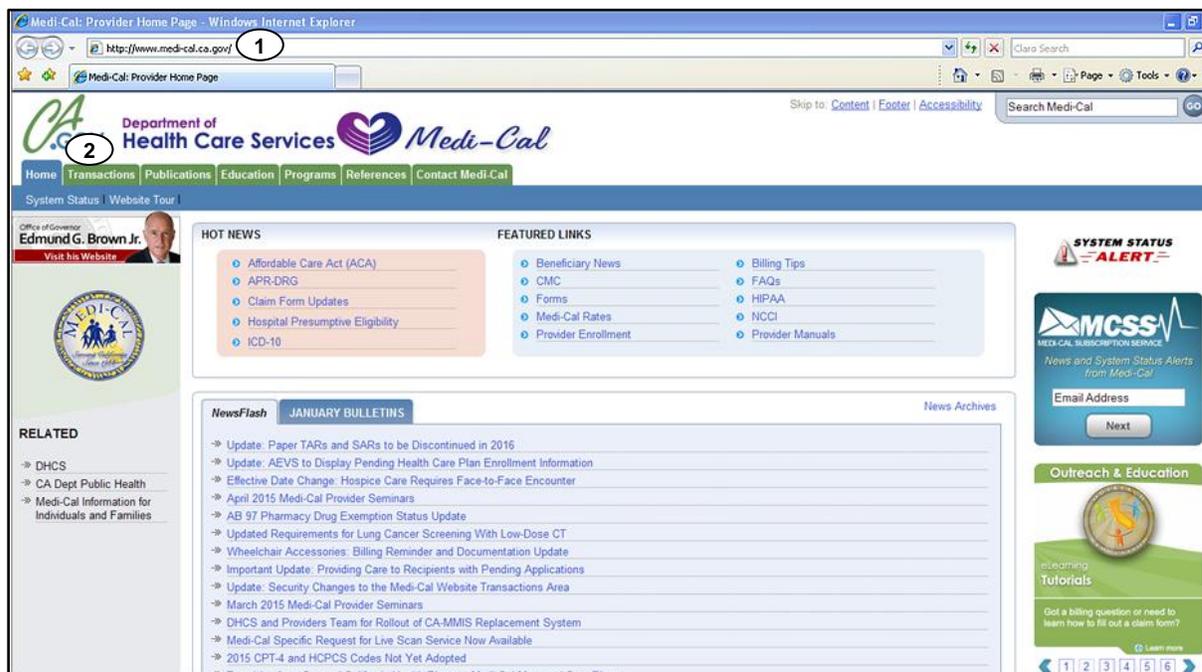
### General Guidelines:

- ◆ An asterisk symbol (\*) means the field is required.
- ◆ A downward arrow next to a field means there is a drop-down list that will allow the user to choose from existing options.
- ◆ Decimal points are required when indicated.
- ◆ Verify the cursor is located in a field before using the backspace key to delete a character.
- ◆ Date must be completed with a two digit month, two digit date and four digit year (mmddyyyy) Example: June 10, 2015 is 06102015.
- ◆ Do not use the Back button on the browser while submitting an eTAR.
- ◆ eTAR pharmacy tutorials are accessible from the upper right corner on all eTAR pharmacy webpages.
- ◆ Prior Authorization transaction types:
  - PA Reversal (P2)
  - PA Inquiry (P3)
  - PA Request Only (P4)
- ◆ Select Code Search from the toolbar on the left side of the page. This toolbar will always be available while using the Medi-Cal eTAR Pharmacy Prior Authorization application. See Module I for additional information on using Code Search.
- ◆ There is a maximum of one hour to submit attachments. Failure to submit may result in the TAR being deferred.



# Module B. How to Access the eTAR Tutorial

## Section 1. Accessing the TAR Menu



1. To access the Medi-Cal website, enter (*www.medi-cal.ca.gov*) in the address bar of the browser. To ensure that all customer data transmitted over the Internet remains confidential, Xerox and the Department of Health Care Services (DHCS) have instituted electronic security measures using industry-standard encryption technology, including:
  1. Authentication – Users are required to enter a user ID and password
  2. Secure Socket Layer (SSL) technology – Two-way encryption of online data
2. Click **Transactions** from the Medi-Cal homepage.

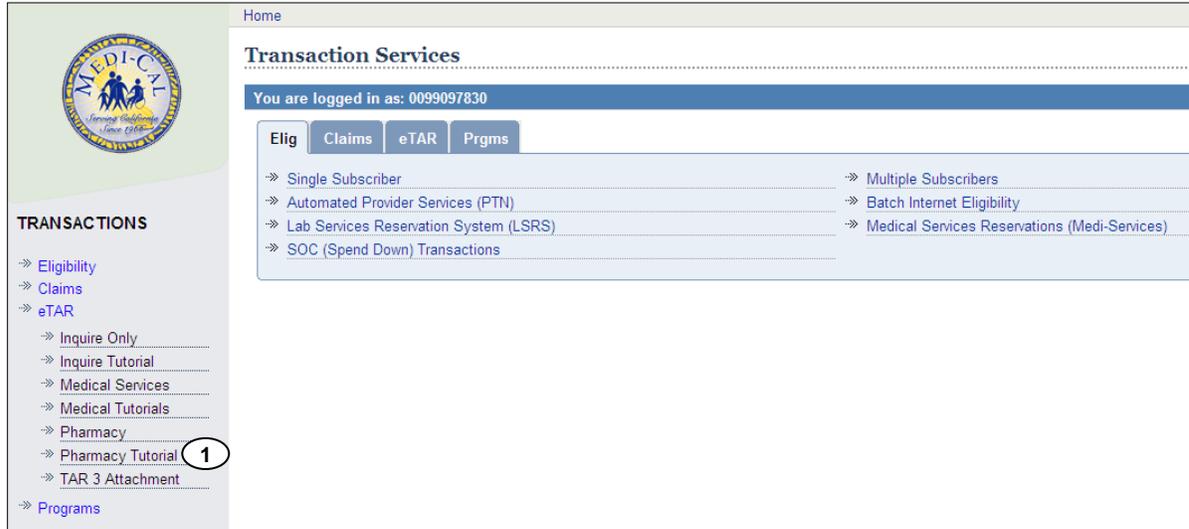
Website help: Call the Telephone Service Center (TSC) at 1-800-541-5555.

## How to Access the eTAR Tutorial

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 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 TSC at 1-800-541-5555.

## Section 2. eTAR Pharmacy Tutorials



1. In the **Transactions** column on the left under **eTAR**, click **Pharmacy Tutorial** for a step-by-step explanation of how to submit pharmacy eTARs. A window will open and connect you to the Medi-Cal Learning Portal (MLP).

## How to Access the eTAR Tutorial

register login Search

MEDI-CAL  
LEARNING PORTAL

HOME TRAINING RESOURCES

Login

2 Account Login

User Name:

Password:

Login

Remember Login

[Register](#)

[Forgot Password ?](#)

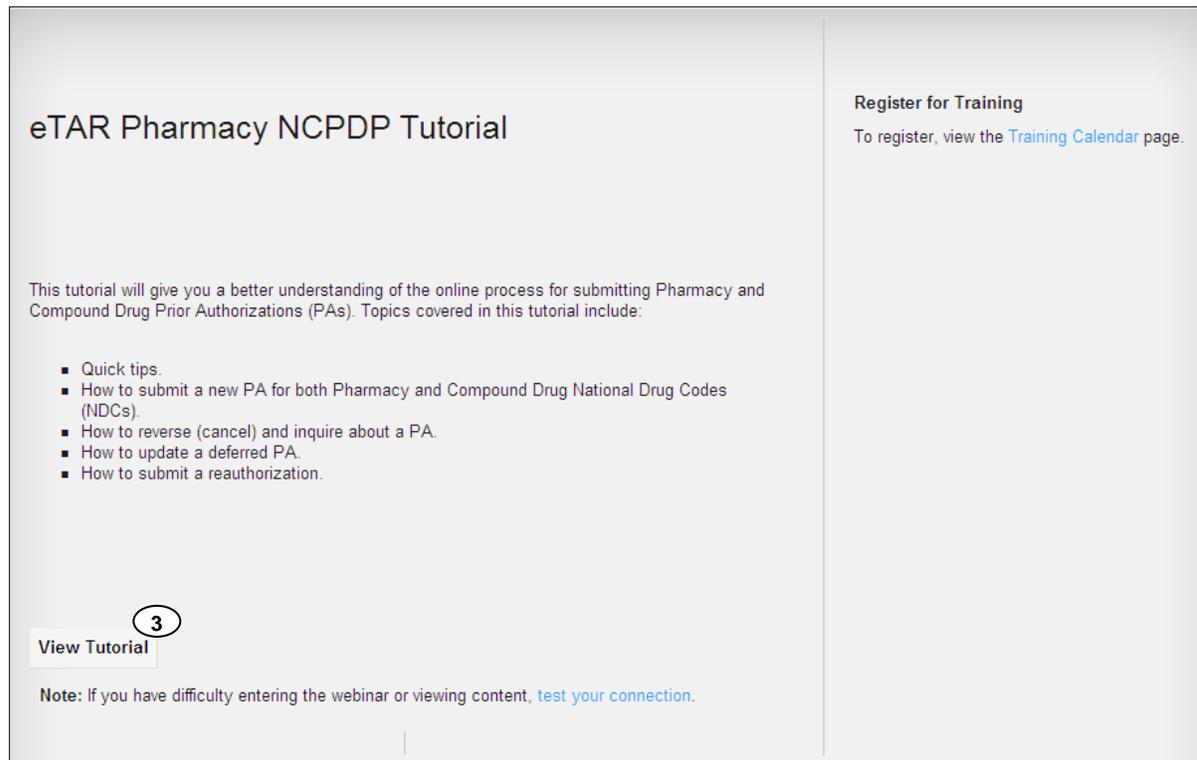
**Warning**

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](#).

2. Enter the **User Name** and **Password** that you registered with the MLP.

**NOTE:** you must be registered to log in and access the tutorials. If you are not registered:

- 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.



## eTAR Pharmacy NCPDP Tutorial

This tutorial will give you a better understanding of the online process for submitting Pharmacy and Compound Drug Prior Authorizations (PAs). Topics covered in this tutorial include:

- Quick tips.
- How to submit a new PA for both Pharmacy and Compound Drug National Drug Codes (NDCs).
- How to reverse (cancel) and inquire about a PA.
- How to update a deferred PA.
- How to submit a reauthorization.

**3**  
**View Tutorial**

**Note:** If you have difficulty entering the webinar or viewing content, [test your connection](#).

**Register for Training**  
To register, view the [Training Calendar](#) page.

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

## How to Access the eTAR Tutorial

4. Click **Start the Tutorial**.

**NOTE:** Tutorials do not have audio at this time.

## 5. Click the play button ► at the bottom of the introduction screen to learn how to navigate the presentation and interactive tutorial.

## 6. Click ►| to advance to the next slide.

## 7. Click |◀ to go back to the previous slide.

After the introduction, an overview tutorial begins. The overview explains the process for submitting pharmacy eTARs using easy-to-follow steps. When done with the tutorial, close the session by clicking **X** in the window of the session.

To log out of the MLP, click **logout** on the upper right side of the screen.

