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

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

**Free Services for Providers**

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

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

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

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

Module A: Introduction
   Section 1: Training Policy ................................................................. 1
   Section 2: eTAR Acronyms ............................................................... 2
   Section 3: Purpose and Objectives .................................................... 3

Module B: Accessing the TAR Menu
   Section 1: Accessing the TAR Menu ................................................ 1
   Section 2: eTAR Medical Tutorials ................................................... 3

Module C: Create a New eTAR
   Section 1: Treatment Authorization Request Menu .......................... 1
   Section 2: Provider Address Selection Option .................................. 3
   Section 3: User Information ............................................................ 4
   Section 4: Patient Information ........................................................ 6

Module D: TAR Services – Long Term Care
   Section 1: Bed Hold – Medicare Denial Only .................................... 3
   Section 2: ICF-DD ............................................................................. 5
   Section 3: NFA/NFB Non-Electronic MDS ....................................... 10
   Section 4: Short Stay ...................................................................... 15
   Section 5: Subacute (Adult and Pediatric) ........................................ 20
Module A. Introduction

Section 1. Training Policy

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

The Medi-Cal Provider Manual contains the most current program, policy and claims information. The Provider Manual is updated monthly and is accessible on the Medi-Cal website.
## Section 2. eTAR Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANSI</td>
<td>American National Standards Institute</td>
</tr>
<tr>
<td>BIC</td>
<td>Benefits Identification Card</td>
</tr>
<tr>
<td>CAASD</td>
<td>Clinical Assurance &amp; Administrative Support Division</td>
</tr>
<tr>
<td>CCS</td>
<td>California Children’s Services</td>
</tr>
<tr>
<td>CPSP</td>
<td>Comprehensive Prenatal Services Program</td>
</tr>
<tr>
<td>DHCS</td>
<td>Department of Health Care Services</td>
</tr>
<tr>
<td>DME</td>
<td>Durable Medical Equipment</td>
</tr>
<tr>
<td>DOS</td>
<td>Date of Service</td>
</tr>
<tr>
<td>DX</td>
<td>Diagnosis Code</td>
</tr>
<tr>
<td>EPSDT</td>
<td>Early and Periodic Screening, Diagnosis and Treatment</td>
</tr>
<tr>
<td>ETAR</td>
<td>Electronic Treatment Authorization Request</td>
</tr>
<tr>
<td>FAPCT</td>
<td>Family Planning, Access, Care and Treatment</td>
</tr>
<tr>
<td>FQHC</td>
<td>Federally Qualified Health Center</td>
</tr>
<tr>
<td>ICF</td>
<td>Intermediate Care Facility</td>
</tr>
<tr>
<td>ICF-DD</td>
<td>Intermediate Care Facility Developmentally Disabled</td>
</tr>
<tr>
<td>ICF-DDH</td>
<td>Intermediate Care Facility Developmentally Disabled Habilitative</td>
</tr>
<tr>
<td>ID</td>
<td>Identification</td>
</tr>
<tr>
<td>IHO</td>
<td>In Home Operation</td>
</tr>
<tr>
<td>LTC</td>
<td>Long Term Care</td>
</tr>
<tr>
<td>MDS</td>
<td>Minimum Data Set</td>
</tr>
<tr>
<td>MMDDYYYY</td>
<td>Two digit month and date, four digit year (ex. 10232015)</td>
</tr>
<tr>
<td>NCPDP</td>
<td>National Council for Prescription Drug Program</td>
</tr>
<tr>
<td>NPI</td>
<td>National Provider Identifier</td>
</tr>
<tr>
<td>NPPES</td>
<td>National Plan and Provider Enumeration System</td>
</tr>
<tr>
<td>OHC</td>
<td>Other Health Care Coverage</td>
</tr>
<tr>
<td>OCR</td>
<td>Optical Character Recognition</td>
</tr>
<tr>
<td>PED</td>
<td>Provider Enrollment Department</td>
</tr>
<tr>
<td>PI</td>
<td>Pricing Indicator</td>
</tr>
<tr>
<td>PIN</td>
<td>Personal Identification Number</td>
</tr>
<tr>
<td>POC</td>
<td>Plan of Care</td>
</tr>
<tr>
<td>POE</td>
<td>Proof of Eligibility</td>
</tr>
<tr>
<td>POS</td>
<td>Point of Service</td>
</tr>
<tr>
<td>TSC</td>
<td>Telephone Service Center</td>
</tr>
<tr>
<td>SOC</td>
<td>Share of Cost</td>
</tr>
<tr>
<td>SSL</td>
<td>Secure Socket Layer</td>
</tr>
<tr>
<td>TAR</td>
<td>Treatment Authorization Request</td>
</tr>
<tr>
<td>TCN</td>
<td>TAR Control Number</td>
</tr>
</tbody>
</table>
Section 3. Purpose and Objectives

