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

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

Free Services for Providers

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

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

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

All of the aforementioned services are available to providers at no cost!
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Module A. Introduction

Section 1. Training Policy

This user guide is a tool to be used for today’s training and as a desktop reference.

The Medi-Cal Provider Manual contains the most current program, policy and claims information. The provider manual is updated monthly and is accessible on the Medi-Cal website at (www.medi-cal.ca.gov).

Please note that this training module pertains only to the Medi-Cal web-based application for eTAR, not for the POS Network Prior Authorization – Transaction using the NCPDP Telecommunication Standard version D.0. If your pharmacy has the capability, and if you wish to submit such transaction, please consult the technical specification for HIPAA 5010/NCPDP D.0 found under the References tab on the Medi-Cal website at: (http://files.medi-cal.ca.gov/pubsdoco/hipaa/hipaa_5010_home.asp) or call the Telephone Service Center (TSC) at 1-800-541-5555 for assistance.
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 Perinatal 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>FPACT</td>
<td>Family Planning, Access, Care and Treatment</td>
</tr>
<tr>
<td>FQHC</td>
<td>Federally Qualified Health Center</td>
</tr>
<tr>
<td>ICF</td>
<td>Intermediate Care Facility</td>
</tr>
<tr>
<td>ICF-DD</td>
<td>Intermediate Care Facility Developmentally Disabled</td>
</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>MCM</td>
<td>Medical Case Management</td>
</tr>
<tr>
<td>MDS</td>
<td>Minimum Date 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>NDC</td>
<td>National Drug Code</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>PA</td>
<td>Prior Authorization (also known in Medi-Cal as a TAR)</td>
</tr>
<tr>
<td>PED</td>
<td>Provider Enrollment Department</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

The purpose of this user guide is to familiarize users with the Medi-Cal eTAR Pharmacy Prior Authorization website so users may inquire, submit or reverse Prior Authorization (PA) requests online.

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

♦ Access the Medi-Cal website
♦ Log in to the Transaction Services menu
♦ Access the eTAR Pharmacy Prior Authorization application
♦ Request Prior Authorizations (PAs), inquire on PA status and reverse PAs online
♦ Submit attachments

General Guidelines:

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

Section 1. Accessing the TAR Menu

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

2. Click **Transactions** from the Medi-Cal homepage.
   Website help: Call the Telephone Service Center (TSC) at 1-800-541-5555.

**NOTE:** TAR webpages do not have numbered fields.
How to Access the eTAR Tutorial

3. Enter the 10 digit National Provider Identifier (NPI) in the Please enter your User ID field. Legacy number usage is permitted only to providers authorized by DHCS.

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

5. Click Submit to authenticate the user ID and password.

NOTE: If unable to log in, call TSC at 1-800-541-5555.

NOTE: TAR webpages do not have numbered fields.
Section 2. eTAR Pharmacy Tutorials

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

NOTE: TAR webpages do not have numbered fields.
2. Enter the **User Name** and **Password** that you registered with the MLP.

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

- Click either the **register** link located at the top right of the screen or the **Register** link below the **Remember Login** option.
- Follow the prompts and complete the fields.
3. Click **View Tutorial**. A new window opens.
How to Access the eTAR Tutorial

4. Click **Start the Tutorial**.

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

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

6. Click ►I to advance to the next slide.

7. Click I◄ to go back to the previous slide.

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

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

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

**NOTE:** TAR webpages do not have numbered fields.
Module C. Submit Prior Authorization Request

Section 1. Creating a New Prior Authorization Request

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

**NOTE:** TAR webpages do not have numbered fields.
2. Use the **Transaction Code** drop-down menu to select “P.A. Request Only” as the transaction code to request a new Prior Authorization (PA). *Always required.*

3. Click **Continue** to proceed to the Prior Authorization Request Transaction page.

**NOTE:** The eTAR Pharmacy Tutorial link is accessible from the upper right corner on all eTAR Pharmacy webpages.
4. Use the **Request Type** drop-down list to select "Initial" as the request type to begin a Pharmacy PA request. *Always required.

5. Use the **Service Type** drop-down menu to select “Pharmacy” or “Pharmacy Compound Drug”. See Section 4 for information on compound drug PAs. *Always required.