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

# Module C. Submit Prior Authorization Request

## Section 1. Creating a New Prior Authorization Request



1. Click **Pharmacy** from the eTAR tab to proceed to the Pharmacy Prior Authorization Transaction page.

## Submit Prior Authorization Request

**NCPDP Version 5.1 Prior Authorization Transaction**

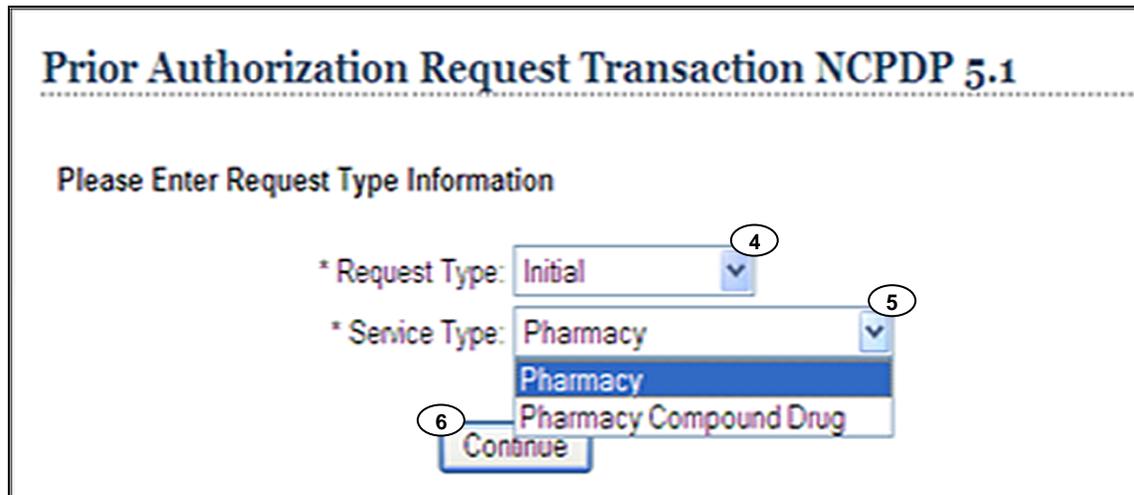
Select a Prior Authorization Transaction  
eTAR Pharmacy Tutorial

Service Provider ID: 0099097830  
Provider Name: COMMUNITY MEDICAL CLINIC  
Phone #: 9169204606  
Street/Mailing Address: 820 Stillwater Drive  
City: West Sacramento  
State: CA  
Zip Code: 956051630  
Transaction Code: P.A. Request Only 2

3

2. Use the **Transaction Code** drop-down menu to select "P.A. Request Only" as the transaction code to request a new Prior Authorization (PA). \*Always required.
3. Click **Continue** to proceed to the Prior Authorization Request Transaction page.

**NOTE:** The eTAR Pharmacy Tutorial link is accessible from the upper right corner on all eTAR Pharmacy webpages.



**Prior Authorization Request Transaction NCPDP 5.1**

Please Enter Request Type Information

\* Request Type: Initial

\* Service Type: Pharmacy

Continue

4. Use the **Request Type** drop-down list to select “Initial” as the request type to begin a Pharmacy PA request. \*Always required.
5. Use the **Service Type** drop-down menu to select “Pharmacy” or “Pharmacy Compound Drug”. See Section 4 for information on compound drug PAs. \*Always required.
6. Select **Continue** to proceed to the Patient Information page.

## Section 2. Patient Information

**Patient Information NCPDP 5.1**

---

**Please Enter Patient Information**

\* Cardholder ID (Recipient ID #)

1

Basis of Request (Special Handling)

2

---

\* Patient Last Name

\* Patient First Name

Patient Phone Number

\*Patient Date of Birth (mmddyyyy)

\* Patient Gender Code  Female  Male

1. Enter the **Cardholder ID** printed on the front of the Benefits Identification Card (BIC).  
\*Always required.
2. Use the **Basis of Request** 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.
  - *Plan Requirement (No Special Handling)* – This field populates automatically for cases where no basis of request is necessary.
  - *Increase Plan Limitation (Exceeded Medical Supply Limit/Container Count Limit)* – Select when the recipient has exceeded their medical supply or container count limit as specified in the Part 2 Pharmacy manual.
  - *Medical Exception (Exceeded Code 1 Restrictions)* – Select when the recipient has exceeded Code 1 limits.
  - *Plan Requirement (6 Prescription Limit)* – Select when a prescription for the recipient has exceeded the six prescription limit.
  - *Plan Requirement (Step Therapy)* – Select when submitting a PA for step therapy drugs.

**Patient Information NCPDP 5.1**

---

**Please Enter Patient Information**

\* Cardholder ID (Recipient ID #)

Basis of Request (Special Handling)

---

\* Patient Last Name \* Patient First Name

3  4

Patient Phone Number \*Patient Date of Birth (mmddyyyy) \* Patient Gender Code 7

5  6   Female  Male

3. Enter the **Patient Last Name**. \*Always required.
4. Enter the **Patient First Name**. \*Always required.
5. Enter the 10 digit **Patient Phone Number** for which the service is being requested, if available. Do not enter spaces or hyphens between numerals (i.e. 9165551212).
6. Enter the **Patient Date of Birth**. \*Always required.
7. Indicate the patient's gender using the **Patient Gender Code** radio buttons. \*Always required.

## Submit Prior Authorization Request

<b>Primary Other Payer Reject Code (Medicare Status)</b> <input type="text"/> <b>8</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Secondary Other Payer Reject Code (OHC Status)</b> <input type="text"/> <b>9</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<hr/> <b>Mother/Transplant Recipient Providing Medi-Cal Eligibility</b>	
<b>Cardholder Last Name</b> <input type="text"/> <b>10</b>	<b>Cardholder First Name</b> <input type="text"/> <b>11</b>

8. Enter the **Primary Other Payer Reject Code** of the NCPDP Reject code(s) corresponding to the Medicare rejection reason.
9. Enter the **Secondary Other Payer Reject Code** of the NCPDP Reject code(s) corresponding to the Other Health Coverage (OHC) rejection reason.

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

10. Enter the **Cardholder Last Name** of the newborn's mother or the transplant recipient providing Medi-Cal eligibility.
11. Enter the **Cardholder First Name** of the newborn's mother or the transplant recipient providing Medi-Cal eligibility.

**Patient's Authorized Representative**

Authorized Representative Last Name  (12)

Authorized Representative First Name  (13)

Authorized Representative Street/Mailing Address  (14)

Authorized Representative City  (15)

Authorized Representative State  (16)

Authorized Representative Zip Code  (17)

(18)

Use the **Patient's Authorized Representative** section if the PA is for a Medi-Cal recipient under guardianship.

- 12. Enter the **Authorized Representative Last Name**.
- 13. Enter the **Authorized Representative First Name**.
- 14. Enter the **Authorized Representative Street/Mailing Address**.
- 15. Enter the **Authorized Representative City**.
- 16. Enter the **Authorized Representative State**.
- 17. Enter the **Authorized Representative Zip Code**.
- 18. Select **Continue** to proceed to the Service Information page.

## Section 3. Service Information

**Pharmacy Service NCPDP 5.1**

---

Please Enter Pharmacy Information  
 eTAR Pharmacy Tutorial

**Service Information**

<p>1 * Product/Service ID (NDC)  <input type="text"/></p> <p>3 * Number of Refills Authorized  <input type="text" value="0"/></p> <p>5 * Request Period Date-Begin (From Date)          (mmddyyyy)  <input type="text"/></p> <p>Discharge Date (mmddyyyy)  <input type="text"/></p>	<p>2 * Patient Location (Place of Service)  <input type="text" value="v"/></p> <p>4 * Quantity Prescribed (Quantity)  <input type="text" value="0"/></p> <p>6 * Request Period Date-End (Thru Date)          (mmddyyyy)  <input type="text"/></p> <p>* ICD-CM Type  <input type="text" value="v"/></p> <p>* Diagnosis Code (ICD Code)(Decimal Required)  <input type="text"/></p>
---	---

Dispense As Written (DAW)/ Product Selection Code (Pricing Override Request)

1. Enter the **Product/Service ID** identifying the service being requested. For Compound Drug PA, zero automatically appears in this field and cannot be changed.  
 \*Always required.
2. Use the **Patient Location** drop-down list to select the recipient's *residence* location.  
 \*Always required.
3. Enter the **Number of Refills Authorized** for the total number of drug refills requested. A value of zero is equivalent to one fill with no refills. To request a year supply, enter 11 (1 original fill plus 11 refills for a total of 12 units). \*Always required.
4. Enter the **Quantity Prescribed** of the entire *quantity dispensed and being billed*.  
 \*Always required.
5. Enter the **Request Period Date-Begin**. \*Always required.
6. Enter the **Request Period Date-End**. \*Always required.

**Pharmacy Service NCPDP 5.1**

---

Please Enter Pharmacy Information  
eTAR Pharmacy Tutorial

**Service Information**

* Product/Service ID (NDC)	* Patient Location (Place of Service)	
<input type="text"/>	<input type="text" value="v"/>	
* Number of Refills Authorized	* Quantity Prescribed (Quantity)	
<input type="text" value="0"/>	<input type="text" value="0"/>	
* Request Period Date-Begin (From Date) (mmddyyyy)	* Request Period Date-End (Thru Date) (mmddyyyy)	
<input type="text"/>	<input type="text"/>	
Discharge Date (mmddyyyy)	* ICD-CM Type	* Diagnosis Code (ICD Code)(Decimal Required)
<input type="text" value="7"/>	<input type="text" value="v"/>	<input type="text" value="9"/>
Dispense As Written (DAW)/ Product Selection Code (Pricing Override Request)		
<input type="text" value="No Product Selection"/>		

- 7. Enter the patient's **Discharge Date**. If applicable.
- 8. Select the **ICD-CM Type** from the drop-down menu. \*Always required.
- 9. Enter the **Diagnosis Code**, including the decimal point, indicating the primary diagnosis relative to the requested service. See Module I for information on Code Search. \*Always required.

## Submit Prior Authorization Request

Discharge Date (mmddyyyy)	* ICD-CM Type	* Diagnosis Code (ICD Code)(Decimal Required)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dispense As Written (DAW)/ Product Selection Code (Pricing Override Request)		
<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">10</span> <input type="text" value="No Product Selection"/>		

10. Use the **Dispense As Written/Product Selection Code** drop-down list to select an override request for unlisted items or prices, if applicable.

Dispense As Written/Product Selection Code options:

- *No Product Selection* – Select if prescription does not include a brand reference.
- *Override (Indicates Request for a Negotiated Price)* – Select if a negotiated price is being requested.
- *Substitution Allowed – Brand Drug Dispensed as a Generic* – Select if a prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the pharmacist is using the brand product in place of a generic.
- *Substitution Allowed – Generic Drug Not Available in Marketplace* – Select if a provider has indicated that generic substitution is permitted if the brand product is not currently manufactured, distributed or is temporarily unavailable.
- *Substitution Allowed – Generic Drug Not in Stock* – Select if a prescriber indicates, in a manner specified by prevailing law, that a generic substitution is permitted and the brand product is dispensed because a generic is not in stock at the pharmacy. This is due to the purchasing decisions of the pharmacy, not the unavailability of the generic in the marketplace.
- *Substitution Allowed – Patient Requested Product Dispensed* – Select if a prescriber indicates, in a manner specified by prevailing law, that generic substitution is permitted and the patient requests the brand product.
- *Substitution Allowed – Pharmacist Selected Product Dispensed* – Select if prescriber indicates, in a manner specified by prevailing law, that generic substitution is permitted and the pharmacist determines that the brand product should be dispensed.
- *Substitution Not Allowed by Prescriber* – Select if a prescriber indicates, in a manner specified by prevailing law, that the product is to be DAW.
- *Substitution Not Allowed – Brand Drug Mandated by Law* – Select if a prescriber indicates, in a manner specified by prevailing law, that a generic substitution available in the marketplace is permitted, but prevailing law or regulation prohibits substituting it for the brand product.

## Section 4. Compound Drug

\* Compound Dispensing Unit Form Indicator  
 Each  ①

\* Compound Route Of Administration  ②      \* Compound Dosage Form Description Code  
 Buccal       Capsule  ③

**Ingredients**

	* Compound Product ID	* Compound Quantity
1.	9999999997	
2.		
3.		
4.		
5.		
6.		
7.		
8.		

This section only appears if submitting a Compound Pharmacy PA. See Section 5 to continue with Non-Compound PA submissions.

1. Use the **Compound Dispensing Unit Form Indicator** drop-down list to indicate how the compounded item is being measured. \*Always required.
2. Use the **Compound Route of Administration** drop-down list to select the method in which the compounded item will be dispensed. \*Always required.
3. Use the **Compound Dosage Form Description Code** drop-down list to select the form in which the compounded item will be dispensed. \*Always required.

## Submit Prior Authorization Request

Ingredients		
	* Compound Product ID	* Compound Quantity
1.	99999999997	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

4. Enter the **Compound Product ID** of the specific NDC code(s) for the drug(s) or product(s) being requested. \*Always required.

**NOTE:** For all compound drugs, 99999999997 populates automatically as the first NDC.

5. Enter the **Compound Quantity** of the container count.

**NOTE:** Each ingredient should have the exact quantity used in making that compound, not the total compound quantity. \*Always required.

## Section 5. Supporting Documentation

**Prior Auth Supporting Documentation (500 characters accepted)**

Contact Name:  Contact Phone Number:

% Variance:  % Fax Number:

SIG:

Residence Status:

Miscellaneous Information:

Microsoft Internet Explorer

?