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

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

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

General Guidelines

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

Section 1. Accessing the TAR Menu

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

2. Click Transactions tab from the Medi-Cal home page.
   Website Help: Call the Telephone Support Center at 1-800-541-5555.
3. Enter the 10-digit National Provider Identifier (NPI) in the **Please enter your User ID** field. Legacy number usage is permitted only to providers authorized by the Department of Health Care Services (DHCS).

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

5. Click **Submit** to authenticate the User ID and Password.

**NOTE:** If unable to log in, call the Telephone Support Center at 1-800-541-5555.
Section 2. eTAR Medical Tutorials

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

NOTE: TAR webpages do not have numbered fields.

January 2012
Enter the **User Name** and **Password** that you registered with the Learning Portal.

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

- Click either the **register** link located at the top right of the screen or the **Register** link below the **Remember Login** option.
- Follow the prompts and complete the fields to register.
Click **View Tutorial**. A new window opens.
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 >1 to advance to the next slide.

Click 1< to go back to the previous slide.

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

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

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

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

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

---

**NOTE:** TAR webpages do not have numbered fields.
Module C. Create a New eTAR

Section 1. Treatment Authorization Request Menu

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

NOTE: TAR webpages do not have numbered fields.
2. Click **Create a New TAR** to submit an eTAR.

**NOTE:** The eTAR Medical Tutorials are accessible from the upper right corner on all eTAR Medical webpages.
Section 2. Provider Address Selection Option

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

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

**NOTE:** Do not click Back from the Internet browser while submitting an eTAR.
Section 3. User Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submitting Provider #</td>
<td>Used to log in to Transaction Services will automatically populate. If an eTAR needs to be submitted under a different provider number, log out and log in using the correct provider number.</td>
</tr>
<tr>
<td>Medicare Cert?</td>
<td>Click to indicate the user is Medicare certified.</td>
</tr>
<tr>
<td>Provider Name</td>
<td>Automatically populate. For vision providers only, if entered, an AR will be automatically faxed with eTAR details. If the field is left blank, an AR will not be sent and eTAR status may be viewed and printed through Inquire on a TAR.</td>
</tr>
<tr>
<td>Contact Name</td>
<td>Enter the person who has the ability to answer questions about the eTAR request.</td>
</tr>
<tr>
<td>TAR Completed By</td>
<td>Enter the full name of the person who completed the eTAR. *Always required.</td>
</tr>
<tr>
<td>Contact Phone #</td>
<td>Enter the contact person's phone number.</td>
</tr>
<tr>
<td>Contact Extension</td>
<td>Enter the contact person's extension.</td>
</tr>
</tbody>
</table>

1. The Submitting Provider # used to log in to Transaction Services will automatically populate. If an eTAR needs to be submitted under a different provider number, log out and log in using the correct provider number.

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

3. Under Provider Name, the submitting provider’s name, phone and address will automatically populate.

4. For vision providers only, if a Fax # is entered, an Adjudication Response (AR) will be automatically faxed with eTAR details. If the field is left blank, an AR will not be sent and eTAR status may be viewed and printed through Inquire on a TAR.

5. Enter the Contact Name of the person who has the ability to answer questions about the eTAR request.

6. Enter the full name of the person who completed the eTAR in the TAR Completed By field. *Always required.

7. Enter the Contact Phone # for the person who can answer questions about the eTAR.

8. Enter the Contact Extension of the contact person.

9. Click Continue to proceed to the Patient Information page.

NOTE: TAR webpages do not have numbered fields.
If the fax number entered is not recognized by Medi-Cal databases, a window will appear requesting verification of the fax number. Click **OK** if the fax number is correct.

