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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Training Policy

This module 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 accessible on the Medi-Cal website (www.medi-cal.ca.gov).
Purpose and Objectives

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

Upon completion of this training, participants will have an understanding of the eTAR submission process for the following services:

- Inpatient Services
- Outpatient Services
- Long Term Care Services

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, 2018 is 06102018.
- 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.
- Provider should confirm recipient eligibility prior to submitting a TAR.
Inpatient Services

Select Service Category

There are three ways to add a service to a TAR:

1. If you know the code, enter the code in the search field and select **Find Service Category(s)**. This is the preferred method.

2. If you don’t know the code, but you know the service category, select the appropriate **Service Category** hyperlink.

3. If you don’t know the code or the service category, select the **Service Code Search** hyperlink to initiate the search. See the eTAR User Guide: Basics for additional information on code search.

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

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

May 2019
Service Selection

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code Type</th>
<th>Service Category</th>
<th>Service Gp Desc</th>
<th>TAR Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>59899</td>
<td>MATERIITY CARE PROCEDURE</td>
<td>P</td>
<td>Surgical/Other Procedure</td>
<td>Anesthesia</td>
<td>Generally No TAR, Subject to Billing Limitations</td>
</tr>
<tr>
<td>69999</td>
<td>MATERIITY CARE PROCEDURE</td>
<td>P</td>
<td>Surgical/Other Procedure</td>
<td>Surgery</td>
<td>TAR Required</td>
</tr>
<tr>
<td>59899</td>
<td>MATERIITY CARE PROCEDURE</td>
<td>P</td>
<td>Surgical/Other Procedure</td>
<td>Assist. Surgeon</td>
<td>Generally No TAR, Subject to Billing Limitations</td>
</tr>
</tbody>
</table>

4. If you entered the Service Code (Step 1), it may return multiple service categories for the specific code. If this is the case, select the appropriate Service Category hyperlink that applies to the service being requested.

NOTE: This screen will only appear if the service code has more than one service category.
Hospital Days

Special Considerations/Notes:

- Special Handling Codes for Hospital Admissions (Special Handling Code drop-down is located on the Patient Information page in the eTAR system):
  - Physicians requesting an elective hospital admission for medical procedures and associated hospitalization should select special handling code **Elective Acute Day Hospitalization**.
  - Hospitals requesting emergency hospital admission should select special handling code **Emergency Acute Day Hospitalization**. However, hospitals participating in the Electronic Medical Review (EMR) process should continue selecting special handling code **EMR Approved Access**.
  - Providers located outside of California requesting acute day hospitalization should select special handling code **Out-of-State Acute Day Hospitalization**.

1. Enter the **Service Code** being requested if blank. If the service code is unknown, click the Service Code hyperlink to access the Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

**NOTE:** For Acute Inpatient Hospital Stay, use Service Code “0.”

2. Enter the **Total Units** requested. *Required

3. Enter the **From Date** (mmddyyyy) for the requested start of the service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.

**NOTE:** TAR web pages do not have numbered fields.
Note for Emergency Acute Day Hospitalization: For patients with full aid code, request only a single day (admit date). For patients with restricted aid code, enter the first requested hospital day.

4. Enter the Through Date (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.

Note for Emergency Acute Day Hospitalization: For patients with full aid code, request only a single day (admit date). For patients with restricted aid code, enter the last requested hospital day, but do not include the discharge date.

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

6. Enter the Discharge Date (mmddyyyy). If discharge date has been selected, this field is required.

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

For example: Use the surgeon’s or doctor’s NPI for the specific surgery being performed by the physician. This will allow the surgeon to be reimbursed.

NOTE: TAR web pages do not have numbered fields.

May 2019
8. Use the ICD-CM Type drop-down to select the ICD code type *Required

**NOTE:** must use ICD-10 code for dates of service on or after October 1, 2015.

9. Enter the ICD Code, including the decimal point, indicating the primary diagnosis relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. *Required

**NOTE:** The Diagnosis Description field is disabled and is no longer in use.

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 the eTAR User Guide: Basics for information on submitting the eTAR.

