Introduction

Training Policy

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

The Medi-Cal provider manual contains the most current program, policy and claims information. The provider manuals are updated monthly and accessible on the Medi-Cal website (www.medi-cal.ca.gov).
Purpose and Objectives

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

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

- Access the Medi-Cal website (www.medi-cal.ca.gov).
- Login to the Transaction Services menu.
- Access the TAR menu.
- Create, update and inquire eTARs.
- Add, change and make corrections to eTARs.
- Reauthorize and defer eTARs.
- Upload TAR attachments.
- View TAR responses.
- Conduct code searches.

General Guidelines

- An asterisk symbol (*) indicates that this is a required field.
- A downward arrow next to a field means there is a dropdown that will allow the user to choose from existing options.
- Decimal points are required when indicated.
- Verify the cursor is located in a field before using the backspace key to delete a character.
- Dates must be entered with a two-digit month, two-digit date and four-digit year (mmddyyyy) (for example, June 10, 2018 is 06102018).
- Do not click the “Back” option from the internet browser while submitting an eTAR.
- The eTAR Medical Tutorials link is accessible from the upper right corner on all eTAR Medical webpages.
- If a window does not appear and the fax attachments option is selected, there may be a pop-up blocker activated.
- Enter a rendering provider number to allow another provider to inquire on eTAR service information.
- Providers should confirm recipient eligibility prior to submitting a TAR.

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

Accessing the TAR Menu

1. To access the Medi-Cal website, enter www.medi-cal.ca.gov in the browser address bar. To ensure that all customer data transmitted over the internet remains confidential, the Department of Health Care Services (DHCS) and the California MMIS Fiscal Intermediary have instituted electronic security measures using industry-standard encryption technology, including:
   - Authentication: Requiring users to enter ID and password
   - Secure Socket Layer (SSL) technology: Online two-way data encryption

2. Click Transactions tab from the Medi-Cal home page (www.medi-cal.ca.gov). You will be directed to the Transaction Services login page.

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

NOTE: TAR web pages do not have numbered fields.
Transaction Services Login Screen

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

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

5. Click **Submit**. You are now logged in.

**NOTE:** If you do not have access to Transaction Services, you will get a message stating, “You have not signed up to access Medi-Cal Transaction Services.” Providers must complete a *Medi-Cal Point of Service (POS) Network/Internet Agreement* form first in order to access Transaction Services. Locate this form by clicking the “Transaction Enrollment Requirements” hyperlink. Applications must be submitted to the California MMIS Fiscal Intermediary and typically take two to three weeks to process.

Forms can also be located on the Medi-Cal home page ([www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)) under the **Featured Links** tab. Complete, print and mail to the address on the form.

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

6. Once you have logged in, you will see the Transaction Services web page. Select the eTAR tab.
Creating a New TAR

Create a New TAR

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

7. Select Medical Services from the Transaction Services menu to be directed to the TAR Menu.
8. Select the **Create a New TAR** link to initiate an eTAR.
TAR Provider Address Selection

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

If the NPI being used has multiple addresses associated with it, the Provider Address Selection Options screen will appear. Use the **Provider Type(s)** column to select the address where services will be rendered. If you do not have multiple NPIs, you will not see this screen.

**NOTE:** Do not click the “Back” option from the internet browser when using the eTAR transaction function.

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**NOTE:** TAR web pages do not have numbered fields.
1. The **Submitting Provider #** used to log in to Transaction Services will automatically populate. If a TAR needs to be submitted under a different provider number, log out and log in using the correct provider number.