Click **Cancel** to change the fax number.
Section 4. Patient Information


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

3. Use the **Special Handling** drop-down list to select a special handling code for the eTAR service being requested. This field is only required if one of the listed reasons apply. See the Medi-Cal Provider Manual for further information.
   - **6 Prescription Limit** – Select when the recipient has exceeded their 6 prescription limit.
   - **ADHC Regional Centers** – Select when Community-Based Adult Services (CBAS) applies.
   - **Beneficiary Exempt from Hearing Aid Cap** – Select when the maximum hearing aid cap has been met and the beneficiary meets the criteria of those who are excluded from the cap.
   - **Breast and Cervical Cancer Treatment Program (BCCTP)** – Select when the Breast and Cervical Cancer Treatment Program (BCCTP) applies.
   - **CCT – California Community Transitions** – Select when the California Community Transitions (CCT) program applies.
   - **CHDTP** – Select when the specialized Child Health Disability and Treatment Program (CHDTP) Treatment program for children applies.
   - **Cannot Bill Direct, TAR is Required** – Select when the service cannot be claimed direct and a TAR is required in order to submit a claim.
   - **Charpentier** – Select when processing the special rules of Medicare or Medi-Cal Charpentier program.
   - **Concurrent Review - Fax** – Currently not in use.
   - **Concurrent Review - Onsite** – Currently not in use.
   - **Container Count Limit** – Select when the request exceeds the maximum number of containers as specified in the Medi-Cal Provider Manual for a compound drug.
− **DPO** – Select when facilitating an early discharge from the hospital for a Discharge Planning Option (DPO).

− **EPSDT Supplemental Services** – Select when a request is beyond normal Early Periodic Screening Diagnosis and Treatment (EPSDT) program scope.

− **Elective Acute Day Hospitalization** – Select when requesting for elective hospital days.

− **Emergency Acute Day Hospitalization** – Select when requesting for inpatient hospital days or administrative days.

− **Exceeded Billing Dollar Amount** – Select when the maximum dollar amount allowed for the service within a specific timeframe has been exceeded.

− **Exceeded Billing Frequency Limit** – Select when the number of times this service may be provided within a specific timeframe has been exceeded, therefore, prior authorization is required.

− **Exceeded Billing Limit** – Select when the quantity billable for this service has been exceeded, therefore, prior authorization is required.

− **Exceeded Code 1 Restrictions** – Select when the recipient has exceeded the Code 1 restricted limits for a drug, as specified in the Medi-Cal Provider Manual.

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

− **Exceeded Medical Supplies Limit/Container Count Limit** – Select when the recipient has exceeded their medical supply or container count limit, as specified in the Medi-Cal Provider Manual.

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

− **FPACT** – Select for complications with Family Planning, which may be covered by Family Planning Access Care and Treatment (FPACT) but only with a TAR.

− **FPACT 6 Prescription Limit** – Currently not in use, 6 Rx limit does not apply to Family PACT.

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

− **ICF-DD Clinical Assurance Review** – Select for authorization to an Intermediate Care Facility for the Developmentally Disabled (ICF-DD).

− **IHO** – Select for an evaluation, possible authorization and case management with the In-Home Operations (IHO) program.

− **MCM – Obsolete after April 30, 2011** – Currently not in use.

− **Out-of-State Acute Day Hospitalization** – Select when requesting acute day hospitalization outside the state of California.
Create a New eTAR

- **Podiatry** – Select for a Podiatry service.

- **Services is a non-benefit and no TAR requirement on procedure file** – REVIEW. Select when the service being claimed is a non-benefit and does not require a TAR but is needed by the patient and must be prior authorized.

- **Service/Product Exempt from Hearing Aid Cap** – Select when hearing aid service/product is excluded from the hearing aid cap.

- **Step Therapy Exemption** – Select when the TAR meets exemption from step therapy requirements.

- **Transfer** – Select when moving a patient from one nursing facility to another.

- **Usage is for Non-Standard Diagnosis** – Select when non-standard diagnosis applies.

- **Valdivia** – Select for services in excess of those provided normally to a nursing facility patient.