    OR

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

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

1. Enter the Service Code being requested if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four Modifiers, if applicable. If unknown, click the Modifiers hyperlink to access Code Search.

3. Enter the Total Units requested. *Required

4. Enter the From Date (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the range of dates during which service will be provided.

5. Enter the Thru Date (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the range of dates during which service will be provided.

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

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

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

* Frequency

6 / Week

NOTE: TAR web pages do not have numbered fields.
8. Use the **POS** drop-down to select the Place of Service where the service is being rendered.
   *Required

9. Use the **Pricing Override Request** drop-down to select an override code for unlisted items or prices.

10. Enter the **Price** requested including the decimal point for unlisted items or prices, up to seven digits. If Pricing Override Request is selected, this field is required.

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

   **NOTE**: Must use ICD-10 code for dates of service on or after October 1, 2015.

12. Enter the **ICD Code** including the decimal point, indicating the diagnosis relative to the requested service. If unknown, click the **ICD Code** hyperlink to access Code Search.

   *Required.

   **NOTE**: The **Diagnosis Description** field is disabled and is no longer in use.

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

14. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.
NOTE: Steps 15-28 may be bypassed if submitting the information as attachments.

15. Enter current medical status codes which describe the patient’s condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, click the medical status hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

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

17. Use the **ICD Code**, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. *Required

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

NOTE: TAR web pages do not have numbered fields.
19. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) -- include dates if applicable** field. If there is no relevant information available, enter none or not known. *Required

20. Enter information regarding any similar services in the **If it is known that the patient has ever received the requested or similar service(s), please explain -- include dates** field. This replaces the need for submitting this information as an attachment. *Required

21. Enter the **Service Code** identifying a service that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

22. Enter details in the **Describe Alternative Tried/Considered** field. Leave this field blank if an alternative service code has been entered in the adjacent field.

23. Use the **Reason** drop-down to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave this field blank.
24. Enter the **Physician Prescription** in the exact words as written on the prescription. *Required

25. Enter the National Provider Identifier (NPI) in the **Physician’s License #** field. *Required

26. Enter the prescribing **Physician’s Name**. *Required

27. Enter the **Physician’s Phone** number. *Required

28. Enter the **Prescription Date** (mmddyyyy). *Required

29. Click **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

OR

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

1. Enter the **Service Code** being requested if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search.

3. Enter the **Service Description** if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.

4. Use the **Side** drop-down to select Right, Left or Bilateral.

5. Enter the **Total Units** requested. * Required

6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.

7. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.

**NOTE:** TAR web pages do not have numbered fields.
8. Enter a Rendering Provider # if rendering provider to allow another provider to inquire on eTAR service information. If the submitting and rendering provider numbers are the same, leave this field blank.

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

10. Enter the ICD Code including the decimal point, indicating the primary diagnosis relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. *Required

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

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

12. Enter Miscellaneous TAR Information with additional details and medical justification pertinent to the requested service.
NOTE: Steps 13-29 may be bypassed if submitting the information as attachments.

13. Enter the patient’s **Weight** in pounds and ounces.

14. Enter the current functional limitation or physical condition relative to the requested services in the **Please list current functional limitation/physical condition codes** field. If unknown, click the functional limitation link to access Code Search. *Required

15. Enter current medical status codes which describe the patient’s condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, click the medical status hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
16. Use the **ICD-CM Type** drop-down to select the ICD code type.

17. Enter secondary **ICD Code** including the decimal point, indicating the diagnosis relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

**NOTE:** The **Diagnosis Description** field is disabled and is no longer in use.

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

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

20. In the **If it is known that the patient has ever received the requested or similar service(s), please explain – include dates** field, enter information regarding any similar services. *Required
21. Enter the **Service Code** being requested if blank. If the service code is unknown, click the **Service Code** hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

22. Enter details in the **Describe Alternative Tried/Considered** field. If an alternative service code has been entered in the adjacent field, leave field blank.

23. Use a **Reason** drop-down to identify why the service is not feasible for this patient. If alternative service code or description is not entered, leave this field blank.