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

1. Enter the **Contact Name** of the person who completed the PA.
2. Enter the 10digit **Contact Phone Number**. Do not enter spaces or hyphens between numerals.
3. Enter the **% Variance**. Providers submitting drug PAs may request a percentage of variance from the authorized quantity of a drug that frequently changes in dispensing quantity. Providers who receive authorization for percent variance will not be required to submit a new PA to the Medi-Cal Pharmacy Section each time the dispensing quantity of a drug changes.
4. If a **Fax Number** is entered, an *Adjudication Response* (AR) will be automatically faxed with PA details. If this field is left blank, an AR will not be sent and providers should view PA status through PA Inquire. Do not enter spaces or hyphens between numerals.
5. If the fax number entered does not match the provider master file, a pop-up will appear requesting verification of the fax number. Click **OK** if the fax number is correct.
6. Select **Cancel** to change the fax number.

## Submit Prior Authorization Request

**Prior Auth Supporting Documentation (500 characters accepted)**

Contact Name:  Contact Phone Number:

% Variance:  % Fax Number:

SIG:

Residence Status:

Miscellaneous Information:

7. Enter the **SIG** for the directions for use of the requested NDC. \*Always Required.
8. Use the **Residence Status** drop-down list to select the location where the patient resides.
9. Enter **Miscellaneous Information** such as additional details and medical justification pertinent to the requested NDC.

## Section 6. Patient Assessment Information

Patient assessment information for this Service (Attachment A)

1 Measurement Value (Height) 2 Measurement Value (Weight)

0 Inches 0 lbs.

3 ICD-CM Type Diagnosis Code (ICD-Code) (Decimal Required) 4

5 Prescriber ID (License #) 6 Prescriber Last Name

7 Prescriber Phone Number 8 Date Prescription Written (Prescription Date) (mmdyyy)

9 Continue

1. Enter the patient's **Measurement Value** in inches.
2. Enter the patient's **Measurement Value** in pounds.
3. Select the **ICD-CM Type** from the drop-down menu.
4. Enter the **Diagnosis Code** indicating additional diagnoses for the requested NDC. Always include the decimal point.
5. Enter the **Prescriber ID** of the prescribing physician's state license number or NPI. If submitting a Schedule II or Schedule III control Substance Drug, the DEA number must be entered.
6. Enter the **Prescriber Last Name**.
7. Enter the 10 digit **Prescriber Phone Number**. Do not enter spaces or hyphens between numerals.
8. In the **Date Prescription Written** field, enter the date the prescription was issued.
9. Select **Continue** to proceed to the summary page.

Submit Prior Authorization Request

## Section 7. Prior Authorization Summary

Prior Authorization Summary NCPDP 5.1		
<b>Provider Information</b>		
Service Provider ID 0099097830		
<b>Patient Information</b>		
Cardholder ID (Recipient ID) 87654321A95001	Basis of Request (Special Handling) Plan Requirement (6 Prescription Limit)	
Patient Last Name Doe	Patient First Name Jane	
Patient Phone Number	Patient Date of Birth 10/02/1948	
Patient Gender Code Female		
Primary Other Payer Reject Code (Medicare)	Secondary Other Payer Reject Code (OHC)	
Cardholder Last Name	Cardholder First Name	
Authorized Representative Last Name	Authorized Representative First Name	
Authorized Representative Street/Mailing Address		
Authorized Representative City	Authorized Representative State	Authorized Representative Zip Code
<b>Service Information</b>		
Product/Service ID (NDC) 00071015523	Patient Location Home	
Number of Refills Authorized 0	Quantity Dispensed (Quantity) 30	
Request Period Date-Begin (From Date) 01/01/2008	Request Period Date-End (Thru Date) 01/31/2008	
Discharge Date	ICD-CM Type ICD-9	Diagnosis Code (ICD-Code) 300.7
Dispense As Written (DAW)/Product Selection Code (Pricing Override Request) No Product Selection		
<b>Prior Auth Supporting Documentation (500 characters accepted)</b>		
Contact Name:	Contact Phone Number:	
% Variance: 0	Fax Number:	
SIG:		
Residence Status:		
Miscellaneous Information:		
<div style="border: 1px solid black; height: 60px; width: 100%;"></div>		
<b>Patient assessment information for this Service</b>		
Measurement Value (Height) 0 Inches	Measurement Value (Weight) 0 lbs.	
ICD-CM Type	Diagnosis Code (ICD-Code)	
<b>Prescribing Physician Information</b>		
Prescriber ID (License ID)	Prescriber Last Name	
Prescriber Phone Number	Date Prescription Written	
<span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">1</span> <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px; margin-left: 20px;">2</span> <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px; margin-left: 20px;">3</span>		
<input type="button" value="Edit Patient"/> <input type="button" value="Edit Service"/> <input type="button" value="Continue"/>		

Verify and correct all information on this summary page before submitting the PA.

1. Select **Edit Patient** to modify the Patient Information.
2. Select **Edit Service** to modify the Service Information.
3. Click **Continue** to proceed to the Attachment Information page after all the information on the PA is confirmed.

## Section 8. Attachment Options

**Please Enter Attachment Information**

NOTE: Prior Authorizations will be rejected if attachments are not received within the time stated below.

Attachment(s) Submission Options: **1**

I will be uploading attachment(s) now.  
 I will be uploading attachment(s) within 1 hour.  
 I will be faxing attachment(s) within 1 hour.  
 I will not be submitting attachment (s).

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

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

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

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

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

**2**

1. Click the appropriate **Attachment(s) Submission Options** radio button. If required attachments are not received within the specified time, the PA may be deferred or denied.
2. Click **Submit** to submit the PA for review. See Module H for uploading and faxing requirements.

**NOTE:** There is a maximum of one hour to submit attachments. Failure to submit may result in the TAR being deferred or denied.

## Submit Prior Authorization Request

**TAR Attachment Uploads NCPDP 5.1**

**Please Enter Attachment Information**  
NOTE: Prior Authorizations will be rejected if attachments are not received within the time stated below.

Attachment(s) Submission Options:

I will be uploading attachment(s) now.  
 I will be uploading at  
 I will be faxing attachment(s) within 1 hour.  
 I will not be submitting attachments

FAX in California (877)270-7272

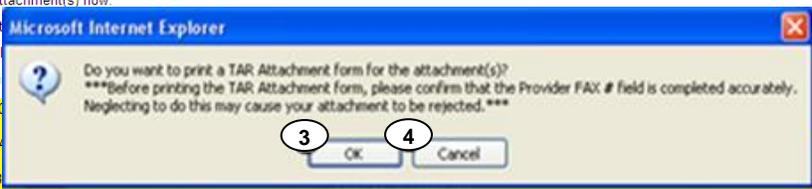
IMPORTANT: You must A

To order additional TAR 3

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

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

Submit



A window appears when clicking "I will be faxing attachment(s) within 1 hour."

3. Click **OK** to print a copy of the TAR 3 Attachment Form.
4. Click **Cancel** if the print feature for the TAR 3 Attachment Form is not needed. Refer to Module H to find more information on the TAR 3 Attachment Form.

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



## Section 9. Prior Authorization Response – Rejected

Prior Authorization Response Information NCPDP 5.1			
Authorization Number	Product/Service ID (NDC)		
	00071015523		
1 Message/Additional Message Information			
Recipient ID: Not on Eligibility. Service Code: TAR is not required			
Provider Information			
Submitting Provider			
0099097830			
Service Information			
Transaction Code	Transaction Response Status		
P4	Rejected		
Reject Count	2	Reject Code	Reject Field Occurrence Indicator
2		CY	0
		3R	0
3 <input type="button" value="Correct This Rejected Service"/> <input type="button" value="New PA"/>			

The PA will be rejected if any of the information entered does not meet established Medi-Cal Pharmacy criteria.

1. The **Message/Additional Message Information** indicates the reason for the PA rejection.
2. The **Reject Code** information can be found in the Medi-Cal provider manual.
3. Click **Correct This Rejected Service** to modify the rejected PA transaction and return to the Patient Information section. Navigate through the eTAR Pharmacy application to correct the information listed in the Message/Additional Message Information field.

## Section 10. Prior Authorization Response – Duplicate

Prior Authorization Response Information NCPDP 5.1	
Authorization Number <sup>①</sup>	Product/Service ID (NDC)
0512345678	66794000225
Message/Additional Message Information	
Thank You! Your TAR has been successfully submitted. Prior Authorization Does Not Guarantee Claim Payment.	
<b>Provider Information</b>	
Submitting Provider	
0099897858	
<b>Service Information</b>	
Transaction Code	<sup>②</sup> Transaction Response Status
P4	Dup of Captured
Prior Authorization Process Date	
11/26/2012	
<input type="button" value="Add Another Service to Same Patient"/> <input type="button" value="New PA"/>	

The eTAR Pharmacy PA application recognizes if the PA requested already exists on the TAR Master File (paper and electronic transactions). If a duplicate PA is entered for the same Medi-Cal provider, a second PA will not be created.

1. The original **Authorization Number** assigned to the original PA is listed.
2. In the **Transaction Response Status** field, “Dup of Captured” indicates the PA submitted was previously submitted by the same Medi-Cal provider.

## Section 11. Prior Authorization Response – Captured

Prior Authorization Response Information NCPDP 5.1	
Authorization Number <sup>①</sup>	Product/Service ID (NDC) <sup>②</sup>
0512345678	66794000225
Message/Additional Message Information <sup>③</sup>	
Thank You! Your TAR has been successfully submitted. Prior Authorization Does Not Guarantee Claim Payment.	
<b>Provider Information</b>	
Submitting Provider	
0099897858	
<b>Service Information</b>	
Transaction Code	Transaction Response Status
P4	Captured
Prior Authorization Process Date	
11/26/2012	
<input type="button" value="Add Another Service to Same Patient"/> <input type="button" value="New PA"/>	

1. The **Authorization Number** is used to verify the PA was submitted for processing. The authorization number does not mean the PA is approved, but verifies that the PA was submitted for review.
2. The **Product/Service ID** indicates the requested NDC for this PA.
3. The **Message/Additional Message Information** indicates the PA was successfully submitted or the reason the PA was rejected.

**NOTE:** The Authorization Number and Product/Service ID must be used to check the status or reverse a PA.

<b>Provider Information</b>	
Submitting Provider <span>④</span>	
0099897858	
<b>Service Information</b>	
Transaction Code <span>⑤</span>	Transaction Response Status <span>⑥</span>
P4	Captured
Prior Authorization Process Date <span>⑦</span>	
11/26/2012	
<span>⑧</span> Add Another Service to Same Patient	<span>⑨</span> New PA

4. The **Submitting Provider** number indicates the submitting NPI.
5. The **Transaction Code** indicates the type of transaction selected from the previous page.
  - PA Reversal (P2)
  - PA Inquiry (P3)
  - PA Request Only (P4)
6. The **Transaction Response Status** indicates the status and description for a PA, which is determined by the information submitted on the PA.
  - *Captured* – Indicates the service line was submitted correctly and has not yet been processed by the field office.
  - *Rejected* – Indicates the service line was not properly submitted because of the reason(s) listed in the Message/Additional Message Information field. A rejected PA may only be updated from the Response page. See the previous information in this section to update a PA in rejected status.
7. The **Prior Authorization Process Date** indicates the receipt date of the submitted PA.
8. Click **Add Another Service to Same Patient** to submit an additional NDC for authorization for the same recipient.
9. Click **New PA** to submit a PA for a different recipient.