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

4. Enter the **Patient’s Last Name**. *Always required.

5. Enter the **Patient’s First Name**. *Always required.

6. Enter the **Phone #** of the patient.

7. Enter the patient’s **Date of Birth** (mmddyyyy). *Always required.

8. Click the circular **Male** or **Female** radio button to indicate the patient’s gender. *Always required.

9. Click the circular **Work Related?** radio button if the claim is work related. *Always required.

10. Use the **Residence Status** drop-down list to select the residence status currently applicable for the patient.

**NOTE:** TAR webpages do not have numbered fields.
11. Use the **Medicare Denial Reason** drop-down list to select the reason Medicare would not cover the requested services. *Always required.*

12. Enter a **Medicare/OHC Denial Date** (mmddyyyy) if Medicare or Other Health Care Coverage has denied this service. If Medicare Denial Reason is entered, this field is required.

13. Use the **OHC Denial Reason** drop-down list to select the patient’s Other Healthcare Coverage status type. *Always required.*

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

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

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

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

17. Click the circular **Male** or **Female** radio button to indicate the patient’s gender.

**NOTE:** TAR webpages do not have numbered fields. January 2014
Use the Patient’s Authorized Representative section if the eTAR is for a Medi-Cal recipient who is under guardianship. All fields need to be completed in this section to ensure the Patient’s Authorized Representative will receive all relevant correspondence concerning the patient.

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

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

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

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

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

23. Click **Continue** to proceed to the TAR Services menu.

**NOTE:** TAR webpages do not have numbered fields.
Module D. TAR Services – Long Term Care

Service Category Selection

1. Enter the service code in the **Service Code Search** field to identify the service being requested. If unknown, see Module J for additional information on Code Search.

2. Click **Find Service Category(s)** to initiate the search.
3. Click the **Service Category** that applies to the services being submitted.
**Section 1. Bed Hold – Medicare Denial Only**

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

1. Enter the **Service Code** identifying the service being requested. If the code was entered in the Service Code Search, it populates automatically. If unknown, click Service Code link to access Code Search. See Module J for more information on Code Search. *Always required.*

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

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

3. Enter the **From Date** (mmddyyyy) for the requested start of service date. *Always required.*

4. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. *Always required.*

5. Enter the **Admit Date** (mmddyyyy) when the patient was or will be admitted. *Always required.*

6. Use the **Admit From** drop-down list to select level of care from where the patient was admitted. *Always required.*

**NOTE:** The eTAR Medical Tutorials are accessible from the upper right corner on all eTAR Medical webpages.
7. Use the Discharge drop-down list to select the level of care for the patient. *Always required.

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

9. Enter the ICD Code indicating the primary diagnosis relative to the requested service, including the decimal point. If unknown, click the ICD Code link to access Code Search. See Module J for more information on Code Search.
   **NOTE:** The Diagnosis Description field is no longer in use. Leave this field blank.

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

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

12. Click Continue to return to the TAR Service Menu. See Module E for information on submitting the eTAR.

13. Click Another Service, Same Category to create another service line for the same service type.
Section 2. ICF-DD

1. Enter the **Service Code** identifying the service being requested. If the code was entered in the Service Code Search, it populates automatically. If unknown, click the Service Code link to access Code Search. See Module J for more information on Code Search. *Always required.

2. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. *Always required.

3. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. *Always required.

4. Enter the **Admit Date** (mmddyyyy) when the patient was or will be admitted. *Always required.

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

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

**NOTE:** TAR webpages do not have numbered fields.
6. Use the **Admit From** drop-down list to select the level of care from where the patient was admitted. *Always required.*

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

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

9. Enter the **ICD Code** indicating the primary diagnosis relative to the requested service, including the decimal point. If unknown, click the ICD Code link to access Code Search. See Module J for more information on Code Search.

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

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

11. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.
12. Use the **Feeding Method** drop-down list to select the method of feeding for the patient. This replaces the need for submitting this information as an attachment. *Always required.

13. Enter the patient’s **Height** in feet and inches. This replaces the need for submitting this information as an attachment. *Always required.

14. Enter the patient’s **Weight** in pounds and ounces. This replaces the need for submitting this information as an attachment. *Always required.

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

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

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

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

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

20. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable** field.
21. Enter the **Medication** name or description to indicate what the patient is receiving. If the patient is not receiving any medication enter none in the first field and continue to the Diet field on the next page. This replaces the need for submitting this information as an attachment. *Always required.*

22. Enter **Dosage** details of the medications listed in the **Medication** field. If the patient is not receiving any medication, leave this field blank.