6. Select **Continue** to proceed to the Patient Information page.
### Section 2. Patient Information

#### Patient Information NCPDP 5.1

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Cardholder ID (Recipient ID #)</td>
<td>* Always required.</td>
</tr>
<tr>
<td>Basis of Request (Special Handling)</td>
<td>Plan Requirement (No Special Handling) – This field populates automatically for cases where no basis of request is necessary.</td>
</tr>
<tr>
<td></td>
<td>Increase Plan Limitation (Exceeded Medical Supply Limit/Container Count Limit) – Select when the recipient has exceeded their medical supply or container count limit as specified in the Part 2 Pharmacy manual.</td>
</tr>
<tr>
<td></td>
<td>Medical Exception (Exceeded Code 1 Restrictions) – Select when the recipient has exceeded Code 1 limits.</td>
</tr>
<tr>
<td></td>
<td>Plan Requirement (6 Prescription Limit) – Select when a prescription for the recipient has exceeded the six prescription limit.</td>
</tr>
<tr>
<td></td>
<td>Plan Requirement (Step Therapy) – Select when submitting a PA for step therapy drugs.</td>
</tr>
</tbody>
</table>

1. Enter the **Cardholder ID** printed on the front of the Benefits Identification Card (BIC). *Always required.*

2. Use the **Basis of Request** drop-down list to select a special handling code for the eTAR service being requested. This field is only required if one of the listed reasons apply. See the Medi-Cal provider manual for further information.

- **Plan Requirement (No Special Handling)** – This field populates automatically for cases where no basis of request is necessary.
- **Increase Plan Limitation (Exceeded Medical Supply Limit/Container Count Limit)** – Select when the recipient has exceeded their medical supply or container count limit as specified in the Part 2 Pharmacy manual.
- **Medical Exception (Exceeded Code 1 Restrictions)** – Select when the recipient has exceeded Code 1 limits.
- **Plan Requirement (6 Prescription Limit)** – Select when a prescription for the recipient has exceeded the six prescription limit.
- **Plan Requirement (Step Therapy)** – Select when submitting a PA for step therapy drugs.
Submit Prior Authorization Request

3. Enter the **Patient Last Name**. *Always required.

4. Enter the **Patient First Name**. *Always required.

5. Enter the 10 digit **Patient Phone Number** for which the service is being requested, if available. Do not enter spaces or hyphens between numerals (i.e. 9165551212).

6. Enter the **Patient Date of Birth**. *Always required.

7. Indicate the patient’s gender using the **Patient Gender Code** radio buttons. *Always required.

NOTE: TAR webpages do not have numbered fields.
8. Enter the **Primary Other Payer Reject Code** of the NCPDP Reject code(s) corresponding to the Medicare rejection reason.

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

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

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

11. Enter the **Cardholder First Name** of the newborn’s mother or the transplant recipient providing Medi-Cal eligibility.
Use the **Patient’s Authorized Representative** section if the PA is for a Medi-Cal recipient under guardianship.

12. Enter the **Authorized Representative Last Name**.

13. Enter the **Authorized Representative First Name**.

14. Enter the **Authorized Representative Street/Mailing Address**.

15. Enter the **Authorized Representative City**.

16. Enter the **Authorized Representative State**.

17. Enter the **Authorized Representative Zip Code**.

18. Select **Continue** to proceed to the Service Information page.
Section 3. Service Information

1. Enter the **Product/Service ID** identifying the service being requested. For Compound Drug PA, zero automatically appears in this field and cannot be changed. *Always required.*

2. Use the **Patient Location** drop-down list to select the recipient's *residence* location. *Always required.*

3. Enter the **Number of Refills Authorized** for the total number of drug refills requested. A value of zero is equivalent to one fill with no refills. To request a year supply, enter 11 (1 original fill plus 11 refills for a total of 12 units). *Always required.*

4. Enter the **Quantity Prescribed** of the entire quantity dispensed and being billed. *Always required.*

5. Enter the **Request Period Date-Begin**. *Always required.*

6. Enter the **Request Period Date-End**. *Always required.*

**NOTE:** TAR webpages do not have numbered fields.
7. Enter the patient’s Discharge Date. If applicable.

8. Select the ICD-CM Type from the drop-down menu. *Always required.

9. Enter the Diagnosis Code, including the decimal point, indicating the primary diagnosis relative to the requested service. See Module I for information on Code Search. *Always required.

NOTE: TAR webpages do not have numbered fields.
10. Use the **Dispense As Written/Product Selection Code** drop-down list to select an override request for unlisted items or prices, if applicable.