## Section 12. Adjudication Response

State of California - Health and Human Services Agency Department of Health Care Services		<b>CONFIDENTIAL</b>								
<b>ADJUDICATION RESPONSE</b>										
Provider Number: 1234567890 XXX CONTRACT HOSP #2 3215 PROSPECT PARK DR RNCHO CORDOVA, CA 95670-6017						DCN (Internal Use Only): 123456789101 Date of Action: 06/27/2009 04:47 PM Regarding: Jane Doe TAR Control Number: 0400012345 Patient Record #: 12345				
<p style="text-align: center;">1</p> <p>This is to inform you that a Treatment Authorization Request has been adjudicated. If you have any questions regarding this adjudication response, please contact your local Medi-Cal Field Office. The decision(s) follow:</p>										
Svc #	Svc Code	Modifier(s)	From Date of Service	Thru Date of Service	Units	Quantity	% Var	Price	Status	PI
1	XXXXXXXXXX		01-31-2009	02-30-2009	12,345				Approved	1
Svc Desc :		Service 1								
Reason(s):		A Reason								
Comment(s):		Comment								
2	XXXXXXXXXX		01-01-2009	01-31-2009	12,345				Modified	0
Svc Desc :		Service 2								
Reason(s):		A Reason too.								
Comment(s):		Comment								
3	XXXXXXXXXX		01-01-2009	01-31-2009	12,345				Denied	3
Svc Desc :		Service 2								
Reason(s):		A Reason too.								
Comment(s):		Comment								
<p>Authorization does not guarantee payment. Payment is subject to Patient's eligibility. Please ensure that the Patient's eligibility is current before rendering service.</p> <p>If you have received this document in error, please call the Telephone Service Center, 1-800-541-5555 in California, 1-916-636-1200 out-of-state (follow the prompts for eTAR), to notify the sender. Please destroy this document via shredder or confidential destruction.</p>										

1. The Beneficiary's name and TAR Control Number (TCN) are displayed.
2. Status of the PA is displayed.
3. The PI (Pricing Indicator) is used for claims purposes.

**NOTE:** An *Adjudication Response* will not be received if the PA was canceled, reversed, rejected or if a fax number was not included on the online application.

# Module D. Reversal of a Prior Authorization



1. Click **Pharmacy** from the eTAR tab to go to the Prior Authorization (PA) Transaction menu.

## Reversal of a Prior Authorization

**NCPDP Version 5.1 Prior Authorization Transaction**

Select a Prior Authorization Transaction  
eTAR Pharmacy Tutorial

Service Provider ID: 0099097830  
Provider Name: COMMUNITY MEDICAL CLINIC  
Phone #: 9169204606  
Street/Mailing Address: 820 Stillwater Drive  
City: West Sacramento  
State CA  
Zip Code: 956051630  
Transaction Code: P.A. Reversal  
Continue

2. Use the **Transaction Code** drop-down list to select "P.A. Reversal" as the transaction type to reverse (cancel) a PA. \*Always required.
3. Click **Continue** to proceed to the Prior Authorization Reversal Transaction page.

**NOTE:** The eTAR Pharmacy Tutorial is accessible from the upper right corner on all eTAR pharmacy webpages.

**Prior Authorization Reversal Transaction NCPDP 5.1**

Please Enter Reversal Information

\* Authorization Number:

\* Product/Service ID (NDC):

4. Enter the **Authorization Number** (TCN) assigned when the PA was submitted. \*Always required.
5. Enter the **Product/Service ID (NDC)** requested on the PA. Enter zero for a compound drug PA. \*Always required.
6. Click **Continue** to proceed to the Prior Authorization Response Information page. Once a PA is reversed it cannot be updated or have claims submitted. A new PA will have to be submitted.

**NOTE:** PA reversals can only be performed on PAs that have a status of approved or captured. PAs that have a rejected status cannot be reversed.

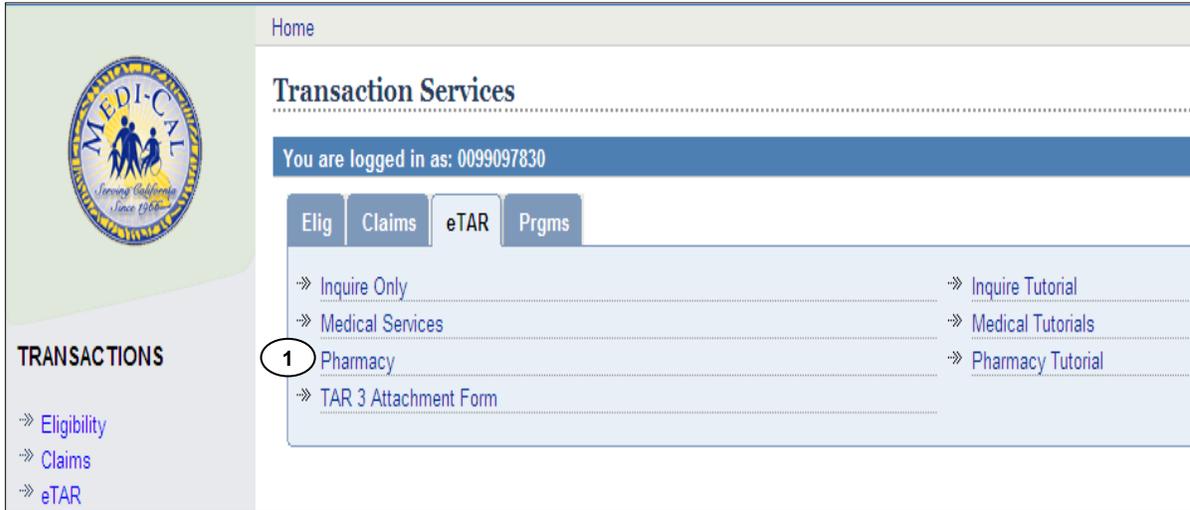
## Reversal of a Prior Authorization

Prior Authorization Response Information NCPDP 5.1	
7 Authorization Number	8 Product/Service ID (NDC)
0512345678	66794000225
9 Message/Additional Message Information	
Thank You! Your TAR has been successfully submitted. Prior Authorization Does Not Guarantee Claim Payment.	
Provider Information	
10 Submitting Provider	
0099897858	
Service Information	
11 Transaction Code	12 Transaction Response Status
P2	Captured
13 <input type="button" value="New PA"/>	

7. The **Authorization Number** indicates which PA was selected for reversal.
8. The **Product/Service ID (NDC)** indicates the NDC on the reversed PA.
9. The **Message/Additional Message Information** indicates whether the PA reversal was successfully submitted or the reason the PA reversal was rejected.
10. The **Submitting Provider** number indicates the submitting NPI.
11. The type of **Transaction Code** selected from the previous page is listed in this field.  
PA Reversal (P2)
12. The **Transaction Response Status** indicates the status of the submitted PA reversal.
  - *Captured* – Indicates that the PA reversal was successfully submitted and processed by the system.
13. Select **New PA** to submit a new PA.

# Module E. Prior Authorization Inquiry

## Section 1. Search by Authorization Number and NDC



1. Click the eTAR tab and select **Pharmacy** to proceed to the Prior Authorization Transaction page.

**NCPDP Version 5.1 Prior Authorization Transaction**

Select a Prior Authorization Transaction  
eTAR Pharmacy Tutorial

Service Provider ID: 0099097830  
Provider Name: COMMUNITY MEDICAL CLINIC  
Phone #: 9169204606  
Street/Mailing Address: 820 Stillwater Drive  
City: West Sacramento  
State: CA  
Zip Code: 956051630

2 Transaction Code: P.A. Inquiry

3 Continue

2. Use the **Transaction Code** drop-down list to select "P.A. Inquiry" as the transaction type to inquire on a Prior Authorization (PA). \*Always required.
3. Click **Continue** to proceed to the Inquiry Selection Information page.

**NOTE:** The eTAR Pharmacy Tutorial is accessible from the upper right corner on all eTAR Pharmacy webpages.

**NCPDP Version 5.1 Prior Authorization Transaction**

Multiple Service Inquiry

Please Enter Inquiry Selection Information (Single Service)

\* Authorization Number:

\* Product/Service ID (NDC):

4. Enter the **Authorization Number** assigned when the PA was originally submitted. \*Always required.
5. Enter the **Product/Service ID (NDC)** requested on the original PA. If updating a Compound Drug PA, enter zero. \*Always required.
6. Click **Submit** to proceed to the PA Response page.

## Prior Authorization Inquiry

Prior Authorization Response Information NCPDP 5.1	
7 Authorization Number	8 Product/Service ID (NDC)
0512345678	00603448521
9 Message/Additional Message Information	
Currently Aprvd Units: 1, Used: 0, Qty: 30.0, From Dt: 20121001, Thru Dt: 20121031. The prior authorization request is in review.	
Provider Information	
Submitting Provider	
1234567890	
Service Information	
Transaction Code	Transaction Response Status
P3	Captured
Prior Authorization Process Date	
11/16/2012	
<input type="button" value="New PA"/>	

7. The **Authorization Number** field shows which PA was selected for inquiry.
8. The **Product/Service ID (NDC)** field indicates the NDC on the selected PA.
9. The **Message/Additional Message Information** field displays the current status of the PA. The message may differ for each Transaction Response Status.

**NOTE:** This authorization number does not mean the PA is approved, but verifies that the PA was submitted for review.

Provider Information	
Submitting Provider	1234567890
Service Information	
Transaction Code	Transaction Response Status
P3	Captured
Prior Authorization Process Date	
11/16/2012	

[New PA](#)

10. The **Submitting Provider** field displays the submitting NPI number.
11. The **Transaction Code** field shows the type of transaction selected:
  - PA Reversal (P2)
  - PA Inquiry (P3)
  - PA Request Only (P4)
12. The **Transaction Response Status** indicates the status and description for a PA. This is determined by the information submitted on the PA.
  - *Captured* – Indicates the service line was submitted correctly and has not been processed by the field office.
  - *Rejected* – Indicates the service line was not properly submitted because of the reason(s) listed in the Message/Additional Message Information field.
  - *PA Deferred* – Indicates the service line is deferred until requested information is submitted.
  - *Approved* – Indicates the service line was approved.
13. The **Prior Authorization Process Date** shows the receipt date of the submitted PA.
14. Click **New PA** to submit a new PA.

## Prior Authorization Inquiry

Prior Authorization Response Information NCPDP 5.1	
Product/Service ID (NDC)	
00603448521	
Message/Additional Message Information	
15 Currently Aprvd Units: 2, Units Used: 1, Qty: 90.0, From Dt: 20121016, Thru Dt: 20121214. Prior Authorization Approved	
Provider Information	
Submitting Provider	
1234567890	
Service Information	
16 Transaction Code	17 Transaction Response Status
P3	Approved
Prior Authorization Process Date	
11/16/2012	
Prior Authorization Number of Refills Authorized	Prior Authorization Quantity (Quantity)
1	90.0
Prior Authorization Effective Date (From Date)	Prior Authorization Expiration Date (Thru Date)
10/16/2012	12/14/2012
Prior Authorization Dollars Authorized	Prior Authorization Number - Assigned
0.00	0512345678
<input type="button" value="New PA"/>	

Once a PA is approved, additional fields are viewable in the Service Information section. These fields provide information required for the billing of the approved PA.

15. The **Message/Additional Message Information** displays the total number of Approved Units, Used Units and the From and Thru dates.
16. The **Transaction Code** shows the type of transaction initially selected.
17. The **Transaction Response Status** indicates the PA is approved.

Service Information	
Transaction Code	Transaction Response Status
P3	Approved
18 Prior Authorization Process Date	
11/16/2012	
19 Prior Authorization Number of Refills Authorized	20 Prior Authorization Quantity (Quantity)
1	90.0
21 Prior Authorization Effective Date (From Date)	22 Prior Authorization Expiration Date (Thru Date)
10/16/2012	12/14/2012
23 Prior Authorization Dollars Authorized	24 Prior Authorization Number - Assigned
0.00	0512345678
25 <input type="button" value="New PA"/>	

The following fields are viewable for an approved PA only:

18. The **Prior Authorization Process Date** indicates the receipt date of the submitted PA.
19. The **Prior Authorization Number of Refills Authorized** indicates the number of refills authorized.
20. The **Prior Authorized Quantity (Quantity)** indicates the quantity authorized.
21. The **Prior Authorization Effective Date (From Date)** indicates the from date of the PA.
22. The **Prior Authorization Expiration Date (Thru Date)** indicates the thru date of the PA.
23. The **Prior Authorization Dollars Authorized** indicates the negotiated price for the submitted PA, if applicable.
24. The **Prior Authorization Number – Assigned** indicates the final authorization number to be used when billing for this PA. After the PA is approved, the system will automatically generate the Pricing Indicator. This will become the 11th digit of the authorization number.
25. Click **New PA** to submit a new PA.

Prior Authorization Response Information NCPDP 5.1	
Product/Service ID (NDC)	
00603448521	
Message/Additional Message Information	
Currently Aprvd Units: 0, Units Used: 0, Qty: 90.0, From Dt: 20121016, Thru Dt: 20121214. Prior Authorization Approved	
Provider Information	
Submitting Provider	
1234567890	
Service Information	
Transaction Code	Transaction Response Status
P3	Approved
Prior Authorization Process Date	
11/16/2012	
Prior Authorization Number of Refills Authorized	Prior Authorization Quantity (Quantity)
0	90.0
Prior Authorization Effective Date (From Date)	Prior Authorization Expiration Date (Thru Date)
10/16/2012	12/14/2012
Prior Authorization Dollars Authorized	Prior Authorization Number - Assigned
0.00	0512345678
<input type="button" value="New PA"/>	

Once a PA is reversed (canceled), additional fields are viewable in the Service Information section.