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

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

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

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

**NOTE:** TAR web pages do not have numbered fields.
Provider Information (Cont.)

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

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

7. Enter the Contact Extension of the contact person.

8. Click Continue.
Provider Information (Cont.)

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

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

**NOTE:** If you are not a vision provider, you will not receive an AR via fax.
Patient Information

Please Enter Patient Information

1. Recipient ID #
2. Patient Record #
3. Special Handling

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

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

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

   - **6 Prescription Limit** – Select when the recipient has exceeded their six prescription limit for the month, thus requiring authorization.
   - **ADHC Regional Centers** – Select when Community-Based Adult Services (CBAS) are being requested.
   - **Beneficiary Exempt from Hearing Aid Cap** – Select when the maximum hearing aid cap has been met and the beneficiary meets the criteria of those who are excluded from the cap.
   - **Breast and Cervical Cancer Treatment Program (BCCTP)** – Select this special handling option when the Breast and Cervical Cancer Treatment Program (BCCTP) applies.
   - **CCT – California Community Transitions** – Select this special handling option when the California Community Transitions (CCT) program applies.
   - **CHDTP** – Select this special handling option when the specialized Child Health Disability and Treatment Program (CHDTP) applies.
   - **Cannot Bill Direct, TAR is Required** – Select this special handling option when the service cannot be claimed direct and requires a TAR in order to submit a claim.
   - **Charpentier** – Select this special handling option when submitting claims using the special rules of Medicare or Medi-Cal Charpentier program.
   - ** Concurrent Review – Fax** – Currently not used.
   - ** Concurrent Review – Onsite** – Currently not used.
Patient Information (Cont.)

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

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

- **EMR** – Approved access

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Patient Information (Cont.)

- **ICF-DD Clinical Assurance Review** – This special handling option is selected for authorization to an Intermediate Care Facility for the Developmentally Disabled (ICF-DD).
- **IHO** – This special handling option is selected for an evaluation and possible authorization for case management with the In-Home Operations (IHO) program.
- **MCM** – Obsolete after April 30, 2011 – Currently not used.
- **Out-of-State Acute Day Hospitalization** – This special handling option is selected when requesting acute day hospitalization outside the state of California.
- **Podiatry** – Select this special handling option for Podiatry services.
- **Services is a non-benefit and no TAR requirement on procedure file – REVIEW** – Select this special handling option when the service being requested is a non-benefit and does not require a TAR but is needed by the patient and must be authorized.
- **Service/Product Exempt from Hearing Aid Cap** – Select this special handling option when a hearing aid service/product is excluded from the hearing aid cap.
- **Step Therapy Exemption** – This special handling option is selected when the TAR meets exemption from step therapy requirements.
- **Transfer** – Select this special handling option when moving a patient from one nursing facility to another.
- **Transplant Related Service**
- **Usage is for Non-Standard Diagnosis** – This special handling option is selected when a non-standard diagnosis applies.
- **Valdivia** – Select this special handling option for services that are in excess of those provided normally to a nursing facility patient.
- **Voluntary Inpatient Detoxification**

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

4. Enter the Patient's Last Name. *Required Field.
5. Enter the Patient's First Name. *Required Field.
6. Enter the patient's Phone #.
7. Enter the patient's Date of Birth (mmddyyyy). *Required Field.
8. Select the Male or Female radio button to indicate the patient's gender. *Required Field.
9. Select the Work Related? radio button to indicate if service is work related. *Required Field.
10. Use the Residence Status dropdown to select the residential status that currently applies to this patient.
11. Use the Medicare Denial Reason dropdown to select the reason the service requested is not covered by Medicare. *Required Field.
12. Enter a Medicare/OHC Denial Date (mmddyyyy) if Medicare or Other Health Care Coverage (OHC) has denied this service. If Medicare Denial Reason is entered, this field is required.
13. Use the OHC Denial Reason dropdown to select the patient's other healthcare coverage status type. *Required Field.

NOTE: TAR web pages do not have numbered fields.
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The **Mother/Transplant Recipient Providing Medi-Cal Eligibility** section is used when submitting a TAR for a newborn using the mother’s Medi-Cal eligibility or when an organ transplant donor is using the transplant recipient’s Medi-Cal eligibility.