Dispense As Written/Product Selection Code options:

- **No Product Selection** – Select if prescription does not include a brand reference.
- **Override (Indicates Request for a Negotiated Price)** – Select if a negotiated price is being requested.
- **Substitution Allowed – Brand Drug Dispensed as a Generic** – Select if a prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the pharmacist is using the brand product in place of a generic.
- **Substitution Allowed – Generic Drug Not Available in Marketplace** – Select if a provider has indicated that generic substitution is permitted if the brand product is not currently manufactured, distributed or is temporarily unavailable.
- **Substitution Allowed – Generic Drug Not in Stock** – Select if a prescriber indicates, in a manner specified by prevailing law, that a generic substitution is permitted and the brand product is dispensed because a generic is not in stock at the pharmacy. This is due to the purchasing decisions of the pharmacy, not the unavailability of the generic in the marketplace.
- **Substitution Allowed – Patient Requested Product Dispensed** – Select if a prescriber indicates, in a manner specified by prevailing law, that generic substitution is permitted and the patient requests the brand product.
- **Substitution Allowed – Pharmacist Selected Product Dispensed** – Select if prescriber indicates, in a manner specified by prevailing law, that generic substitution is permitted and the pharmacist determines that the brand product should be dispensed.
- **Substitution Not Allowed by Prescriber** – Select if a prescriber indicates, in a manner specified by prevailing law, that the product is to be DAW.
- **Substitution Not Allowed – Brand Drug Mandated by Law** – Select if a prescriber indicates, in a manner specified by prevailing law, that a generic substitution available in the marketplace is permitted, but prevailing law or regulation prohibits substituting it for the brand product.
Section 4. Compound Drug

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

1. Use the **Compound Dispensing Unit Form Indicator** drop-down list to indicate how the compounded item is being measured. *Always required.*

2. Use the **Compound Route of Administration** drop-down list to select the method in which the compounded item will be dispensed. *Always required.*

3. Use the **Compound Dosage Form Description Code** drop-down list to select the form in which the compounded item will be dispensed. *Always required.*
4. Enter the **Compound Product ID** of the specific NDC code(s) for the drug(s) or product(s) being requested. *Always required.

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

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

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

![Ingredients Table]

<table>
<thead>
<tr>
<th></th>
<th>* Compound Product ID</th>
<th>* Compound Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>99999999997</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
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<tr>
<td>5</td>
<td></td>
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<tr>
<td>6</td>
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<td>7</td>
<td></td>
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<td>8</td>
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<td></td>
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<td>13</td>
<td></td>
<td></td>
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<tr>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** TAR webpages do not have numbered fields.
Section 5. Supporting Documentation

1. Enter the **Contact Name** of the person who completed the PA.

2. Enter the 10digit **Contact Phone Number**. Do not enter spaces or hyphens between numerals.

3. Enter the **% Variance**. Providers submitting drug PAs may request a percentage of variance from the authorized quantity of a drug that frequently changes in dispensing quantity. Providers who receive authorization for percent variance will not be required to submit a new PA to the Medi-Cal Pharmacy Section each time the dispensing quantity of a drug changes.

4. If a **Fax Number** is entered, an *Adjudication Response* (AR) will be automatically faxed with PA details. If this field is left blank, an AR will not be sent and providers should view PA status through PA Inquire. Do not enter spaces or hyphens between numerals.

5. If the fax number entered does not match the provider master file, a pop-up will appear requesting verification of the fax number. Click **OK** if the fax number is correct.

6. Select **Cancel** to change the fax number.

**NOTE:** TAR webpages do not have numbered fields.
7. Enter the **SIG** for the directions for use of the requested NDC. *Always Required.*

8. Use the **Residence Status** drop-down list to select the location where the patient resides.

9. Enter **Miscellaneous Information** such as additional details and medical justification pertinent to the requested NDC.
Section 6. Patient Assessment Information

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

**NOTE:** TAR webpages do not have numbered fields.
Section 7. Prior Authorization Summary

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

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

**NOTE:** TAR webpages do not have numbered fields.
Section 8. Attachment Options

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

2. Click **Submit** to submit the PA for review. See Module H for uploading and faxing requirements.

**NOTE:** There is a maximum of one hour to submit attachments. Failure to submit may result in the TAR being deferred or denied.
A window appears when clicking “I will be faxing attachment(s) within 1 hour.”

3. Click **OK** to print a copy of the TAR 3 Attachment Form.

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

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

See Module H for instructions on which fields need to be completed to submit the attachments correctly.

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

1. The **Message/Additional Message Information** indicates the reason for the PA rejection.

2. The **Reject Code** information can be found in the Medi-Cal provider manual.

3. Click **Correct This Rejected Service** to modify the rejected PA transaction and return to the Patient Information section. Navigate through the eTAR Pharmacy application to correct the information listed in the Message/Additional Message Information field.