26. The **Message/Additional Message Information** field shows the PA was reversed (canceled) and will appear under inquiry as approved with zero units. A PA that has paid claims but was then canceled will show as approved but with only the units paid on the PA.

Prior Authorization Response Information NCPDP 5.1		
Authorization Number	Product/Service ID (NDC)	
0512345670890	00603448521	
Message/Additional Message Information		
27 Currently Aprvd Units: 0, Units Used: 0, Qty: 0.0, From Dt: , Thru Dt: . An approved TAR# 0515080760 is available at your pharmacy. Different NDC# is submitted, please explain. Duplicate TAR submitted. For consideration, pls cancel TAR# 0515080760.		
Provider Information		
Submitting Provider		
1234567890		
Service Information		
Transaction Code	Transaction Response Status	
P3	PA Deferred	
28		
Prior Authorization Process Date		
10/29/2012		
Prior Authorization Number of Refills Authorized	Prior Authorization Quantity (Quantity)	
3	90.0	
Prior Authorization Effective Date (From Date)	Prior Authorization Expiration Date (Thru Date)	
10/25/2012	10/25/2013	
Prior Authorization Dollars Authorized		
0.00		
Reject Count	Reject Code	Reject Field Occurrence Indicator
1	3S	0
29		
New PA		

27. The **Message/Additional Message Information** indicates comments entered by the field office reviewer upon adjudication.

28. A **Transaction Response Status** of *PA Deferred* indicates the service line is deferred until requested information is submitted.

29. The **Reject Code** indicates the reason for the PA deferral. Information on this code can be found in the Medi-Cal provider manual.

Prior Authorization Response Information NCPDP 5.1			
Authorization Number		Product/Service ID (NDC)	
0512345678		70074062089	
Message/Additional Message Information			
30 Currently Aprvd Units: 0, Units Used: 0, Qty: 0.0, From Dt: , Thru Dt: . System required field missing: Patient Gender. System required field missing: Place of Service			
Provider Information			
Submitting Provider			
1234567890			
Service Information			
Transaction Code		31 Transaction Response Status	
P3		Rejected	
Reject Count	32	Reject Code	Reject Field Occurrence Indicator
2		3Y	0
		3Y	0
<input type="button" value="New PA"/>			

30. The **Message/Additional Message Information** indicates comments entered by the field office reviewer upon adjudication.

31. A **Transaction Response Status** of *Rejected* indicates the service line was denied or was not submitted because of the reasons listed in the Message/Additional Message Information section.

32. Information on the **Reject Code** can be found in the Medi-Cal Provider Manual.

## Section 2. PA Inquiry – Multiple Transactions

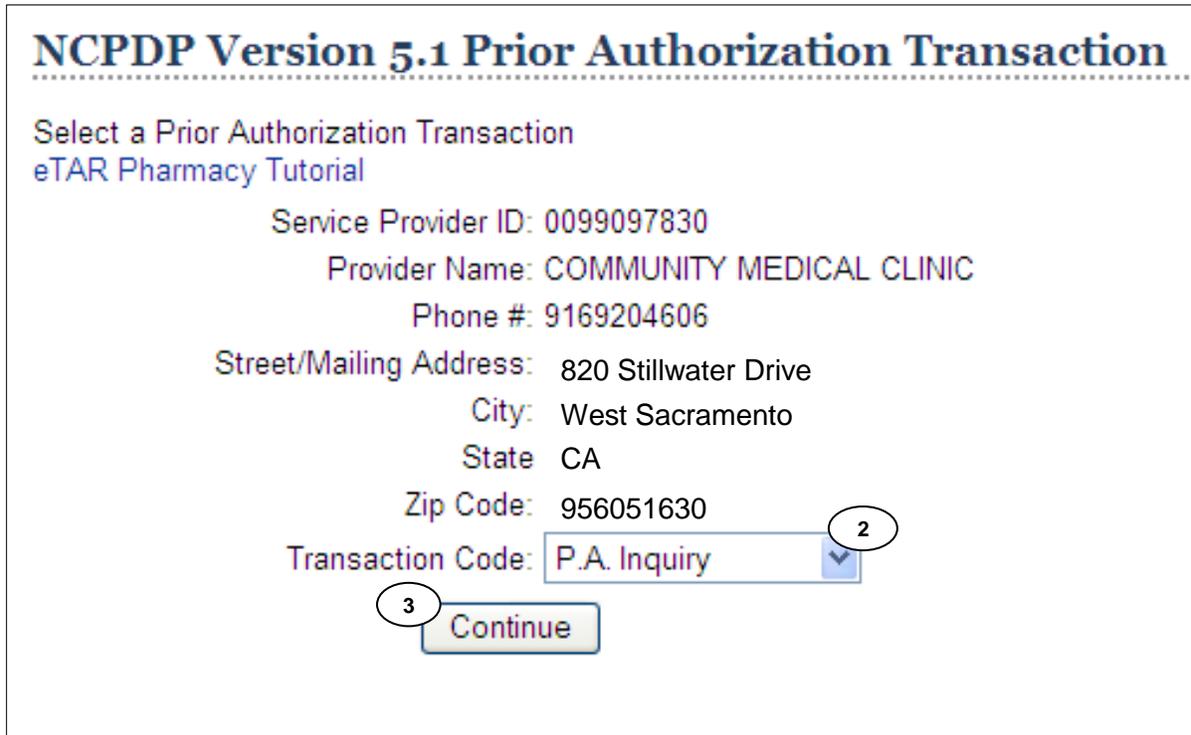


1. Click **Pharmacy** from the eTAR tab to proceed to the Pharmacy PA Transaction page.

**NCPDP Version 5.1 Prior Authorization Transaction**

Select a Prior Authorization Transaction  
eTAR Pharmacy Tutorial

Service Provider ID: 0099097830  
Provider Name: COMMUNITY MEDICAL CLINIC  
Phone #: 9169204606  
Street/Mailing Address: 820 Stillwater Drive  
City: West Sacramento  
State: CA  
Zip Code: 956051630  
Transaction Code: P.A. Inquiry



2. Use the **Transaction Code** drop-down list to select "P.A. Inquiry" as the transaction type to inquire about multiple PAs. \*Always required.
3. Click **Continue** to proceed to the Inquiry Selection Information page.

**NCPDP Version 5.1 Prior Authorization Transaction**

4 Multiple Service Inquiry

Please Enter Inquiry Selection Information (Single Service)

\* Authorization Number:

\* Product/Service ID (NDC):

4. Click **Multiple Service Inquiry** to search for multiple PAs simultaneously, or if the authorization number or NDC is unknown.

## Prior Authorization Inquiry

Please Enter Inquiry Selection Information.

Service Indicator  
 5 Pharmacy ▼

Provider: 0099097830  
 TAR Number:   
 Patient Record #:   
 Recipient ID:

Special Handling 6

Status

7  Approved  
 8  Deferred  
 9  Denied  
 10  Modified  
 11  In Review

Receipt Dates Begin:  End:   
 Service Dates Begin:  End:   
 Service From Dates Begin:  End:   
 Service Thru Dates Begin:  End:

The fields can be used separately or in conjunction with each other to narrow the search for TAR Inquiry.

5. The **Service Indicator** drop-down list defaults to Pharmacy and cannot be changed.
6. Use the **Special Handling** drop-down list to select the special handling reason for inquiry.
7. Click the **Approved** checkbox to view a list of approved TARs.
8. Click the **Deferred** checkbox to view a list of deferred TARs.
9. Click the **Denied** checkbox to view a list of denied TARs.
10. Click the **Modified** checkbox to view a list of modified TARs.
11. Click the **In Review** checkbox to view a list of TARs waiting to be reviewed.

**NOTE:** More than one status may be selected at one time.

Please Enter Inquiry Selection Information.

Service Indicator

Provider: 0099097830

12 TAR Number:

Patient Record #:  13

14 Recipient ID:

Special Handling

Status

Approved

Deferred

Denied

Modified

In Review

15 Receipt Dates Begin:  End:

Service Dates Begin:  End:  16

17 Service From Dates Begin:  End:

Service Thru Dates Begin:  End:  18

19

12. Enter the **TAR Number** to search for a specific TAR. All other fields will be ignored.

13. The **Patient Record #** is not used in eTAR Pharmacy PAs.

14. Enter the **Recipient ID** submitted on the PA.

15. Enter a date range (mmddyyyy) in the **Receipt Dates Begin** and **End** fields to search for TARs submitted on a specific date. The date range is limited to 31 days.

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

17. Enter a date range (mmddyyyy) in the **Service From Dates Begin** and **End** fields to search for TARs with specific from dates.

18. Enter a date range (mmddyyyy) in the **Service Thru Dates Begin** and **End** fields to search for TARs with specific thru dates.

19. Click **Continue** to perform the inquiry.

## Prior Authorization Inquiry

**Inquiry Selection List**

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

TCN	P.I.	Patient Record #	Recip ID	Service #	Service Code	Service Description	Last Name	Received	Quantity	Total Units	Units Used	Status
0512345678	0		91234567A12345	1	00173073500	IMITREX 25 MG TABLET	DOE	10162012	9.0 / Fill	2	1	Approved
0512345689	0		91234567A12345	1	00143129025	METHOCARBAMOL 500 MG TABLET	DOE	10162012	90.0 / Fill	7	0	Deferred
0512345674	0		91234567A12345	1	00591320201	HYDROCODON-ACETAMINOPHEN 5-325	DOE	10162012	180.0 / Fill	2	1	Approved
0512345612	0		91234567A12345	1	00781220101	TEMAZEPAM 15 MG CAPSULE	DOE	10172012	30.0 / Fill	3	2	Approved
0512345623	0		91234567A12345	1	53746046605	IBUPROFEN 800 MG TABLET	DOE	10182012	90.0 / Fill	2	2	Approved
0512345634	0		91234567A12345	1	60505255105	GABAPENTIN 600 MG TABLET	DOE	10182012	120.0 / Fill	6	1	Approved
0512345656	0		91234567A12345	1	00597001314	COMBIVENT INHALER	DOE	10182012	14.7 / Fill	2	1	Approved
0512345665	0		91234567A12345	1	00603333932	DIPHENHYDRAMINE 25 MG CAPSULE	DOE	10182012	32.0 / Fill	7	0	Rejected

20. Click the **TCN** of the PA from the list of authorization numbers to view the TAR.

TAR #: 0512345678

**Provider Information**

Submitting Provider: 1234567890 Medicare Certified: N

Provider Name: AMANDAS PHARMACY Phone #: (916) 123-4567 Fax #: (916) 123-4567

Street/Mailing Address: 820 STILLWATER ROAD City: WEST SACRAMENTO State: CA Zip Code: 95605-1630

Contact Name: AYISHA C Contact Phone #: (916) 123-4567 Contact Extension:

**Patient Information**

Recipient ID: 01234567A95052 Patient Record #:

Special Handling: 6 Prescription Limit

Last Name: ADAM First Name: YOLANDA

Phone #: (916) 765-4321 Date of Birth: 05251956 Gender: Female Worker's Comp?: No

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

Mother/Transplant Recipient Providing Medi-Cal Eligibility:

Last Name: Date of Birth: First Name: Gender:

Patient's Authorized Representative Name:

Street/Mailing Address:

City: State: Zip Code:

**Service Information**

Service Number: 1 Status: Approved Status Date: 12032014

Ind. Pharmacy: Service Code: 00456202001

Service Description: LEXAPRO 20 MG TABLET

Total Units	Units Used	Quantity	% Var.
3	3	30.0 / Fill	0

From Date: 08202014 Thru Date: 03102015

Discharge Date:

POS	ICD-CM Type	ICD Code	Diagnosis Description
Home	ICD-9	296.3	DEPR PSYCH, RECUR EPISOD

SIG	Price Indicator	Price
1T PO QD	0 - No special condition	

21 Responses

The TAR Inquiry page is displayed. Information submitted on the PA and the PA's current status can be viewed.