24. Enter a brief explanation in the **Please explain why the least costly method of treatment is not being used** field.
25. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required

26. Enter the National Provider Identifier (NPI) in the **Physician’s License #** field. *Required

27. Enter the prescribing **Physician’s Name**. *Required

28. Enter the **Physician’s Phone** number. *Required

29. Enter the **Prescription Date** (mmddyyyy). *Required

30. Click **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

    OR

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

**NOTE:** TAR web pages do not have numbered fields.
Surgical/Other Procedures

1. Enter the **Service Code** (CPT or HCPCS Code) being requested if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers link to access Code Search.

3. Enter the **Service Description** if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.

4. Use the **Side** drop-down to select Right, Left or Bilateral. *Required

5. Enter the **Total Units** requested. *Required

6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.

7. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.

8. Enter the **Admit Date** (mmddyyyy) when the patient was or will be admitted.
9. Use the **POS** drop-down to select the Place of Service where the service is being rendered.

10. Enter a **Rendering Provider #** to allow another provider to inquire on eTAR service information. If the submitting and rendering provider numbers are the same, leave this field blank.

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

12. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. *Required

**NOTE:** The Diagnosis Description field is disabled and is no longer in use.

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

14. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.
NOTE: Steps 15-31 may be bypassed if submitting the information as attachments.

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

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

17. Enter current medical status codes which describe the patient’s condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, click the medical status hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
18. Use the **ICD-CM Type** drop-down to select the ICD code type.

19. Enter secondary **ICD Code**, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. *Required

**NOTE:** The **Diagnosis Description** field is disabled and is no longer in use.

20. Enter the **Date of Onset** (mm/dd/yyyy) 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 information regarding any similar services in the **If it is known that the patient has ever received the requested or similar service(s), please explain — include dates** field. *Required

**NOTE:** TAR web pages do not have numbered fields.
23. Enter secondary ICD Code, including the decimal point, in the Service Code field indicating the diagnosis(es) relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search.

24. Enter the details in the Describe Alternative Tried/Considered field. If an alternative service has been entered in the adjacent field, leave this field blank.

25. Use the Reason drop-down to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave the field blank.

26. Enter a brief explanation in the Please explain why the least costly method of treatment is not being used field. *Required
27. Enter the **Physician Prescription** in the exact words as written on the prescription. *Required

28. Enter the National Provider Identifier (NPI) in the **Physician’s License #** field. *Required

29. Enter the prescribing **Physician’s Name**. *Required

30. Enter the **Physician’s Phone** number. *Required

31. Enter the **Prescription Date** (mmddyyyy). *Required

32. Click **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

   OR

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

**NOTE:** TAR web pages do not have numbered fields.
Transplant Procedure – Kidney

Special Considerations/Notes:

Providers requesting organ transplant/acquisition should select special handling code Transplant Related Services. Special Handling Code drop-down is located on the Patient Information page in the eTAR system.

1. Enter the Service Code being requested if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four Modifiers, if applicable. If unknown, click the Modifiers hyperlink to access Code Search.

3. Enter the Total Units requested. *Required

4. Enter a Rendering Provider # to allow another provider to inquire on eTAR service information. If the submitting and rendering provider numbers are the same, leave this field blank.

5. Enter the From Date (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter range of dates during which service will be provided.

6. Enter the Thru Date (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter range of dates during which service will be provided.

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

May 2019
7. Use the **ICD-CM Type** drop-down to select the ICD code type.

8. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. *Required

**NOTE:** The **Diagnosis Description** field is disabled and is no longer in use.

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

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

11. Click **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

    OR

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

**NOTE:** TAR web pages do not have numbered fields.
Transplant Procedure – Other

Special Considerations/Notes:

Providers requesting organ transplant/acquisition should select special handling code Transplant Related Services. Special Handling Code drop-down is located on the Patient Information page in the eTAR system.

1. Enter the Service Code being requested if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search *Required

2. Enter up to four Modifiers, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

3. Enter the Total Units requested. *Required

4. Enter the From Date (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.

5. Enter the Thru Date (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which service will be provided.
6. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required

7. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis relative to the requested service, including the decimal point. If unknown, click the ICD Code hyperlink to access Code Search.