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

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

1. The original Authorization Number assigned to the original PA is listed.

2. In the Transaction Response Status field, “Dup of Captured” indicates the PA submitted was previously submitted by the same Medi-Cal provider.

NOTE: TAR webpages do not have numbered fields.
Section 11. Prior Authorization Response – Captured

<table>
<thead>
<tr>
<th>Prior Authorization Response Information NCPDP 5.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorization Number  1</td>
</tr>
<tr>
<td>0512345678</td>
</tr>
<tr>
<td>Message/Additional Message Information 3</td>
</tr>
<tr>
<td>Thank You! Your TAR has been successfully submitted. Prior Authorization Does Not Guarantee Claim Payment.</td>
</tr>
</tbody>
</table>

Provider Information
Submitting Provider
0099897858

Service Information
Transaction Code  Transaction Response Status
P4  Captured

Prior Authorization Process Date
11/26/2012

1. The **Authorization Number** is used to verify the PA was submitted for processing. The authorization number does not mean the PA is approved, but verifies that the PA was submitted for review.

2. The **Product/Service ID** indicates the requested NDC for this PA.

3. The **Message/Additional Message Information** indicates the PA was successfully submitted or the reason the PA was rejected.

**NOTE:** The Authorization Number and Product/Service ID must be used to check the status or reverse a PA.
4. The **Submitting Provider** number indicates the submitting NPI.

5. The **Transaction Code** indicates the type of transaction selected from the previous page.
   - PA Reversal (P2)
   - PA Inquiry (P3)
   - PA Request Only (P4)

6. The **Transaction Response Status** indicates the status and description for a PA, which is determined by the information submitted on the PA.
   - *Captured* – Indicates the service line was submitted correctly and has not yet been processed by the field office.
   - *Rejected* – Indicates the service line was not properly submitted because of the reason(s) listed in the Message/Additional Message Information field. A rejected PA may only be updated from the Response page. See the previous information in this section to update a PA in rejected status.

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

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

9. Click **New PA** to submit a PA for a different recipient.

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

January 2013
Section 12. Adjudication Response

1. The Beneficiary’s name and TAR Control Number (TCN) are displayed.

2. Status of the PA is displayed.

3. The PI (Pricing Indicator) is used for claims purposes.

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

1. Click **Pharmacy** from the eTAR tab to go to the Prior Authorization (PA) Transaction menu.
2. Use the **Transaction Code** drop-down list to select “P.A. Reversal” as the transaction type to reverse (cancel) a PA. *Always required.

3. Click **Continue** to proceed to the Prior Authorization Reversal Transaction page.

**NOTE:** The eTAR Pharmacy Tutorial is accessible from the upper right corner on all eTAR pharmacy webpages.
4. Enter the **Authorization Number** (TCN) assigned when the PA was submitted. *Always required.

5. Enter the **Product/Service ID (NDC)** requested on the PA. Enter zero for a compound drug PA. *Always required.

6. Click **Continue** to proceed to the Prior Authorization Response Information page. Once a PA is reversed it cannot be updated or have claims submitted. A new PA will have to be submitted.

   **NOTE:** PA reversals can only be performed on PAs that have a status of approved or captured. PAs that have a rejected status cannot be reversed.
7. The **Authorization Number** indicates which PA was selected for reversal.

8. The **Product/Service ID (NDC)** indicates the NDC on the reversed PA.

9. The **Message/Additional Message Information** indicates whether the PA reversal was successfully submitted or the reason the PA reversal was rejected.

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

11. The type of **Transaction Code** selected from the previous page is listed in this field. PA Reversal (P2)

12. The **Transaction Response Status** indicates the status of the submitted PA reversal.
   - **Captured** – Indicates that the PA reversal was successfully submitted and processed by the system.

13. Select **New PA** to submit a new PA.

**NOTE:** TAR webpages do not have numbered fields.
Module E.  Prior Authorization Inquiry

Section 1.  Search by Authorization Number and NDC

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

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

January 2013
2. Use the **Transaction Code** drop-down list to select “P.A. Inquiry” as the transaction type to inquire on a Prior Authorization (PA). *Always required.*

3. Click **Continue** to proceed to the Inquiry Selection Information page.

**NOTE:** The eTAR Pharmacy Tutorial is accessible from the upper right corner on all eTAR Pharmacy webpages.
4. Enter the **Authorization Number** assigned when the PA was originally submitted. *Always required.