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

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

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

17. Click the **Male** or **Female** radio button to indicate the newborn’s mother’s gender or the transplant recipient’s gender.
Use the **Patient's Authorized Representative** section if the eTAR is for a Medi-Cal recipient (patient) who is under guardianship/conservatorship. All fields must be completed in this section to ensure the Patient's Authorized Representative will receive all relevant correspondence concerning the patient.

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

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

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

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

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

23. Click **Continue** to proceed to the TAR Services menu.
Select Service Category

There are three different ways to add the Service Category.

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

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

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

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

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

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

**NOTE:** This screen will not appear if only one service code appears.

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

6. Enter up to four **Modifiers**, if applicable. If unknown, click the **Modifiers** hyperlink to access Code Search. See the Code Search section of this User Guide for more information on Code Search.

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

**NOTE:** TAR web pages do not have numbered fields.
7. Enter the **From Date** (mmddyyyy) to indicate the start of service date. If request is retroactive, enter the actual dates of service. If request is planned, enter the range of dates during which services will be provided.

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

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

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

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

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

12. **Enter Miscellaneous TAR Information** with additional treatment details and medical justification pertinent to the requested service.
13. Enter current medical status codes which describe the patient’s condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, click the **Medical Status** hyperlink to access Code Search. See the Code Search section of this User Guide for more information on Code Search. See Appendix A for a list of medical status codes. *Required Field.

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

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

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

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

17. Enter a treatment and history summary for the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable.** (255 characters accepted) field.
18. Enter the **Physician Prescription** instructions using the exact wording written on the prescription. *Required Field.

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

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

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

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

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

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

**NOTE:** When selecting **Another Service, Same Category**, up to 99 service lines may be added.
1. Select **TAR Summary** to review, confirm or correct all information entered on the eTAR.
Verifying Information

Verify and correct all information before submitting the TAR.

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

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

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

5. Click **Cancel This Service** to cancel the service.
6. Click **Update Attachment A** to return to a specific page to add or edit previously submitted information.

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

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

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

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Submit TAR

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

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

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

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

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

**Or**

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

**NOTE:** TAR web pages do not have numbered fields.
4. Click **OK** to print a copy of the *TAR 3 Attachment Form*. Confirm all information on the eTAR request is correct prior to printing the form. Neglecting to do so may cause the eTAR to be deferred or denied.

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

**NOTE:** If a window does not appear when the fax attachments option is selected, a pop-up blocker may be active.
All required fields are populated automatically using the information provided in the eTAR application. Editing of the **TAR 3 Attachment Form** is possible prior to printing the document. See the TAR 3 Attachment Form section of this User Guide for additional information and instructions regarding the **TAR 3 Attachment Form**.

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

Mail attachments to:

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

**NOTE:** Overnight and/or FedEx delivery are not accepted.
6. A TAR Control Number (TCN) acknowledges the submission of the TAR for processing. It is important to retain the TCN similar to EVC number that confirms the transmission and can be used should you need to update or inquire on the TAR.

**NOTE:** The “In Review” status verifies that the TAR was submitted for review. Once the TAR is approved, the Pricing Indicator (PI) becomes the 11th digit of the TCN that is used when submitting claims.

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

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

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

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

**NOTE:** “In Review” indicates the service line was submitted successfully.
Rejecting a TAR

Rejected TAR

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

To correct and resubmit, the service line must be updated. This is the only place where you will see why a service has been rejected.

See the Updating an Existing TAR section of this User Guide for information on updating TAR services.

NOTE: TAR web pages do not have numbered fields.
Updating an Existing TAR

Update TAR

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

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

Denied or cancelled TAR services cannot be updated. Update attempts made to a denied or cancelled TAR service will be rejected by the system.
2. The **Original Submitting Provider** number used to log into Transaction Services will automatically populate. If a TAR needs to be submitted using a different provider number, log out of Transaction Services and log in using the correct provider number. *Required Field.