21. Click **Responses** to view the reasons for the adjudication of the PA and the field office reviewer's comments.

## Response Selection List

eTAR Pharmacy Tutorial

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

TCN	Service #	Service Description	Status	Patient Record #	Response Date
0512345678	1	METHOCARBAMOL 500 MG TABLET	Deferred		10232012
0512345678	1	METHOCARBAMOL 500 MG TABLET	Approved		11162012

The current and previously adjudicated versions of the PA are listed by Service # and Response Date.

22. Look for the most recent **Response Date** to view the response for the current version of the PA.
23. Click the **TCN** of the PA to view the detailed response information.

TAR Response			
TAR Control # : 0512345678	<b>24</b> P.I. : 0	Service # : 1	Response Date : 11162012
Recipient ID : 91234567A95001			
Submitting Provider : 1234567890		Patient Record # :	
Rendering Provider :			
Service Code : 00603448521			
Service Description : METHOCARBAMOL 500 MG TABLET			
From Date : 10162012		Thru Date : 12142012	
Quantity : 90 / Fill		Units : 2	
<b>25</b> Status :	Approved		
Service Code	Service Description	Total Units	
Action Reason List : <b>26</b>	Prior Authorization Approved		
<b>27</b> TAR Review Comments :			

The TAR Response page displays specific information regarding the adjudication of the PA.

- 24. The **P.I.** (pricing indicator) for the PA is crucial for submitting claims. Once the PA is approved, the pricing indicator becomes the 11<sup>th</sup> digit of the authorization number for claims.
- 25. The **Status** indicates the decision made by the Medi-Cal field office reviewer.
- 26. The **Action Reason List** field displays specific reasons why the PA service line was deferred, denied, or approved.
- 27. The **TAR Review Comments** field shows comments entered by the field office reviewer. If the field office asks for additional information, see Module F for instructions on updating a deferred PA.

Prior Authorization Inquiry

**TAR Response**

---

eTAR Pharmacy Tutor

TAR Control # :	P.I. :	Service # :	Response Date :
<b>0512345678</b>	<b>0</b>	<b>1</b>	<b>11162012</b>

---

Recipient ID :  
**91234567A95001**

---

Submitting Provider : <b>1234567890</b>	Patient Record # :
Rendering Provider :	
Service Code : <b>00603448521</b>	
Service Description : <b>METHOCARBAMOL 500 MG TABLET</b>	
From Date : <b>10162012</b>	Thru Date : <b>12142012</b>
Quantity : <b>90 / Fill</b>	Units : <b>0</b>
Status : <b>Approved</b>	

---

Service Code	Service Description	Total Units
		<b>0</b>

---

Action Reason List :  
**Prior Authorization Approved**

TAR Review Comments :

A PA that has been reversed (canceled) will appear in an inquiry as *Status – Approved with zero units*. A PA with paid claim that was canceled will show as *Status – Approved*, but with only the units paid on the PA.

# Module F. Update Deferred Prior Authorization



1. Click **Pharmacy** from the eTAR tab to proceed to the Prior Authorization Transaction page.

**NCPDP Version 5.1 Prior Authorization Transaction**

Select a Prior Authorization Transaction  
eTAR Pharmacy Tutorial

Service Provider ID: 0099097830  
Provider Name: COMMUNITY MEDICAL CLINIC  
Phone #: 9169204606  
Street/Mailing Address: 820 Stillwater Drive  
City: West Sacramento  
State: CA  
Zip Code: 956051630  
Transaction Code: P.A. Request Only  <sup>2</sup>  
 <sup>3</sup>

2. Use the **Transaction Code** drop-down list to select "P.A. Request Only" as the transaction type to request a new Prior Authorization (PA). \*Always required.
3. Click **Continue** to proceed to the Request Type Information page.

**NOTE:** The eTAR Pharmacy Tutorial is accessible from the upper right corner on all eTAR Pharmacy Web pages.

**Prior Authorization Request Transaction NCPDP 5.1**

Please Enter Request Type Information

\* Request Type:  4

\* Authorization Number (TCN):  5

\* Product/Service ID (NDC):  6

7

4. Use the **Request Type** drop-down list to select “Deferred”. \*Always required.  
**NOTE:** If the PA was deferred because of a request for attachment information, do not update the PA online. Upload or fax the attachments to update the deferred PA. See Module H for more information about submitting attachments.
5. Enter the **Authorization Number (TCN)** received when the PA was submitted.  
\*Always required.
6. Enter the **Product/Service ID (NDC)** requested for the deferred PA. Enter zero if updating a Compound Drug PA. \*Always required.
7. Click **Continue** to proceed to the Prior Authorization Summary page.

## Update Deferred Prior Authorization

Prior Authorization Summary NCPDP 5.1		
<b>Provider Information</b>		<b>Prior Authorization Information</b>
Service Provider ID	Authorization Number (TCN)	
1234567890	0512345678	
<b>Patient Information</b>		
Cardholder ID (Recipient ID)	Basis of Request (Special Handling)	
98765432A95001	Medical Exception (Exceeded Code 1 Restrictions)	
Patient Last Name	Patient First Name	
DOE	JANE	
Patient Phone Number	Patient Date of Birth	
(916) 123-4567	05/25/1956	
Patient Gender Code		
Female		
Primary Other Payer Reject Code (Medicare)	Secondary Other Payer Reject Code (OHC)	
Cardholder Last Name	Cardholder First Name	
Authorized Representative Last Name	Authorized Representative First Name	
Authorized Representative Street/Mailing Address		
Authorized Representative City	Authorized Representative State	Authorized Representative Zip Code
<b>Service Information</b>		<b>Patient Location</b>
Product/Service ID (NDC)	Home	
00603448521		
Number of Refills Authorized	Quantity Dispensed (Quantity)	
3	90.0	
Request Period Date-Begin (From Date)	Request Period Date-End (Thru Date)	
10/25/2012	10/25/2013	
Discharge Date	ICD-CM Type	Diagnosis Code (ICD-Code)
	ICD-9	728.85
Dispense As Written (DAW)/Product Selection Code (Pricing Override Request)		
No Product Selection		
<b>Prior Auth Supporting Documentation (500 characters accepted)</b>		
Contact Name: AYISHA C	Contact Phone Number: 9876543210	
% Variance: 0	Fax Number: 0123456789	
SIG: 1T PO TID		
Residence Status:		
Miscellaneous Information:		
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>		
<b>Patient assessment information for this Service</b>		
Measurement Value (Height)	Measurement Value (Weight)	
0 Inches	0 lbs	
ICD-CM Type	Diagnosis Code (ICD-Code)	
<b>Prescribing Physician Information</b>		
Prescriber ID (License ID)	Prescriber Last Name	
1234567891		
Prescriber Phone Number	Date Prescription Written	
	04/19/2012	
<span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">8</span> <input type="button" value="Edit Patient"/> <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">9</span> <input type="button" value="Edit Service"/> <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">10</span> <input type="button" value="Continue"/>		

8. Click **Edit Patient** to edit the Patient Information section.
9. Click **Edit Service** to edit the Service Information section.
10. Click **Continue** to proceed to the Attachment Information page after information on the PA is confirmed.

**Please Enter Attachment Information**  
NOTE: Prior Authorizations will be rejected if attachments are not received within the time stated below.

Attachment(s) Submission Options:

11  I will be uploading attachment(s) now.  
 I will be uploading attachment(s) within 1 hour.  
 I will be faxing attachment(s) within 1 hour.  
 I will not be submitting attachment (s).

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

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

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

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

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

12

11. Select the appropriate **Attachment(s) Submission Options** radio button. If required attachments are not received within the specified time, the PA may be deferred or denied.

12. Click **Submit** to submit the PA.

**NOTE:** There is a maximum of one hour to submit attachments. Failure to submit may result in the TAR being deferred or denied.

## Update Deferred Prior Authorization

Prior Authorization Response Information NCPDP 5.1	
13 Authorization Number	14 Product/Service ID (NDC)
0512345678	66794000225
15 Message/Additional Message Information	
Thank You! Your TAR has been successfully submitted. Prior Authorization Does Not Guarantee Claim Payment.	
<b>Provider Information</b>	
Submitting Provider	
0099897858	
<b>Service Information</b>	
Transaction Code	Transaction Response Status
P4	Captured
Prior Authorization Process Date	
11/26/2012	
<input type="button" value="Add Another Service to Same Patient"/> <input type="button" value="New PA"/>	

13. The **Authorization Number** indicates the PA update was submitted for review. The authorization number does not indicate the PA is approved, but verifies that the PA was submitted for review.
14. The **Product/Service ID (NDC)** indicates the NDC on the submitted PA.
15. The **Message/Additional Message Information** indicates that the PA update was successfully submitted or the reason the PA was rejected.

**NOTE:** The authorization number and Product/Service ID (NDC) must be used to check the status or reverse a PA.

<b>Provider Information</b>	
Submitting Provider	
0099897858	
<b>Service Information</b>	
Transaction Code	Transaction Response Status
P4	Captured
Prior Authorization Process Date	
11/26/2012	
Add Another Service to Same Patient	
New PA	

16. The **Submitting Provider** number indicates the submitting NPI.

17. The **Transaction Code** indicates the type of transaction selected:

- PA Reversal (P2)
- PA Inquiry (P3)
- PA Request Only (P4)

18. The **Transaction Response Status** indicates the status and description for a PA. The transaction response status is determined by the information submitted on the PA.

*Captured* – Indicates the service line was submitted correctly and has not yet been processed by the field office.

*Rejected* – Indicates the service line was not properly submitted because of the reason(s) listed in the Message/Additional Message Information field.

19. The **Prior Authorization Process Date** indicates the receipt date of the submitted PA.

20. Click **Add Another Service to Same Patient** to submit an additional NDC for authorization for the same recipient.

21. Click **New PA** to submit a new PA.



# Module G. Submit Reauthorization of a PA



1. Click the eTAR tab and select **Pharmacy** to proceed to the Prior Authorization Transaction page.

Submit Reauthorization of a PA

**NCPDP Version 5.1 Prior Authorization Transaction**

Select a Prior Authorization Transaction  
eTAR Pharmacy Tutorial

Service Provider ID: 0099097830  
Provider Name: COMMUNITY MEDICAL CLINIC  
Phone #: 9169204606  
Street/Mailing Address: 820 Stillwater Rd  
City: West Sacramento  
State: CA  
Zip Code: 956051630

Transaction Code: P.A. Request Only

2. Use the **Transaction Code** drop-down list to select "P.A. Request Only" as the transaction type to request a new Prior Authorization (PA). \*Always required.
3. Click **Continue** to proceed to the Request Type Information page.

**NOTE:** The eTAR pharmacy tutorial is accessible from the upper right corner on all eTAR Pharmacy web pages.

**Prior Authorization Request Transaction NCPDP 5.1**

Please Enter Request Type Information

\* Request Type:  4

\* Authorization Number (TCN):  5

\* Product/Service ID (NDC):  6

7

4. Use the **Request Type** drop-down list to select "Reauthorization". \*Always required.
5. Enter the **Authorization Number (TCN)** received when the PA was originally submitted. \*Always required.
6. Enter the **Product/Service ID (NDC)** from the original PA. Enter zero if submitting a reauthorization for a compound drug PA. \*Always required.
7. Select **Continue** to proceed to the PA Summary page.