5. Enter the **Product/Service ID (NDC)** requested on the original PA. If updating a Compound Drug PA, enter zero. *Always required.

6. Click **Submit** to proceed to the PA Response page.
7. The **Authorization Number** field shows which PA was selected for inquiry.

8. The **Product/Service ID (NDC)** field indicates the NDC on the selected PA.

9. The **Message/Additional Message Information** field displays the current status of the PA. The message may differ for each Transaction Response Status.

   **NOTE:** This authorization number does not mean the PA is approved, but verifies that the PA was submitted for review.
10. The **Submitting Provider** field displays the submitting NPI number.

11. The **Transaction Code** field shows the type of transaction selected:
   - PA Reversal (P2)
   - PA Inquiry (P3)
   - PA Request Only (P4)

12. The **Transaction Response Status** indicates the status and description for a PA. This is determined by the information submitted on the PA.
   - **Captured** – Indicates the service line was submitted correctly and has not been processed by the field office.
   - **Rejected** – Indicates the service line was not properly submitted because of the reason(s) listed in the Message/Additional Message Information field.
   - **PA Deferred** – Indicates the service line is deferred until requested information is submitted.
   - **Approved** – Indicates the service line was approved.

13. The **Prior Authorization Process Date** shows the receipt date of the submitted PA.

14. Click **New PA** to submit a new PA.
Once a PA is approved, additional fields are viewable in the Service Information section. These fields provide information required for the billing of the approved PA.

15. The **Message/Additional Message Information** displays the total number of Approved Units, Used Units and the From and Thru dates.

16. The **Transaction Code** shows the type of transaction initially selected.

17. The **Transaction Response Status** indicates the PA is approved.
The following fields are viewable for an approved PA only:

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

19. The **Prior Authorization Number of Refills Authorized** indicates the number of refills authorized.

20. The **Prior Authorized Quantity (Quantity)** indicates the quantity authorized.

21. The **Prior Authorization Effective Date (From Date)** indicates the from date of the PA.

22. The **Prior Authorization Expiration Date (Thru Date)** indicates the thru date of the PA.

23. The **Prior Authorization Dollars Authorized** indicates the negotiated price for the submitted PA, if applicable.

24. The **Prior Authorization Number – Assigned** indicates the final authorization number to be used when billing for this PA. After the PA is approved, the system will automatically generate the Pricing Indicator. This will become the 11th digit of the authorization number.

25. Click **New PA** to submit a new PA.
Once a PA is reversed (canceled), additional fields are viewable in the Service Information section.

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

NOTE: TAR webpages do not have numbered fields.
27. The **Message/Additional Message Information** indicates comments entered by the field office reviewer upon adjudication.

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

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

**NOTE:** TAR webpages do not have numbered fields.
30. The **Message/Additional Message Information** indicates comments entered by the field office reviewer upon adjudication.

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

32. Information on the **Reject Code** can be found in the Medi-Cal Provider Manual.
Section 2. PA Inquiry – Multiple Transactions

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

**NOTE:** TAR webpages do not have numbered fields.
2. Use the **Transaction Code** drop-down list to select “P.A. Inquiry” as the transaction type to inquire about multiple PAs. *Always required.

3. Click **Continue** to proceed to the Inquiry Selection Information page.
4. Click **Multiple Service Inquiry** to search for multiple PAs simultaneously, or if the authorization number or NDC is unknown.
The fields can be used separately or in conjunction with each other to narrow the search for TAR Inquiry.

5. The **Service Indicator** drop-down list defaults to Pharmacy and cannot be changed.

6. Use the **Special Handling** drop-down list to select the special handling reason for inquiry.

7. Click the **Approved** checkbox to view a list of approved TARs.

8. Click the **Deferred** checkbox to view a list of deferred TARs.

9. Click the **Denied** checkbox to view a list of denied TARs.

10. Click the **Modified** checkbox to view a list of modified TARs.

11. Click the **In Review** checkbox to view a list of TARs waiting to be reviewed.

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

**NOTE:** TAR webpages do not have numbered fields.
12. Enter the **TAR Number** to search for a specific TAR. All other fields will be ignored.