**NOTE:** The **Diagnosis Description** field is disabled and is no longer in use.

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

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

10. Click **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

   OR

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

Select Service Category

There are three ways to add a service to a TAR:

1. If you know the code, enter the code in the search field and select **Find Service Category(s)**. This is the preferred method.

2. If you don’t know the code, but you know the service category, select the appropriate Service Category hyperlink.

3. If you don’t know the code or the service category, select the **Service Code Search** hyperlink to initiate the search. See the eTAR User Guide: Basics for additional information on code search.

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

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

May 2019
Service Category Selection

4. If you entered the Service Code (Step 1), it may return multiple service categories for the specific code. If this is the case, select the appropriate **Service Category** hyperlink that applies to the service being requested.

**NOTE:** This screen will only appear if the service code has more than one service category.
Adult Day Health Care (ADHC)

NOTE:

- ADHC is now known as Community-Based Adult Services (CBAS). Because the eTAR system still uses ADHC, this user guide refers to ADHC, not CBAS.
- ADHC providers have to submit TARs with one calendar month per service line.

Example: Line 1 = May 15 – May 31, Line 2 = June 1 – June 30

- Providers may claim up to 4 carryover (unused) days per month. Unless, the claim is in the sixth month of service of one TAR to the first month of service on a new TAR.
- Providers may only submit up to six lines of service on one TAR, even if the first service line’s date of service starts mid-calendar month.
- Reauthorizations will be accepted for ADHC TARs as long as the extension is within one calendar month from what is already listed on the TAR.
- If the TAR has less than six months of service submitted and the provider needs to extend the services beyond one service line, they may extend the service using Add Service for up to a total of six months (six service lines).
- If an extension is needed past six months, a new TAR is required.
1. Enter the **Service Code** being requested if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

3. Enter the **Total Units** requested. *Required

4. Use the **Schedule** drop-down to select the appropriate details for the requested service. If Other is selected, enter the schedule in the Miscellaneous TAR Information field. *Required
5. Enter the **Frequency** for the number of units to be used per time period. Enter the number of units in the first field and use the drop-down to select the time period. *Required

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

   ![Frequency Example]

6. Enter the **From Date** (mmddyyyy) for the requested start of service date. If the request is planned, enter range of dates during which service will be provided. *Required

   **NOTE:** ADHC providers must request one calendar month per service line.

   **Example:** Line 1 = 05152019 – 05312019  
   Line 2 = 06012019 - 06302019

7. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. If the request is planned, enter range of dates during which service will be provided. *Required

   **NOTE:** ADHCS providers must request one calendar month per service line.

   **Example:** Line 1 = 05152019 – 05312019  
   Line 2 = 06012019 - 06302019

8. Enter the **Admit Date** (mmddyyyy) date the patient was or will be admitted. *Required

9. Enter the **Discharge Date** (mmddyyyy). If Discharge (Step 10) will be selected, this field is required.

10. Use the **Discharge** drop-down to select the location where the patient will be going. If this field is selected, you must also complete the Discharge Date (Step 9).

11. Use the **Admit From** drop-down to select the location where the patient came from. *Required

   ![Admit From Example]
12. Use the ICD-CM Type drop-down to select the ICD code type. *Required

**NOTE:** Must use ICD-10 code for dates of service on or after October 1, 2015.

13. Enter the ICD Code indicating the primary diagnosis relative to the requested service. If unknown, click the ICD code hyperlink to access Code Search. *Required

**NOTE:** The Diagnosis Description field is disabled and is no longer in use.

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

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

16. Click Continue to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the TAR.

**OR**

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

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

1. Enter the **Service Code** being requested, if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

3. Enter the **Total Units** requested. *Required

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

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

   ![Example](image)

5. Enter the **Ant. Length of Need** to indicate the anticipated period of time the requested services are needed. Enter the number of units in the first field and use the drop-down to select the time period. *Required

   **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. This field is required if the request is retroactive. If the request is planned, enter the start date of the range of dates during which the service will be provided.

7. Enter the **Through Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end date of the range of dates during which service the will be provided.