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

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

5. Use the **Update Reason** dropdown to select the reason for the update. *Required Field.
   - **Add Service** – Used to add additional service lines to a previously submitted TAR. Do not use this update reason to request additional units.
   - **Aid Paid Pending** – Currently not used.
   - **Cancel Individual Service(s)** – Used to cancel specific service line(s) on a previously submitted eTAR. Once a service is cancelled, it cannot be updated.
   - **Cancel TAR** – Used to cancel all services on a previously submitted or approved eTAR. Once an eTAR is cancelled, it cannot be updated.
   - **Change in Service** – Used to update service information on an In Review, Approved or Modified eTAR. This information includes units, procedure codes, dates of service, and diagnosis information. If the service lines have had claims submitted successfully, the only fields that may be updated are units and dates. Do not use this update reason to request an extension of service; the Reauthorization update reason must be used.
   - **Correct Recipient ID** – Recipient information may only be changed with this update reason. Recipient ID cannot be changed if any units on any service on the TAR have been used.

**NOTE:** TAR web pages do not have numbered fields.
- **Reauthorization** – Used to request additional units/days/length of care on a previously Approved or Modified eTAR. The only fields that may be updated are the units, thru date, and Miscellaneous TAR Information.
- **Submit Freeform Attachments** – Do not use. Refer to Submit Attachment section in this User Guide for more information.
- **Update Deferred Service** – Used to update service information for a Deferred TAR.
- **Update Rejected Service** – Used to update service information for a Rejected TAR.

6. Click **Update TAR** to continue updating the eTAR.
Add Service Update Reason Code

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

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

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

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

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

**NOTE:** Do not use this update reason to request additional units.
5. Select **Services** at the bottom of the TAR Summary page to add service line(s) to the TAR.
Service Code Search

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

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

NOTE: TAR web pages do not have numbered fields.
Cancel Individual Service(s) Update Reason Code

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

1. Enter the **Original Recipient ID #** submitted on the eTAR. *Required Field.
2. Enter the **Original TAR #** that was assigned by the system when the eTAR was successfully submitted. *Required Field.
3. Use the **Update Reason** dropdown to select *Cancel Individual Service(s)*. *Required Field.
4. Click **Update TAR** to cancel a service on the existing eTAR.

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

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

**NOTE:** TAR web pages do not have numbered fields.
After selecting **Cancel This Service**, the service line info page will appear. All fields are disabled when the Cancel Individual Service(s) update reason code is selected. If the update reason code is changed, the fields will become editable.

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

NOTE: TAR web pages do not have numbered fields.
8. Select **I will not be submitting attachment(s)** under the **Attachment(s) Submission Option** heading. No attachments are required when canceling a service line.

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

**Or**

10. Click **Return to Summary** to return to the TAR Summary page for further review. The TAR service line(s) has not been cancelled until you have completed the process by selecting **Continue**.
11. If the service line **Status** is “In Review,” the service line is cancelled. Only the cancelled service line(s) will display on this page. See the Update Rejected Service section in this User if the status is rejected.

**NOTE:** TAR web pages do not have numbered fields.
Cancel TAR Update Reason Code

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

1. Enter the **Original Recipient ID #** submitted on the TAR. *Required Field.
2. Enter the **Original TAR #** that was assigned by the system when the TAR was successfully submitted. *Required Field.
3. Use the **Update Reason** dropdown to select **Cancel TAR**. *Required Field.
4. Click **Update TAR** to proceed with the cancellation of an existing TAR.

**NOTE:** TAR web pages do not have numbered fields.
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5. Both the **Cancel TAR** and **Submit TAR** at the bottom of the TAR Summary screen will continue the cancellation of the TAR. When the Cancel TAR update reason code is selected, all buttons will be disabled/grayed out, except for the Cancel TAR and Submit TAR buttons.