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

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

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

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

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

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

19. Click **Continue** to perform the inquiry.
### Inquiry Selection List

<table>
<thead>
<tr>
<th>TCN</th>
<th>PJ.</th>
<th>Patient Record #</th>
<th>Recip ID</th>
<th>Service #</th>
<th>Service Code</th>
<th>Service Description</th>
<th>Last Name</th>
<th>Received</th>
<th>Quantity</th>
<th>Units Used</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>0512345678</td>
<td>0</td>
<td>91234567A12345</td>
<td>1</td>
<td>00173073500</td>
<td>IMITREX 25 MG TABLET</td>
<td>DOE</td>
<td>10/16/2012</td>
<td>9.0 / Fill</td>
<td>2</td>
<td>1</td>
<td>Approved</td>
</tr>
<tr>
<td>0512345689</td>
<td>0</td>
<td>91234567A12345</td>
<td>1</td>
<td>00143129625</td>
<td>METHOCARBAMOL 500 MG TABLET</td>
<td>DOE</td>
<td>10/16/2012</td>
<td>90.0 / Fill</td>
<td>7</td>
<td>0</td>
<td>Deferred</td>
</tr>
<tr>
<td>0512345674</td>
<td>0</td>
<td>91234567A12345</td>
<td>1</td>
<td>00591329201</td>
<td>HYDROCODON-ACETAMINOPHEN 5-325</td>
<td>DOE</td>
<td>10/16/2012</td>
<td>180.0 / Fill</td>
<td>2</td>
<td>1</td>
<td>Approved</td>
</tr>
<tr>
<td>0512345612</td>
<td>0</td>
<td>91234567A12345</td>
<td>1</td>
<td>00781223101</td>
<td>TENAZERAM 15 MG CAPSULE</td>
<td>DOE</td>
<td>10/17/2012</td>
<td>30.0 / Fill</td>
<td>3</td>
<td>2</td>
<td>Approved</td>
</tr>
<tr>
<td>0512345623</td>
<td>0</td>
<td>91234567A12345</td>
<td>1</td>
<td>53746044905</td>
<td>IBUPROFEN 800 MG TABLET</td>
<td>DOE</td>
<td>10/18/2012</td>
<td>90.0 / Fill</td>
<td>2</td>
<td>2</td>
<td>Approved</td>
</tr>
<tr>
<td>0512345634</td>
<td>0</td>
<td>91234567A12345</td>
<td>1</td>
<td>60505255105</td>
<td>GABAVENTIN 600 MG TABLET</td>
<td>DOE</td>
<td>10/18/2012</td>
<td>120.0 / Fill</td>
<td>10</td>
<td>1</td>
<td>Approved</td>
</tr>
<tr>
<td>0512345656</td>
<td>0</td>
<td>91234567A12345</td>
<td>1</td>
<td>00897091314</td>
<td>COMBVENT INHALER</td>
<td>DOE</td>
<td>10/18/2012</td>
<td>14.7 / Fill</td>
<td>2</td>
<td>1</td>
<td>Approved</td>
</tr>
<tr>
<td>0512345665</td>
<td>0</td>
<td>91234567A12345</td>
<td>1</td>
<td>00803333932</td>
<td>DIPHENDRamine 25 MG CAPSULE</td>
<td>DOE</td>
<td>10/18/2012</td>
<td>32.0 / Fill</td>
<td>7</td>
<td>0</td>
<td>Rejected</td>
</tr>
</tbody>
</table>

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

---

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

January 2013
The TAR Inquiry page is displayed. Information submitted on the PA and the PA’s current status can be viewed.

21. Click **Responses** to view the reasons for the adjudication of the PA and the field office reviewer’s comments.
The current and previously adjudicated versions of the PA are listed by Service # and Response Date.

22. Look for the most recent **Response Date** to view the response for the current version of the PA.

23. Click the **TCN** of the PA to view the detailed response information.

<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>0512345678</td>
<td>1</td>
<td>METHOCARBAMOL 500 MG TABLET</td>
<td>Deferred</td>
<td></td>
<td>10/23/2012</td>
</tr>
<tr>
<td>0512345678</td>
<td>1</td>
<td>METHOCARBAMOL 500 MG TABLET</td>
<td>Approved</td>
<td></td>
<td>11/6/2012</td>
</tr>
</tbody>
</table>
The TAR Response page displays specific information regarding the adjudication of the PA.

24. The P.I. (pricing indicator) for the PA is crucial for submitting claims. Once the PA is approved, the pricing indicator becomes the 11th digit of the authorization number for claims.

25. The Status indicates the decision made by the Medi-Cal field office reviewer.

26. The Action Reason List field displays specific reasons why the PA service line was deferred, denied, or approved.

27. The TAR Review Comments field shows comments entered by the field office reviewer. If the field office asks for additional information, see Module F for instructions on updating a deferred PA.