23. Use the **Freq.** drop-down list to select frequency of use for the medications listed. If the patient is not receiving any medication, leave this field blank.

24. Use the **Route** drop-down list to select the method of administration for the medications listed. If the patient is not receiving any medication, leave this field blank.

   **NOTE:** At least one medication, dosage, frequency and route are required.

25. Enter the **Diet** information for the patient.

26. Click **Continue** to return to the TAR Service Menu. See Module E for information on submitting the eTAR.

27. Click **Another Service, Same Category** to create another service line for the same service type.
Section 3. NFA/NFB Non-Electronic MDS

1. Enter the Service Code identifying the service being requested. If the code was entered in the Service Code Search, it populates automatically. If unknown, click the Service Code link to access Code Search. See Module J for more information on Code Search. *Always required.

2. Enter the Ant. Length of Need to indicate the period of the requested services. Enter the number of units in the first field and use the drop-down list to select the time period. Example: If the patient will need the services for three months, enter: 

3. Enter the From Date (mmddyyyy) for the requested start of service date. *Always required.

4. Enter the Thru Date for the requested end of the service date. *Always required.

5. Enter the Admit Date (mmddyyyy) when the patient was or will be admitted. *Always required.

6. Use the Admit From drop-down list to select the level of care from where the patient was admitted. *Always required.

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

NOTE: TAR webpages do not have numbered fields.
7. Enter the **Discharge Date** (mmddyyyy). If Discharge has been selected, this field is required.

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

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

10. Enter the **ICD Code** indicating the primary diagnosis relative to the requested service, including the decimal point. If unknown, click the ICD Code link to access Code Search. See Module J for more information on Code Search.

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

11. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.
12. Enter current medical status codes which describe the patient’s condition in the Please list current medical status codes relevant to the requested service(s) field. If unknown, use the medical status code link to access Code Search. See Module J for more information on Code Search. See Appendix A for a list of medical status codes. This replaces the need for submitting this information as an attachment. *Always required.

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

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

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

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

NOTE: TAR webpages do not have numbered fields.
16. Use the **PAS/PASRR Exempt Reason** drop-down list to select the reason the provider is exempt from completing a PAS/PASRR.

17. Use the **PAS/PASRR Self Certification** drop-down list to select if the requested stay is exempt from PASRR requirements. If not, select Not Completed. This replaces the need for submitting this information as an attachment. *Always required.

18. Enter the **Date Complete** (mmddyyyy) for the PAS/PASRR. If the requested stay is exempt from PASRR requirements, leave this field blank. This replaces the need for submitting this information as an attachment. *Always required.

19. Use the **Community Placement** drop-down list to select why community placement was not an option. This replaces the need for submitting this information as an attachment. *Always required.

20. Enter the **DDS/DMH Referral Date** (mmddyyyy). If a referral was not made, leave this field blank.

21. Use the **Referral Reason** drop-down list. If the requested stay is exempt from PASRR requirements, leave this field blank. This replaces the need for submitting this information as an attachment. *Always required.

22. Click the circular **Level II Self Certification?** radio button to indicate if level II screening was completed by DDS/DMH.
23. Enter the **Level II Date** (mmddyyyy) the screening was completed. If no screening was performed, leave this field blank.

24. Use the **DDS/DMH Response** drop-down list if a level II screening was completed.

25. Enter the **Medication** name or description to indicate what the patient is receiving. If the patient is not receiving any medication enter “none” in the first field and continue to the Diet Information field on the next page.

26. Enter **Dosage** details of the medications listed in the Medication field. If the patient is not receiving any medication, leave this field blank.

27. Use the **Freq.** drop-down list to select the frequency of use for the medications listed. If the patient is not receiving any medication, leave this field blank.

28. Use the **Route** drop-down list to select the method of administration for the medications listed. If the patient is not receiving any medication, leave this field blank.

29. Enter the **Diet** information for the patient.

30. Click **Continue** to return to the TAR Service Menu. See Module E for information on submitting the eTAR.

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

**NOTE:** TAR webpages do not have numbered fields.
Section 4. Short Stay

1. Enter the **Service Code** identifying the service being requested. If the code was entered in the Service Code Search, it populates automatically. If unknown, click the Service Code link to access Code Search. See Module J for more information on Code Search. *Always required.