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

   **NOTE:** Must use ICD-10 code for dates of service on or after October 1, 2015.

9. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. *Required

   **NOTE:** The **Diagnosis Description** field is disabled and is no longer in use.

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.

**NOTE:** TAR web pages do not have numbered fields.
NOTE: Steps 12-21 may be bypassed if submitting the information as attachments.

12. 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, click the medical status hyperlink to access Code Search.

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

14. Enter secondary ICD Code, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search.

NOTE: The Diagnosis Description field is disabled and is no longer in use.

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

16. Enter a summary of the treatment and history of the patient in the Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable field.
17. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required

18. Enter the National Provider Identifier (NPI) in the **Physician’s License #** field. *Required

19. Enter the prescribing **Physician’s Name**. *Required

20. Enter the **Physician’s Phone** number. *Required

21. Enter the **Prescription Date** (mmddyyyy). *Required

22. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

**OR**

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

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

<table>
<thead>
<tr>
<th>Service Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Enter the <strong>Service Code</strong> being requested, if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required</td>
</tr>
<tr>
<td><strong>2.</strong> Enter up to four <strong>Modifiers</strong>, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.</td>
</tr>
<tr>
<td><strong>3.</strong> Enter the <strong>Service Description</strong> if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.</td>
</tr>
<tr>
<td><strong>4.</strong> Enter the <strong>Total Units</strong> requested. *Required</td>
</tr>
<tr>
<td><strong>5.</strong> Use the <strong>Side</strong> drop-down to select Right, Left or Bilateral. *Required</td>
</tr>
<tr>
<td><strong>6.</strong> Enter the <strong>From Date</strong> (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start date of the range of dates during which the service will be provided.</td>
</tr>
<tr>
<td><strong>7.</strong> Enter the <strong>Thru Date</strong> (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end date of the range of dates during which the service will be provided.</td>
</tr>
<tr>
<td><strong>8.</strong> Enter the <strong>Discharge Date</strong> (mmddyyyy). If Discharge (step 11) will be selected, this field is required.</td>
</tr>
<tr>
<td><strong>9.</strong> Enter the <strong>Admit Date</strong> the patient was or will be admitted (mmddyyyy).</td>
</tr>
</tbody>
</table>

**NOTE:** TAR web pages do not have numbered fields.
10. Use the **Admit From** drop-down to select the location where the patient came from.

11. Use the **Discharge** drop-down to select the location where the patient will be going. If this field is selected, you must complete the Discharge Date (step 8).

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

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

**NOTE:** Must use ICD-10 code for dates of service on or after October 1, 2015.

14. Enter **ICD Code**, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. *Required

**NOTE:** The **Diagnosis Description** field is disabled and is no longer in use.
15. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.

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

17. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

    OR

18. Click **Another Service, Same Category** to create another service line for the same service type.
Comprehensive Perinatal Services Program (CPSP)

1. Enter the **Service Code** being requested, if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

3. Enter the **Service Description** if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.

4. Enter the **Total Units** requested. *Required

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

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

   ![Example](image)

**NOTE:** TAR web pages do not have numbered fields.
6. Enter the **Ant. Length of Need** to indicate the anticipated period of time the requested services. Enter the number of units in the first field and use the drop-down to select the time period.

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

   ![Ant. Length of Need](image)

7. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.

8. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.

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

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

   **NOTE:** Must use ICD-10 code for dates of service on or after October 1, 2015.

11. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search.

   *Required

   **NOTE:** The **Diagnosis Description** field is disabled and is no longer in use.
12. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.

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

---

**NOTE:** TAR web pages do not have numbered fields.
NOTE: Steps 14-31 may be bypassed if submitting the information as attachments.

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

15. Enter the patient’s Height in feet and inches.

16. Enter the patient’s Weight in pounds and ounces.

17. Enter current medical status codes which describe the patient’s condition in the Please list current medical status codes relevant to requested service(s) field. If unknown, click the medical status hyperlink to access Code Search. *Required

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

19. Enter secondary ICD Code, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search.

NOTE: The Diagnosis Description field is disabled and is no longer in use.