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

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

1. Click **Pharmacy** from the eTAR tab to proceed to the Prior Authorization Transaction page.
2. Use the **Transaction Code** drop-down list to select “P.A. Request Only” as the transaction type to request a new Prior Authorization (PA). *Always required.*

3. Click **Continue** to proceed to the Request Type Information page.

**NOTE:** The eTAR Pharmacy Tutorial is accessible from the upper right corner on all eTAR Pharmacy Web pages.
4. Use the **Request Type** drop-down list to select “Deferred”. *Always required.

**NOTE:** If the PA was deferred because of a request for attachment information, do not update the PA online. Upload or fax the attachments to update the deferred PA. See Module H for more information about submitting attachments.

5. Enter the **Authorization Number (TCN)** received when the PA was submitted. *Always required.

6. Enter the **Product/Service ID (NDC)** requested for the deferred PA. Enter zero if updating a Compound Drug PA. *Always required.

7. Click **Continue** to proceed to the Prior Authorization Summary page.
8. Click **Edit Patient** to edit the Patient Information section.

9. Click **Edit Service** to edit the Service Information section.

10. Click **Continue** to proceed to the Attachment Information page after information on the PA is confirmed.

**NOTE:** TAR webpages do not have numbered fields.
11. Select the appropriate **Attachment(s) Submission Options** radio button. If required attachments are not received within the specified time, the PA may be deferred or denied.

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

   **NOTE:** There is a maximum of one hour to submit attachments. Failure to submit may result in the TAR being deferred or denied.
13. The **Authorization Number** indicates the PA update was submitted for review. The authorization number does not indicate the PA is approved, but verifies that the PA was submitted for review.

14. The **Product/Service ID (NDC)** indicates the NDC on the submitted PA.

15. The **Message/Additional Message Information** indicates that the PA update was successfully submitted or the reason the PA was rejected.

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

17. The **Transaction Code** indicates the type of transaction selected:
   - PA Reversal (P2)
   - PA Inquiry (P3)
   - PA Request Only (P4)

18. The **Transaction Response Status** indicates the status and description for a PA. The transaction response status is determined by the information submitted on the PA.
   - **Captured** – Indicates the service line was submitted correctly and has not yet been processed by the field office.
   - **Rejected** – Indicates the service line was not properly submitted because of the reason(s) listed in the Message/Additional Message Information field.

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

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

21. Click **New PA** to submit a new PA.
Module G. Submit Reauthorization of a PA

1. Click the eTAR tab and select **Pharmacy** to proceed to the Prior Authorization Transaction page.
2. Use the **Transaction Code** drop-down list to select “P.A. Request Only” as the transaction type to request a new Prior Authorization (PA). *Always required.

3. Click **Continue** to proceed to the Request Type Information page.

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

---

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

January 2013
4. Use the **Request Type** drop-down list to select “Reauthorization”. *Always required.

5. Enter the **Authorization Number (TCN)** received when the PA was originally submitted. *Always required.

6. Enter the **Product/Service ID (NDC)** from the original PA. Enter zero if submitting a reauthorization for a compound drug PA. *Always required.

7. Select **Continue** to proceed to the PA Summary page.

**NOTE:** TAR webpages do not have numbered fields.
8. Click **Edit Service** to update the “Number of Refills Authorized” and “Request Period Date-End (Thru Date)” for the reauthorization. If other information needs to be updated, a new PA must be submitted.

---

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

---

**February 2015**
9. New refills requested must be added in with the existing approved refills in the **Number of Refills Authorized** field.

10. Enter the extended thru dates of service in the **Request Period Date-End (Thru Date) (mmddyyyy)** field.

11. Enter additional details such as medical justification pertinent to the requested service in the **Miscellaneous Information** field.

12. Click **Continue** to return to the Prior Authorization Summary page.
13. Click **Continue** to proceed to the Attachment Information page.
14. Click the **Attachment(s) Submission Options** radio button that reflects how and when the attachments will be submitted. If required attachments are not received within the specified time, the PA may be deferred or denied.

15. Click **Submit** to submit the PA.
16. The **Authorization Number** is used to verify that the PA reauthorization was submitted for processing. The authorization number does not mean the PA is approved, but verifies that the PA reauthorization was submitted for review.

17. The **Product/Service ID (NDC)** indicates the requested NDC for the PA reauthorization.

18. **Message/Additional Message Information** indicates the PA reauthorization was successfully submitted or the reason the PA was rejected.