**NOTE:** TAR web pages do not have numbered fields.
6. Select **OK** to cancel the TAR.

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

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

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7. Once you have clicked **OK** to confirm Cancel TAR from the previous screen, a confirmation screen will appear stating, **Thank you! Your TAR has been cancelled as requested.**

*Prior Authorization Does Not Guarantee Claim Payment.*

**NOTE:** When cancelling an entire TAR, no service lines will display on this page.
Change in Service Update Reason Code

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

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

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

**NOTE:** TAR web pages do not have numbered fields.
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5. **Select Update This Service** next to the service to be changed.
Make updates to the selected service line. At least one field must be changed/updated. If the service line had previous claims submitted successfully, the only fields that can be altered are units and dates.

6. Click **Continue**.
7. Click **Submit TAR** to continue updating the service.
8. Select the appropriate Attachment(s) Submission Option radio button. Upload, fax or email attachments appropriate for the updated service only.

9. Click Continue to submit the eTAR for review.

Or

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

NOTE: TARs will be deferred or denied if attachments are not received within the time stated.
11. If the service line **Status** reflects "In Review," the request has been successfully updated.
Correct Recipient ID Update Reason Code

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

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

1. Enter the Original Recipient ID # submitted on the TAR. *Required Field.
2. Enter the Original TAR # that was assigned by the system when the TAR was successfully submitted. *Required Field.
3. Use the Update Reason dropdown to select Correct Recipient ID. *Required Field.
4. Click Update TAR to correct the recipient ID on the existing TAR.
5. Select **Update Patient Information** or **Patient** to update the Recipient ID.

**NOTE:** TAR web pages do not have numbered fields.
6. Update the **Recipient ID** as necessary. Additional Recipient information may also be updated as needed in conjunction with the Recipient ID.

7. Click **Continue**.

**NOTE:** Recipient information may only be changed using this specific update reason.
8. Click **Submit TAR** to continue to correct the Recipient ID.

**NOTE:** TAR web pages do not have numbered fields.
9. Select the appropriate **Attachment(s) Submission Option** radio button.

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

**Or**

11. Click **Return to Summary** to return to the TAR Summary screen.
12. The TAR display will reflect the updated recipient information. No service information will be displayed.

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

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

- The reject reason is due to prior TAR being “denied,” you will need to request an Appeal TAR.
- The reject reason is due to failure to update a deferred TAR within the required 30-day timeframe. You must submit a new TAR.
- The reject reason is due to “TAR not required.” You must use a “Special Handling Code” appropriate for the rejected service.
Reauthorization Update Reason Code

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

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

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

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

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5. Click **Update This Service** next to the service that needs to be reauthorized.
6. In the **Total Units** field, enter the total number of units being requested. New units are added to the existing approved units to reflect the new total number of units being requested. For example, Add 2 units to the previously approved 1 unit. Enter 3 for the Total Units.

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

8. Select **Continue**.

**NOTE:** Services related to LTC do not have a Total Units field to accumulate units. For this provider type only the **Thru Date** and **Enter Miscellaneous TAR Information** fields will be available for changes.
9. Click **Submit TAR** to continue the reauthorization.

**NOTE:** TAR web pages do not have numbered fields.
10. Select the appropriate **Attachment(s) Submission Option** radio button.

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

**Or**

12. Click **Return to Summary** to return to the TAR Summary screen.
13. If the service line **Status** reflects "In Review," the request has been successfully updated. See Update Rejected Service section of this User Guide if the status reflects rejected.

**NOTE:** This screen is the only place and time that the update reason code is displayed, and it is important to take a screenshot or make a note of the error message that needs to be corrected.
Update Deferred Service Update Reason Code

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

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

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

*NOTE: TAR web pages do not have numbered fields.*
5. Select **Update This Service** located above the deferred service that requires updating.

**NOTE:** TAR web pages do not have numbered fields.
Update the information required for the selected service line that was deferred.

6. Click **Continue**.
7. Click **Submit TAR** to continue updating the TAR.
8. Select the appropriate Attachment(s) Submission Option radio button.

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

   Or

10. Click **Return to Summary** to return to the TAR Summary screen.
11. If the service line **Status** reflects "In Review," the eTAR has been successfully updated. If the status reflects "Rejected," see Update Rejected Service section in this User Guide for more information.