## Submit Reauthorization of a PA

Prior Authorization Summary NCPDP 5.1		
<b>Provider Information</b>		<b>Prior Authorization Information</b>
Service Provider ID	Authorization Number (TCN)	
1234567890	0512345678	
<b>Patient Information</b>		<b>Basis of Request (Special Handling)</b>
Cardholder ID (Recipient ID)	Plan Requirement (6 Prescription Limit)	
91234567A95001		
Patient Last Name	Patient First Name	
DOE	JANE	
Patient Phone Number	Patient Date of Birth	
(916) 123-4567	05/25/1956	
Patient Gender Code		
Female		
Primary Other Payer Reject Code (Medicare)	Secondary Other Payer Reject Code (OHC)	
Cardholder Last Name	Cardholder First Name	
Authorized Representative Last Name	Authorized Representative First Name	
Authorized Representative Street/Mailing Address		
Authorized Representative City	Authorized Representative State	Authorized Representative Zip Code
<b>Service Information</b>		<b>Patient Location</b>
Product/Service ID (NDC)	Home	
00603448521		
Number of Refills Authorized	Quantity Dispensed (Quantity)	
0	90.0	
Request Period Date-Begin (From Date)	Request Period Date-End (Thru Date)	
10/16/2012	12/14/2012	
Discharge Date	ICD-CM Type	Diagnosis Code (ICD-Code)
	ICD-9	728.85
Dispense As Written (DAW)/Product Selection Code (Pricing Override Request)		
No Product Selection		
<b>Prior Auth Supporting Documentation (500 characters accepted)</b>		
Contact Name: AYISHA C	Contact Phone Number: 9876543210	
% Variance: 0	Fax Number: 0123456789	
SIG: 1T PO TID		
Residence Status:		
Miscellaneous Information:		
<b>Patient assessment information for this Service</b>		
Measurement Value (Height)	Measurement Value (Weight)	
0 Inches	0 lbs	
ICD-CM Type	Diagnosis Code (ICD-Code)	
<b>Prescribing Physician Information</b>		
Prescriber ID (License ID)	Prescriber Last Name	
1234567891		
Prescriber Phone Number	Date Prescription Written	
	04/19/2012	
<span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">8</span>		
<input type="button" value="Edit Patient"/> <input type="button" value="Edit Service"/> <input type="button" value="Continue"/>		

- Click **Edit Service** to update the “Number of Refills Authorized” and “Request Period Date-End (Thru Date)” for the reauthorization. If other information needs to be updated, a new PA must be submitted

**Pharmacy Service NCPDP 5.1**

Please Enter Pharmacy Information  
eTAR Pharmacy Tutorial

**Service Information**

\* Product/Service ID (NDC)  \* Patient Location (Place of Service)

\* Number of Refills Authorized  \* Quantity Prescribed (Quantity)

\* Request Period Date-Begin (From Date) (mmddyyyy)  \* Request Period Date-End (Thru Date) (mmddyyyy)

Discharge Date (mmddyyyy) \* ICD-CM Type  ICD-9  \* Diagnosis Code (ICD Code)(Decimal Required)

Dispense As Written (DAW)/ Product Selection Code (Pricing Override Request)

**Prior Auth Supporting Documentation (500 characters accepted)**

Contact Name:  Contact Phone Number:

% Variance:  % Fax Number:

SIG:

Residence Status:

Miscellaneous Information:

**Patient assessment information for this Service (Attachment A)**

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

Measurement Value (Height)	Measurement Value (Weight)
<input type="text" value="0"/> Inches	<input type="text" value="0"/> lbs.

Prescriber ID (License #)	Prescriber Last Name
<input type="text" value="1234567891"/>	<input type="text" value=""/>
Prescriber Phone Number	Date Prescription Written (Prescription Date) (mmddyyyy)
<input type="text" value=""/>	<input type="text" value="04192012"/>

- 9. New refills requested must be added in with the existing approved refills in the **Number of Refills Authorized** field.
- 10. Enter the extended thru dates of service in the **Request Period Date-End (Thru Date) (mmddyyyy)** field.
- 11. Enter additional details such as medical justification pertinent to the requested service in the **Miscellaneous Information** field.
- 12. Click **Continue** to return to the Prior Authorization Summary page.

## Submit Reauthorization of a PA

Prior Authorization Summary NCPDP 5.1		
<b>Provider Information</b>		<b>Prior Authorization Information</b>
Service Provider ID 1234567890		Authorization Number (TCN) 0512345678
<b>Patient Information</b>		
Cardholder ID (Recipient ID) 91234567A95001		Basis of Request (Special Handling) Plan Requirement (6 Prescription Limit)
Patient Last Name DOE		Patient First Name JANE
Patient Phone Number (916) 123-4567		Patient Date of Birth 05/25/1956
Patient Gender Code Female		
Primary Other Payer Reject Code (Medicare) Cardholder Last Name		Secondary Other Payer Reject Code (OHC) Cardholder First Name
Authorized Representative Last Name		Authorized Representative First Name
Authorized Representative Street/Mailing Address		
Authorized Representative City	Authorized Representative State	Authorized Representative Zip Code
<b>Service Information</b>		<b>Patient Location</b>
Product/Service ID (NDC) 00603448521		Home
Number of Refills Authorized 0		Quantity Dispensed (Quantity) 90.0
Request Period Date-Begin (From Date) 10/16/2012		Request Period Date-End (Thru Date) 12/14/2012
Discharge Date	ICD-CM Type ICD-9	Diagnosis Code (ICD-Code) 728.85
Dispense As Written (DAW)/Product Selection Code (Pricing Override Request) No Product Selection		
<b>Prior Auth Supporting Documentation (500 characters accepted)</b>		
Contact Name: AYISHA C		Contact Phone Number: 9876543210
% Variance: 0		Fax Number: 0123456789
SIG: 1T PO TID		
Residence Status:		
Miscellaneous Information:		
<div style="border: 1px solid black; height: 80px;"></div>		
<b>Patient assessment information for this Service</b>		
Measurement Value (Height) 0 Inches		Measurement Value (Weight) 0 lbs
ICD-CM Type	Diagnosis Code (ICD-Code)	
<b>Prescribing Physician Information</b>		
Prescriber ID (License ID) 1234567891		Prescriber Last Name
Prescriber Phone Number		Date Prescription Written 04/19/2012
<input type="button" value="Edit Patient"/> <input type="button" value="Edit Service"/> <input type="button" value="Continue"/>		13

13. Click **Continue** to proceed to the Attachment Information page.

**Please Enter Attachment Information**  
NOTE: Prior Authorizations will be rejected if attachments are not received within the time stated below.

Attachment(s) Submission Options:

14  I will be uploading attachment(s) now.  
 I will be uploading attachment(s) within 1 hour.  
 I will be faxing attachment(s) within 1 hour.  
 I will not be submitting attachment (s).

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

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

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

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

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

15

14. Click the **Attachment(s) Submission Options** radio button that reflects how and when the attachments will be submitted. If required attachments are not received within the specified time, the PA may be deferred or denied.

15. Click **Submit** to submit the PA.

## Submit Reauthorization of a PA

Prior Authorization Response Information NCPDP 5.1	
16 Authorization Number	17 Product/Service ID (NDC)
0512345678	66794000225
18 Message/Additional Message Information	
Thank You! Your TAR has been successfully submitted. Prior Authorization Does Not Guarantee Claim Payment.	
Provider Information	
Submitting Provider	
19 0099897858	
Service Information	
Transaction Code	Transaction Response Status
P4	Captured
Prior Authorization Process Date	
11/26/2012	
<input type="button" value="Add Another Service to Same Patient"/> <input type="button" value="New PA"/>	

16. The **Authorization Number** is used to verify that the PA reauthorization was submitted for processing. The authorization number does not mean the PA is approved, but verifies that the PA reauthorization was submitted for review.
17. The **Product/Service ID (NDC)** indicates the requested NDC for the PA reauthorization.
18. **Message/Additional Message Information** indicates the PA reauthorization was successfully submitted or the reason the PA was rejected.
19. The **Submitting Provider** number indicates the submitting NPI.

**NOTE:** The authorization number and Product/Service ID must be used to check the status or reverse a PA.

<b>Provider Information</b>	
Submitting Provider 0099897858	
<b>Service Information</b>	
Transaction Code	Transaction Response Status
P4	Captured
Prior Authorization Process Date	
11/26/2012	
Add Another Service to Same Patient	
New PA	

20. The type of **Transaction Code** selected from the previous page is listed in this field.
21. The **Transaction Response Status** shows the status and description for each PA. The transaction response status is determined by the information submitted on the PA.
- *Captured* – Indicates the service line was submitted correctly and has not been processed by the field office.
  - *Rejected* – Indicates the service line was not properly submitted because of the reason(s) listed in the Message/Additional Message Information field.
22. The **Prior Authorization Process Date** confirms the receipt date of the submitted PA.
23. Click **Add Another Service to Same Patient** to submit an additional NDC for authorization for the same recipient.
24. Click **New PA** to submit a new PA.



# Module H. Submit Attachments

## Section 1. Upload Attachments

  
NCPDP

- > Pharmacy Online TAR
- > eTAR Pharmacy Tutorial
- > All Other TAR Services
- > **Attachment 1**
- > Code Search

**NCPDP Version 5.1 Prior Authorization Transaction**

Select a Prior Authorization Transaction  
eTAR Pharmacy Tutorial

Service Provider ID: 0099097830  
Provider Name: COMMUNITY MEDICAL CLINIC  
Phone #: 9169204606  
Street/Mailing Address: 820 Stillwater Drive  
City: West Sacramento  
State: CA  
Zip Code: 956051630  
Transaction Code: P.A. Request Only

1. Click **Attachments** from the NCPDP menu.

**PRIOR AUTHORIZATION REQUEST TRANSACTION NCPDP 5.1**

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

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

2

2. Click **Continue** to begin attaching files.

* TCN:	<input type="text" value="0512345678"/>	FAX Number:	<input type="text"/>
Provider ID:	<input type="text" value="0099097830"/>	* Recipient ID:	<input type="text" value="98765432A95001"/>
Provider Cntl Nbr:	<input type="text"/>		

Medi-Cal recommends that image attachments be grayscale, between 150 and 300 DPI  
Medi-Cal only accepts attachments with the following file extensions:  
.jpg, .jpeg, .gif, .png, .tif, .tiff, .bmp, .pdf, .txt

Enter the file name(s) to upload

<input type="text"/>	<input type="button" value="Browse..."/>

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

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

Online attachments must be uploaded in either .jpg, .jpeg, .gif, .png, .tif, .tiff, .bmp, .pdf, or .txt to be accepted by Medi-Cal. Attachments may not exceed more than 20MB combined. Medi-Cal recommends that image attachments be grayscale.

3. Enter the TAR Control Number (**TCN**) assigned by the system when the PA was successfully submitted. \*Always required.
4. Enter the **Recipient ID#** submitted on the PA. \*Always required.

Submit Attachments

* TCN:	<input type="text" value="0512345678"/>	FAX Number:	<input type="text"/>
Provider ID:	<input type="text" value="0099097830"/>	* Recipient ID:	<input type="text" value="98765432A95001"/>
Provider Cntl Nbr:	<input type="text"/>		

Medi-Cal recommends that image attachments be grayscale, between 150 and 300 DPI  
Medi-Cal only accepts attachments with the following file extensions:  
.jpg, .jpeg, .gif, .png, .tif, .tiff, .bmp, .pdf, .txt