2. Enter the **Ant. Length of Need** to indicate the period of the requested services. Enter the number of units in the first field and use the drop-down list to select the time period.
   
   **Example**: If the patient will need the services for three months, enter:

   ![Example](image)

3. Enter the **From Date** (mmddyyyy) for the requested start of service date. *Always required.

4. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. *Always required.

5. Enter the **Admit Date** (mmddyyyy) when the patient was or will be admitted. *Always required.

6. Use the **Admit From** drop-down list to select the level of care from where the patient was admitted. *Always required.

**NOTE**: The eTAR Medical Tutorials are accessible from the upper right corner on all eTAR Medical webpages.
7. Enter the **Discharge Date** (mmddyyyy). If Discharge has been selected, this field is required.

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

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

10. Enter the **ICD Code** indicating the primary diagnosis relative to the requested service, including the decimal point. If unknown, click the ICD Code link to access Code Search. See Module J for more information on Code Search.

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

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

12. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.
13. Use the Feeding Method drop-down list to select method the patient is fed. This replaces the need for submitting this information as an attachment. *Always Required.

14. Enter the patient’s Height in feet and inches. This replaces the need for submitting this information as an attachment. *Always Required.

15. Enter the patient’s Weight in pounds and ounces. This replaces the need for submitting this information as an attachment. *Always Required.

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

17. Enter current medical status codes which describe the patient’s condition in the Please list current medical status codes relevant to requested service(s) field. If unknown, use the medical status code link to access Code Search. See Module J for more information on Code Search. See Appendix A for a list of medical status codes. This replaces the need for submitting this information as an attachment. *Always Required.
18. Use the **ICD-CM Type** drop-down list to select the ICD code type.

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

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

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

21. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable** field.
22. Enter the **Medication** name or description to indicate what the patient is receiving. If the patient is not receiving any medication enter “none” in the first field and continue to the Diet Information field on the next page.

23. Enter **Dosage** details of the medications listed in the Medication field. If the patient is not receiving any medication, leave this field blank.

24. Use the **Freq.** drop-down list to select the frequency of use for the medications listed. If the patient is not receiving any medication, leave this field blank.

25. Use the **Route** drop-down list to select method of administration for the medications listed. If the patient is not receiving any medication, leave this field blank.

26. Enter the **Diet** information for the patient.

27. Click **Continue** to return to the TAR Service Menu. See Module E for information on submitting the eTAR.

28. Click **Another Service, Same Category** to create another service line for the same service type.
Section 5. Subacute (Adult and Pediatric)

1. Enter the **Service Code** identifying the service being requested. If the code was entered in the Service Code Search, it populates automatically. If unknown, click the Service Code link to access Code Search. See Module J for more information on Code Search. *Always required.*

2. Enter the **Total Units** being requested. *Always required.*

3. Enter the **Quantity** used for a time period. Enter the number of uses in the first box and use the drop-down list to select the time period in the second box. Use only when requesting supplemental rehabilitation or ventilator weaning services in pediatric subacute.

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

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Frequency</th>
<th>Ant. Length of Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Month</td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Ant. Length of Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Day</td>
</tr>
</tbody>
</table>

**NOTE:** The eTAR Medical Tutorials are accessible from the upper right corner on all eTAR Medical webpages.
5. Enter the **Ant. Length of Need** to indicate the period of the requested services. Enter the number of units in the first field and use the drop-down list to select the time period.  

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

   ![Example](image)

6. Enter the **From Date** (mmddyyyy) for the requested start of service date. *Always required.

7. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. *Always required.

8. Enter the **Admit Date** (mmddyyyy) when the patient was or will be admitted. *Always required.

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

10. Use the **Admit From** drop-down list to select the level of care from where the patient was admitted. *Always required.

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

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

**NOTE:** TAR webpages do not have numbered fields.
13. Use the **ICD-CM Type** drop-down list to select the ICD code type.

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

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

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

16. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.
17. Use the **PAS/PASRR Exempt Reason** drop-down list to select the reason the provider is exempt from completing a PAS/PASRR.

18. Use the **PAS/PASRR Self Certification** drop-down list. If the requested stay is exempt from PASRR requirements, select Not Completed.

19. Enter the **Date Completed** (mmddyyyy) for the PAS/PASRR. If the requested stay is exempt from PASRR requirements, leave this field blank.