**NOTE:** This screen is the only place and time that the update reason code is displayed, and it is important to take a screenshot or make a note of the error message that needs to be corrected.
Update Rejected Service Update Reason Code

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

**NOTE:** If the rejected message is due to the Recipient ID being invalid, the provider must use “Correct Recipient ID” as the update reason.

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

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

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

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

**NOTE:** TAR web pages do not have numbered fields.
Change information on the selected service line that was rejected.

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

**NOTE:** TAR web pages do not have numbered fields.
8. Select the appropriate **Attachment(s) Submission Option** radio button.

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

**Or**

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

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

Submit Attachments Online

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

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

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

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

4. Click **Submit Attachment**.

**NOTE:** Users have a maximum of eight hours to submit attachments depending on the option selected. The sooner attachments are submitted, the less likely the eTAR will be deferred or denied due to lack of attachments.
5. Click **Continue** to submit online attachments.

Or

6. Click **Cancel TAR Update** to return to the TAR menu.
Online attachments must be uploaded in either .jpg, .jpeg, .gif, .png, .tif, .bmp, .pdf, or .txt file format to be accepted by California MMIS Fiscal Intermediary. Attachments cannot exceed more than 20MB combined. California MMIS Fiscal Intermediary recommends that image attachments be grayscale.

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

7. Click **Browse** to locate the document to upload as an attachment.

**NOTE:** TAR web pages do not have numbered fields.
8. Select the appropriate file to upload. Click **Open** to load the file.
NOTE: TAR web pages do not have numbered fields.

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

Or

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

A confirmation message appears after uploading file(s) and contains the file name, tracking number, as well as the start and end times of the uploaded attachment.

**NOTE:** It is important that you make a note of the tracking number and capture a screen print before stepping out of this screen because the tracking number will not be saved.

Select **Return to TAR Menu** to return to the TAR Main Menu. To add additional attachments, repeat this process.
The TAR 3 Attachment Form is used to submit attachments when eTARs are submitted by fax or mail.

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

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

**NOTE:** TAR web pages do not have numbered fields.
The following fields are required on the *TAR 3 Attachment Form*. Type or print neatly.

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

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

3. Enter the **Provider Fax #** where a response or acknowledgement can be sent (vision and pharmacy providers only).

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

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

6. Enter the **City**.

7. Enter the **State**.

8. Enter the **Zip Code**.

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

---

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

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

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

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

12. Enter the **Date** (mmddyyyy).
13. Access the eTAR tab on the Transaction Services Menu to download the TAR 3 Attachment Form.

**NOTE:** The completed TAR 3 Attachment Form is used as the cover sheet for faxes and mail.
Attachment Submission

Use the completed *TAR 3 Attachment Form* as the cover sheet for either faxing or mailing. Fax eTAR attachments to (877) 270-8779. If outside of California, fax eTAR attachments to (916) 384-9000.

Mail eTAR attachments to the following address:

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

**NOTE:**

- When faxing attachments for multiple TCNs, submit attachments for each TCN as its own fax. The fax system does not differentiate attachments for different authorization numbers when sent together as a single fax.
- It is important to turn off batching function options or auto coversheet options on the fax machines used.
- Attach the completed *TAR 3 Attachment Form* to mail and fax attachments.
- Overnight delivery or FedEx cannot be used. A signature is required upon delivery and mailed attachments arrive to a P.O. Box.
Inquire on a TAR

TAR Inquiry

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

NOTE: Entering a rendering provider number on an eTAR will give the provider access to Inquire on a TAR.
Selection Criteria

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

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

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

NOTE: TAR web pages do not have numbered fields.
3. Click **OK** to proceed to the **Inquiry Selection** page.
Inquiry Selection Criteria