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

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

**NOTE:** TAR webpages do not have numbered fields.
20. The type of **Transaction Code** selected from the previous page is listed in this field.

21. The **Transaction Response Status** shows the status and description for each PA. The transaction response status is determined by the information submitted on the PA.
   - **Captured** – Indicates the service line was submitted correctly and has not been processed by the field office.
   - **Rejected** – Indicates the service line was not properly submitted because of the reason(s) listed in the Message/Additional Message Information field.

22. The **Prior Authorization Process Date** confirms the receipt date of the submitted PA.

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

24. Click **New PA** to submit a new PA.
Module H. Submit Attachments

Section 1. Upload Attachments

1. Click Attachments from the NCPDP menu.
2. Click **Continue** to begin attaching files.
Submit Attachments

* TCN: 0512345678 FAX Number: 
Provider ID: 0099097830 * Recipient ID: 98765432A95001
Provider Cntl Nbr: 

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

Enter the file name(s) to upload

Browse...
Browse...
Browse...
Browse...
Browse...
Browse...
Browse...
Browse...
Browse...
Browse...
Browse...
Browse...
Browse...
Browse...
Browse...
Browse...
Browse...

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

Upload Files Reset

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

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

3. Enter the TAR Control Number (TCN) assigned by the system when the PA was successfully submitted. *Always required.

4. Enter the Recipient ID# submitted on the PA. *Always required.

NOTE: TAR webpages do not have numbered fields. January 2013
5. Click **Browse** to locate files to attach.
Select the file to upload.

6. Click **Open** to upload the file.
7. Click **Upload Files** to submit attachments.
   **NOTE:** All uploaded files will be associated with the TCN entered in step 3.

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

**NOTE:** TAR webpages do not have numbered fields.
9. Click **Return to TAR Menu** to return to the TAR main menu. If uploading an attachment for another PA, start the upload procedure again. Do not use the Back button on the Web browser from this page, attachments uploaded after clicking Back may not upload to the PA.

10. Click **Return to Pharmacy Online TAR** to navigate back to the Prior Authorization Transaction menu.
Section 2. Fax Attachment Form

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

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

The following fields are required. Type or print neatly.

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

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

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

12. Enter the **Date** (mmddyyyy).
13. The *TAR 3 Attachment Form* can be downloaded by accessing the eTAR tab on the Transaction Services menu.
Use the completed *TAR 3 Attachment Form* as the fax cover sheet.

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

From outside California fax to:
916-384-9000

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

**NOTE:**

- When faxing attachments for multiple TCNs, submit all attachments for each TCN as its own fax. The fax system does not differentiate attachments for different authorization numbers sent together in one fax.

- It is important to turn off batching function options or automatic coversheet options for the fax machines used.
Module I. Using Code Search

1. Click **Code Search** from the NCPDP menu.
2. Select the appropriate type of code to search for from the radio buttons listed under **Please choose the type of code to search for**.

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

3. Under **Please choose the type of search:**
   - Click the circular Search by Description radio button if the ICD code is unknown
   - Click the circular Search by Code radio button if the code is known

4. Enter the description or code in the **Please enter text to search for** field.

5. Click **Search** to complete the search function.
## Code Search List

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>428.31</td>
<td>ACUTE DIASTOLIC HEART FAILURE</td>
</tr>
<tr>
<td>428.23</td>
<td>ACUTE ON CHRONIC SYSTOLIC HEART FAILURE</td>
</tr>
<tr>
<td>428.21</td>
<td>ACUTE SYSTOLIC HEART FAILURE</td>
</tr>
<tr>
<td>428.22</td>
<td>CHRONIC SYSTOLIC HEART FAILURE</td>
</tr>
<tr>
<td>428.00</td>
<td>CONGESTIVE HEART FAILURE UNSPEC</td>
</tr>
<tr>
<td>428.10</td>
<td>HEART FAILURE</td>
</tr>
<tr>
<td>428.9</td>
<td>HEART FAILURE NOS</td>
</tr>
<tr>
<td>428.1</td>
<td>LEFT HEART FAILURE</td>
</tr>
<tr>
<td>398.91</td>
<td>RHEUMATIPIC HEART FAILURE</td>
</tr>
<tr>
<td>428.30</td>
<td>UNSPECIFIED DIASTOLIC HEART FAILURE</td>
</tr>
<tr>
<td>428.20</td>
<td>UNSPECIFIED SYSTOLIC HEART FAILURE</td>
</tr>
</tbody>
</table>

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