20. Use the **Reason Community Placement not an option** drop-down list.
21. Enter the DDS/DMH Referral Date (mmddyyyy). If a referral was not made, leave this field blank.

22. Use the Referral Reason drop-down list. If the requested stay is exempt from PASRR requirements, leave this field blank. This replaces the need for submitting this information as an attachment.

23. Click the circular Level II Self Certification? radio button to indicate if level II screening was completed by DDS/DMH.

24. Enter the Level II Date (mmddyyyy) the screening was completed. If no screening has been performed, leave this field blank.

25. If a level II screening was completed, use the DDS/DMH Response drop-down list to select a response.

26. Click the circular Pediatric or Adult Care? radio button to indicate if the request is for a minor or adult. *Always required unless included as an attachment DHCS 6200 or DHCS 6200A.

27. Click the circular 24 hour access to nursing care? radio button to indicate if the patient’s condition warrants 24 hour access to nursing care by a Registered Nurse. *Always required unless included as an attachment DHCS 6200 or DHCS 6200A.

28. If “Yes” was selected for 24 hour access to nursing care, a written summary of the care requirements for each shift is required in the Please summarize care requirements field. *Always required.
29. Select the qualifying condition from the four options described on the Subacute Form in the Please Choose Qualifying Condition section. This replaces the need for submitting this information as an attachment. *Always required.

30. Click the checkbox if continuous IV therapy is used by the patient next to the Continuous of intermittent intravenous (IV) therapy (via peripheral or central line) – please indicate reason for therapy, frequency and rate section. This replaces the need for submitting this information as an attachment. *Always required.

31. Select from the Reason drop-down list only if continuous IV therapy is selected.

32. Enter the Frequency of use for the IV therapy in hours per day. Use only if continuous IV therapy is selected.

33. Enter the Rate at which IV therapy is administered. Use only if continuous IV therapy is selected. Enter the number of cubic centimeters (cc) per hour.

34. Click the Tube Feeding (Nasogastric or Gastrostomy) checkbox if the patient receives tube feeding for either method listed.

35. Enter a description of use for the tube feeding field only if tube feeding is selected in the Frequency and Rate field.
36. If the patient receives TPN, click the Total Parenteral Nutrition (TPN) – not applicable to pediatric checkbox.

37. If the patient receives physical, occupational, and/or speech therapy at least two hours per day, five days per week, click the Inpatient physical, occupational, and/or speech therapy at least 2 hours a day, 5 days a week – not applicable to pediatric checkbox.

38. If the patient receives inhalation or respiratory care at least 4 times per 24-hour period and not administered by the resident, click the Inhalation/Respiratory therapy treatments at least 4 times per 24-hour period (not self administered by resident) – not applicable to pediatric checkbox.

39. If the patient receives wound debridement, packing and medicated irrigation with/without whirlpool therapy, click the Wound debridement, packing and medicated irrigation with/without whirlpool therapy – please explain – not applicable to pediatric checkbox.

40. Enter a description for all treatment procedures selected in the Explanation field.

   Example: If wound debridement packing is selected, an explanation of the state of the wounds and wound treatments used are required.

41. If the patient requires this type of dialysis at least 4 times per 24-hour period, click the Peritoneal dialysis treatments requiring at least 4 exchanges every 24 hours – not applicable to adult checkbox.
42. If other daily medical technologies are required that necessitate the services of a professional nurse, click the Other daily medical technologies required continuously which required the services of a professional nurse – please summarize – not applicable to adult checkbox.

43. If “Other daily medical technologies…” is selected, in the Summary field enter a description of the care for each shift involving other medical technologies.

44. If intermittent suctioning is required at least every eight hours, along with room air mist or oxygen click the Intermittent suctioning (non-Tracheostomy) at least every 8 hours and room air mist or oxygen – not applicable to adult – relates to Qualifying Condition “D” only checkbox. This relates to dependence on Total Parenteral Nutrition (TPN) or other intravenous support.

45. If the patient has potential for discharge to a lower level of care, click the circular The patient has potential for discharge from a subacute care unit to a lower level or care (skilled nursing facility or home) – please explain radio button.

46. Enter a description in the Explanation field if the patient has potential for discharge to a lower level of care.

47. Click Continue to return to the TAR Service Menu. See Module E for information on submitting the eTAR.

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