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

4. Use the **Service Indicator** dropdown to select the type of service for inquiry.

5. Use the **Special Handling** dropdown to select the special handling reason for inquiry.

6. Select the appropriate **Status** for the inquiry.
   
   A. Click the **Approved** checkbox to view a list of approved TARs.
   B. Click the **Deferred** checkbox to view a list of deferred TARs.
   C. Click the **Denied** checkbox to view a list of denied TARs.
   D. Click the **Modified** checkbox to view a list of modified TARs.
   E. Click the **In Review** checkbox to view a list of TARs waiting to be reviewed

**NOTE:** More than one status may be selected at one time.
7. Enter the **Patient Record #** submitted on the TAR.

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

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

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

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

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

13. Select **Continue** to initiate the search.
Inquire Selection List

<table>
<thead>
<tr>
<th>TCN</th>
<th>PI</th>
<th>Patient Record #</th>
<th>Recip ID</th>
<th>Service #</th>
<th>Indicator</th>
<th>Service Code</th>
<th>Service Description</th>
<th>Rendering Provider</th>
<th>Last Name</th>
<th>Received</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>0400022104</td>
<td>0</td>
<td>076643210945001</td>
<td>1</td>
<td>Home Health</td>
<td>QC154</td>
<td>SKILLED NURSING SERVICES</td>
<td></td>
<td>DOE</td>
<td>01112018</td>
<td>Deferred</td>
<td></td>
</tr>
<tr>
<td>0400027130</td>
<td>0</td>
<td>076643210951001</td>
<td>1</td>
<td>Home Health</td>
<td>QC154</td>
<td>SKILLED NURSING SERVICES</td>
<td></td>
<td>DOE</td>
<td>01042016</td>
<td>Approved</td>
<td></td>
</tr>
<tr>
<td>0400025265</td>
<td>0</td>
<td>076643210965001</td>
<td>1</td>
<td>Home Health</td>
<td>QC154</td>
<td>SKILLED NURSING SERVICES</td>
<td></td>
<td>DOE</td>
<td>12112017</td>
<td>Deferred</td>
<td></td>
</tr>
</tbody>
</table>

1. To view detailed TAR Response information, select the TCN for the appropriate TAR service line.
From the TAR Inquiry page, view TAR information submitted on the TAR as well as the TAR’s current status.

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

<table>
<thead>
<tr>
<th>TCII</th>
<th>Service #</th>
<th>Service Description</th>
<th>Status</th>
<th>Patient Record #</th>
<th>Response Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>0400026184</td>
<td>1</td>
<td>SKILLED NURSING SERVICES</td>
<td>Deferred</td>
<td></td>
<td>01042018</td>
</tr>
<tr>
<td>0400026184</td>
<td>1</td>
<td>SKILLED NURSING SERVICES</td>
<td>Deferred</td>
<td></td>
<td>01042018</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>TAR Control # :</th>
<th>Service # :</th>
<th>Response Date :</th>
</tr>
</thead>
<tbody>
<tr>
<td>0400026184</td>
<td>1</td>
<td><strong>01082008</strong></td>
</tr>
</tbody>
</table>

Recipient ID :
87654321D95001

Submitting Provider :
1234567890

Service Code :
G0154

Service Description :
SKILLED NURSING SERVICES

From Date :
12012007

Thru Date :
12312007

Quantity :
Units :
16

Status :
Deferred

<table>
<thead>
<tr>
<th>Service Code</th>
<th>Service Description</th>
<th>Total Units</th>
</tr>
</thead>
</table>

2. Action Reason List :

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

3. TAR Review Comments :

Please submit documentation to support request.

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

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

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

NOTE: TAR web pages do not have numbered fields.
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The TAR Response page is displayed to view specific information regarding the adjudication of the TAR.

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

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

TAR Response

1. Select the View TAR Responses link to view adjudication decisions and field office comments on a TAR. Both TAR Inquiry and View TAR Responses provide the PI for an Approved or Modified TAR which is required to submit a claim. The PI becomes the 11th digit of the TAR Control Number.