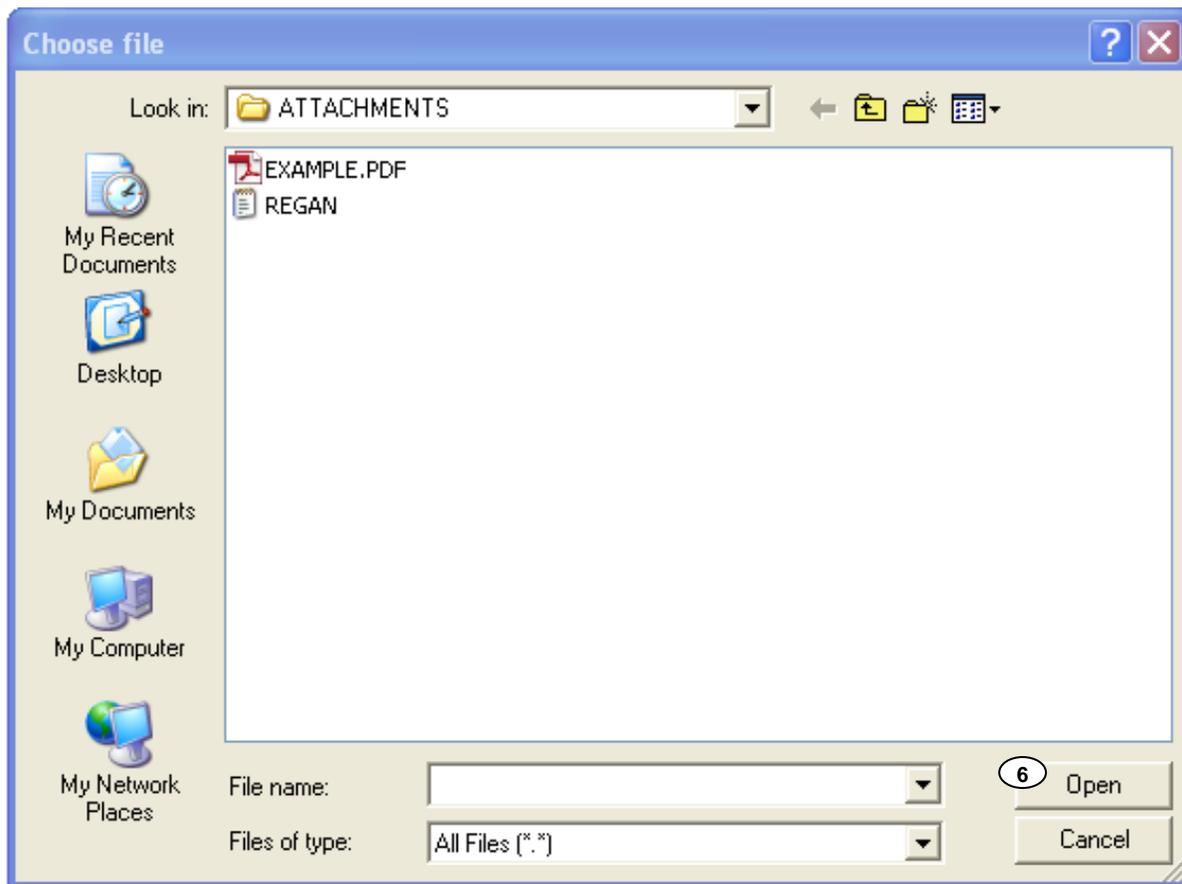
Enter the file name(s) to upload

<input type="text"/>	<b>5</b> <input type="button" value="Browse..."/>
<input type="text"/>	<input type="button" value="Browse..."/>
<input type="text"/>	<input type="button" value="Browse..."/>
<input type="text"/>	<input type="button" value="Browse..."/>
<input type="text"/>	<input type="button" value="Browse..."/>
<input type="text"/>	<input type="button" value="Browse..."/>
<input type="text"/>	<input type="button" value="Browse..."/>
<input type="text"/>	<input type="button" value="Browse..."/>
<input type="text"/>	<input type="button" value="Browse..."/>
<input type="text"/>	<input type="button" value="Browse..."/>
<input type="text"/>	<input type="button" value="Browse..."/>
<input type="text"/>	<input type="button" value="Browse..."/>

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

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

- 5. Click **Browse** to locate files to attach.



Select the file to upload.

6. Click **Open** to upload the file.

Submit Attachments

* TCN:	<input type="text" value="0512345678"/>	FAX Number:	<input type="text"/>
Provider ID:	<input type="text" value="0099097830"/>	* Recipient ID:	<input type="text" value="98765432A95001"/>
Provider Cntl Nbr:	<input type="text"/>		

Medi-Cal recommends that image attachments be grayscale, between 150 and 300 DPI  
Medi-Cal only accepts attachments with the following file extensions:  
.jpg, .jpeg, .gif, .png, .tif, .tiff, .bmp, .pdf, .txt

Enter the file name(s) to upload

<input type="text" value="C:\Documents and Settings\Desktop\ATTACHMENTS\EXAMPLI"/>	<input type="button" value="Browse..."/>
<input type="text"/>	<input type="button" value="Browse..."/>

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

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

7. Click **Upload Files** to submit attachments.

**NOTE:** All uploaded files will be associated with the TCN entered in step 3.

8. Click **Reset** to clear the file fields for the PA.

## TAR Attachment Upload Status

eTAR Medical Tutorials  
eTAR Pharmacy Tutorial

Thank you for uploading your TAR attachment(s) for TCN 0512345678  
The attachment was saved successfully.

Please verify the following information about your attachment file(s);  
D:\Documents and Settings\Desktop\ATTACHMENT\REGAN.txt  
Your tracking number is: 7654260

Start time ==> 2012.11.26 at 11:43:10 PST  
End time ==> 2012.11.26 at 11:43:11 PST  
Total time ==> 0 seconds.

[9 Return to TAR Menu](#)

[10 Return to Pharmacy Online TAR](#)

9. Click **Return to TAR Menu** to return to the TAR main menu. If uploading an attachment for another PA, start the upload procedure again. Do not use the Back button on the Web browser from this page, attachments uploaded after clicking Back may not upload to the PA.
10. Click **Return to Pharmacy Online TAR** to navigate back to the Prior Authorization Transaction menu.

## Section 2. Fax Attachment Form

The purpose of the *Treatment Authorization Request – Attachment Form* (TAR 3) is to submit attachments for eTAR by fax.

**Important:** The *TAR 3 Attachment Form* may be ordered by calling TSC at 1-800-541-5555 and following the eTAR prompts. The *TAR 3 Attachment Form* may also be downloaded from the eTAR tab in the Transactions Services menu. Use this form as the cover sheet for all faxed attachments. Do not use any other cover sheet.

TAR Attachment Form

TREATMENT AUTHORIZATION REQUEST - ATTACHMENT FORM  
STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES

INTERNAL CONTROL NUMBER - FI USE ONLY

3

CONFIDENTIAL PATIENT INFORMATION      PLEASE TYPE INFORMATION

**PART I: PROVIDER INFORMATION**

1 SUBMITTING PROVIDER #	2 PATIENT RECORD #	3 PROVIDER PHONE #	4 PROVIDER FAX #
<input style="width: 100%;" type="text"/>			
5 PROVIDER NAME			10 MEDICARE CERTIFIED
<input style="width: 100%;" type="text"/>			<input type="checkbox"/>
6 PROVIDER STREET/MAILING ADDRESS		11 PROVIDER CONTACT NAME	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
7 CITY	8 STATE	9 ZIP CODE	12 PROVIDER CONTACT PHONE #
<input style="width: 100%;" type="text"/>	CA	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
13 ORIGINAL TAR NUMBER	14 UPDATE RSN	15 SPCL HNDLG	16 RETRO RSN
<input style="width: 100%;" type="text"/>			
17 RETRO DATE			
<input style="width: 100%;" type="text"/>			

**PART II: PATIENT INFORMATION**

31 MEDI-CAL IDENTIFICATION NUMBER	32 PATIENT NAME, LAST	33 FIRST	34 SEX	35 RES STAT	36 WRC
<input style="width: 100%;" type="text"/>					

TO THE BEST OF MY KNOWLEDGE, THE ABOVE IS TRUE, ACCURATE, AND COMPLETE AND THE REQUESTED SERVICES ARE MEDICALLY INDICATED AND NECESSARY TO THE HEALTH OF THE PATIENT.

<b>SIGNATURE OF PHYSICIAN OR PROVIDER</b>	<b>DATE</b>
<input style="width: 100%; height: 20px;" type="text" value="X"/>	<input style="width: 100%; height: 20px;" type="text"/>

Note: AUTHORIZATION DOES NOT GUARANTEE PAYMENT. PAYMENT IS SUBJECT TO PATIENT'S ELIGIBILITY. BE SURE THE PATIENT'S ELIGIBILITY IS CURRENT BEFORE RENDERING SERVICE.

CONFIDENTIALITY NOTICE: This fax transmission is for the sole use of the intended recipient and may contain confidential and privileged information. Any unauthorized review or use, including disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender and destroy all copies of the fax transmission.

TAR Attachment Form

**TREATMENT AUTHORIZATION REQUEST - ATTACHMENT FORM**  
STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES

INTERNAL CONTROL NUMBER - FI USE ONLY

3

CONFIDENTIAL PATIENT INFORMATION      PLEASE TYPE INFORMATION

**PART I: PROVIDER INFORMATION**

<b>1</b> SUBMITTING PROVIDER #	<b>2</b> PATIENT RECORD #	<b>2</b> PROVIDER PHONE #	<b>3</b> PROVIDER FAX #
<b>4</b> PROVIDER NAME	10 MEDICARE CERTIFIED <input type="checkbox"/>		
<b>5</b> PROVIDER STREET/MAILING ADDRESS		11 PROVIDER CONTACT NAME	
<b>6</b> CITY	<b>7</b> STATE	<b>8</b> ZIP CODE	12 PROVIDER CONTACT PHONE #
<b>9</b> ORIGINAL TAR NUMBER	14 UPDATE RSN	15 SPCL HNDLG	16 RETRO RSN
			17 RETRO DATE

The following fields are required. Type or print neatly.

1. Enter the **Submitting Provider #**. This number must match the NPI used to submit the PA.
2. Enter the **Provider Phone #**.
3. Enter the **Provider Fax #** where a response or acknowledgement can be sent.
4. Enter the **Provider Name** of the submitting provider.
5. Enter the **Provider Street/Mailing Address**.
6. Enter the **City**.
7. Enter the **State**.
8. Enter the **ZIP Code**.
9. Enter the **Original TAR Number** associated with the attachments being submitted. The number assigned must be the TCN created on the PA.

<b>PART II: PATIENT INFORMATION</b>					
31 MEDI-CAL IDENTIFICATION NUMBER	32 PATIENT NAME, LAST	33 FIRST	34 SEX	35 RES STAT	36 WRC
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p>TO THE BEST OF MY KNOWLEDGE, THE ABOVE IS TRUE, ACCURATE, AND COMPLETE AND THE REQUESTED SERVICES ARE MEDICALLY INDICATED AND NECESSARY TO THE HEALTH OF THE PATIENT.</p>					
<b>SIGNATURE OF PHYSICIAN OR PROVIDER</b>				<b>DATE</b>	
<p>11 <input type="text"/></p>				<p>12 <input type="text"/></p>	

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

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

**NOTE:** Due to the Internet/POS Network Agreement form submitted, the person completing the PA can provide this signature.

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



13. The *TAR 3 Attachment Form* can be downloaded by accessing the eTAR tab on the Transaction Services menu.

**Use the completed *TAR 3 Attachment Form* as the fax cover sheet.**

**Fax all eTAR attachments to:  
1-877-270-8779**

**From outside California fax to:  
916-384-9000**



Complete the *TAR 3 Attachment Form* clearly. Illegible or incomplete submissions will delay the adjudication of the PA. If the information on the attachment form does not match the information submitted on the PA, the PA may be deferred or denied for lack of attachments.

**NOTE:**

- ◆ When faxing attachments for multiple TCNs, submit all attachments for each TCN as its own fax. The fax system does not differentiate attachments for different authorization numbers sent together in one fax.
- ◆ It is important to turn off batching function options or automatic coversheet options for the fax machines used.

# Module I. Using Code Search

**MEDI-CAL**  
Serving California Since 1966

**NCPDP**

- ⇒ Pharmacy Online TAR
- ⇒ eTAR Pharmacy Tutorial
- ⇒ All Other TAR Services
- ⇒ Attachment
- ⇒ **Code Search 1**

**Patient Information NCPDP 5.1**

Please Enter Patient Information

\* Cardholder ID (Recipient ID #)

Basis of Request (Special Handling)  
Plan Requirement (No Special Handling)

---

\* Patient Last Name  \* Patient First Name

Patient Phone Number  \*Patient Date of Birth (mmddyyyy)  \* Patient Gender Code  Female  Male

1. Click **Code Search** from the NCPDP menu.

[eTAR Medical Tutorials](#)

## Code Search

2 Please choose the type of code to search for:

Procedure  Modifier  Accommodation  Level of Care

Diagnosis ICD-9  Diagnosis ICD-10  Functional Limits  Medical Status

Get Service Category from Service Code

3 Please choose the type of search:

Search by Description

Search by Code

4 Please enter text to search for:

5 Search

2. Select the appropriate type of code to search for from the radio buttons listed under **Please choose the type of code to search for.**

**NOTE:** Click the circular **Diagnosis ICD-9** or **Diagnosis ICD-10** radio button as appropriate when searching for ICD codes.

3. Under **Please choose the type of search:**
  - Click the circular **Search by Description** radio button if the ICD code is unknown
  - Click the circular **Search by Code** radio button if the code is known
4. Enter the description or code in the **Please enter text to search for** field.
5. Click **Search** to complete the search function.

## Code Search List

Code	6	Description
428.31		ACUTE DIASTOLIC HEART FAILURE
428.23		ACUTE ON CHRONIC SYSTOLIC HEART FAILURE
428.21		ACUTE SYSTOLIC HEART FAILURE
428.22		CHRONIC SYSTOLIC HEART FAILURE
428.0		CONGESTIVE HEART FAILURE UNSPEC
428.		HEART FAILURE
428.9		HEART FAILURE NOS
428.1		LEFT HEART FAILURE
398.91		RHEUMATIC HEART FAILURE
428.30		UNSPECIFIED DIASTOLIC HEART FAILURE
428.20		UNSPECIFIED SYSTOLIC HEART FAILURE

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