NOTE: Entering a rendering provider number on an eTAR gives the provider access to inquire on an eTAR.
Selection Criteria

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

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

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

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

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>TCN</th>
<th>Service #</th>
<th>Service Description</th>
<th>Status</th>
<th>Patient Record #</th>
<th>Response Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>0400026184 1</td>
<td>SKILLED NURSING SERVICES</td>
<td>Deferred</td>
<td></td>
<td>01042018</td>
<td></td>
</tr>
<tr>
<td>0400026184 1</td>
<td>SKILLED NURSING SERVICES</td>
<td>Approved</td>
<td></td>
<td>01042018</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

**NOTE:** TAR web pages do not have numbered fields.
View TAR Response (Cont.)

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

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

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

NOTE: TAR web pages do not have numbered fields.
TAR Menu Code Search

Accessing Code Search

A Code Search may be accessed from the TAR Menu. Select Code Search to begin.

Select Service Code, Modifiers (both shown above), ICD Code, Functional Limitation or Medical Status (not shown) to access Code Search. A new window appears displaying Code Search.

NOTE: You may also select the Service Code hyperlink that will provide additional informational searches.
Using Code Search

1. Select the appropriate code type from the **Please choose the type of code to search for:** to search for the following types of codes or descriptions:
   - Select the **Procedure** radio button to search for procedure codes. The Medi-Cal Provider Manual is the final resource to determine if a TAR is required.
   - Select the **Modifier** radio button to search for a modifier code.
   - Select the **Accommodation** radio button when submitting Long Term Care services code.
   - Select the **Level of Care** radio button when submitting Long Term Care or Hospital Day services codes.
   - Select the appropriate **Diagnosis** radio button when submitting ICD codes.
   - Select the **Functional Limits** radio button to search for functional limitation codes.
   - Select the **Medical Status** radio button for medical status codes. Select the **Get Service Category from Service Code** radio button to determine what service category to select based on the service code.

2. Select the appropriate type of search under **Please choose the type of search:**
   - Click the **Search by Description** radio button when the service code is unknown.
   - Click the **Search by Code** radio button when the description is unknown.

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

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Type</th>
<th>TAR Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0152</td>
<td>HHCP-SERV OF OT, EA 15 MIN</td>
<td>SMA/HCPCS</td>
<td>POS/Provider Depend., May Require TAR OR Medi Reservation</td>
</tr>
<tr>
<td>G0153</td>
<td>HHCP-SVS OF SA, PATH, EA 15MIN</td>
<td>SMA/HCPCS</td>
<td>POS/Provider Depend., May Require TAR OR Medi Reservation</td>
</tr>
<tr>
<td>G0154</td>
<td>HHCP-SVS OF RN, EA 15 MIN</td>
<td>SMA/HCPCS</td>
<td>Generally No TAR, Subject to Billing Limitations</td>
</tr>
<tr>
<td>G0154</td>
<td>HHCP-SVS OF RN, EA 15 MIN</td>
<td>ADS Waiver</td>
<td>Generally No TAR, Subject to Billing Limitations</td>
</tr>
</tbody>
</table>

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

1. In the left-side column under **Transactions** and under **eTAR**, click **Medical Tutorials** for a step-by-step explanation of how to submit medical eTARs. A window opens and connects you to the Medi-Cal Learning Portal (MLP).
2. Enter the **User Name** and **Password** that you used when registering for the MLP.

**NOTE:** You must be registered to login and access the tutorials. If you are not registered, you may do so now.

To register:
- Click either the **Register** link located at the top right of the screen or the **Register** link below the **Remember Login** option.
- Follow the prompts and complete the fields to register.
3. Once you access the MLP, select the **Training** dropdown and select **eLearning and CBTs** to view tutorials.
4. Click **View Tutorial**. A new window will open.
5. Click **Start the Tutorial**.

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

Click ➔ to advance to the next slide.

Click ◀ to go back to the previous slide.

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

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

To log out of the MLP, click **Log Out** at the top right half of the window.

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

**NOTE:** There is currently no audio in the tutorials.