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. (255 characters accepted)** field. *Required

22. Enter information regarding any similar services in the **If it is known that the patient has ever received the requested or similar service(s), please explain -- include dates. (255 characters accepted)** field.

23. Enter a summary of the therapeutic goal to be met in the **Please summarize the therapeutic goal to be met with the requested service(s). (255 characters accepted)** field.
24. Enter the **Service Code** that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code hyperlink to access Code Search.

25. Enter details in the **Describe Alternative Tried/Considered** field. If a service code has been entered in the adjacent field leave this field blank.

26. Use the **Reason** drop-down to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave this field blank.
27. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required

28. Enter the National Provider Identifier (NPI) in the **Physician’s License #** field. *Required

29. Enter the prescribing **Physician’s Name**. *Required

30. Enter the **Physician’s Phone** number. *Required

31. Enter the **Prescription Date** (mmddyyyy). *Required

32. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

   OR

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

---

**NOTE:** TAR web pages do not have numbered fields.
EPSDT – Nutritional Services

1. Enter the Service Code being requested if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four Modifiers, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

3. Enter the Service Description if an unlisted, generic or miscellaneous service code is used. Otherwise, leave this field blank.

4. Enter the Total Units requested. *Required

5. Enter the Quantity of units to be used per time period. Enter the number of units in the first field and use the drop-down to select the time period. *Required

Example: If 30 units are anticipated to be used per month, enter:

NOTE: TAR web pages do not have numbered fields.
6. Enter the **Ant. Length of Need** to indicate the anticipated period of time the requested services are needed. Enter the number of units in the first field and use the drop-down to select the time period. *Required

   **Example:** If the patient will need two services per month, enter:

6

7. Enter the **From Date** (mm/dd/yyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.

8. Enter the **Thru Date** (mm/dd/yyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.

9. Use the **POS** drop-down to select the place of service where the service is being rendered. *Required

10. If the rendering provider is different from the submitting provider, enter a **Rendering Provider #**. This will allow another provider to inquire on TAR service information. If the submitting and rendering provider numbers are the same, leave this field blank.

11. Enter the **Price** requested, including the decimal point, for unlisted items or prices, up to seven digits. If a **Price Override** (step 12) is selected, this field is required.

12. Use the **Price Override** drop-down to select an override code for unlisted items or prices.
13. Use the ICD-CM Type drop-down to select the ICD code type.

**NOTE:** Must use ICD-10 code for dates of service on or after October 1, 2015.

14. Enter the ICD Code, including the decimal point, indicating the primary diagnosis relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search.

*Required

**NOTE:** The Diagnosis Description field is disabled and is no longer in use.

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.
NOTE: Steps 17-36 may be bypassed if submitting the information as attachments.

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

18. Use the Feeding Method drop-down to select the method by which the patient is fed.

19. Enter the patient’s Height in feet and inches. *Required

20. Enter the patient’s Weight in pounds and ounces. *Required

21. Enter the current functional limitation or physical condition relative to the requested services in the Please list current functional limitation/physical condition codes field. If unknown, click the functional limitation hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

22. Enter current medical status codes that describe the patient’s condition in the Please list current medical status codes relevant to the requested service(s) field. If unknown, click the medical status hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

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

24. Enter secondary ICD Code, including the decimal point, indicating the diagnosis relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
NOTE: The Diagnosis Description field is disabled and is no longer in use.

25. Enter the Date of Onset (mm/dd/yyyy) for the diagnosis entered in the ICD Code field.

26. 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.

27. Enter information regarding any similar services in the If it is known that the patient has ever received the requested or similar service(s), please explain – include dates field.

28. Enter a summary of the therapeutic goal to be met in the Please summarize the therapeutic goal to be met with the requested service(s) field.
29. Enter the **Service Code** that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

30. Enter details in the **Describe Alternative Tried/Considered** field. If a service code has been entered in the adjacent field, leave this field blank.

31. Use the **Reason** drop-down to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave the field blank.

**NOTE:** TAR web pages do not have numbered fields.
32. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required

33. Enter the National Provider Identifier (NPI) in the **Physician's License #** field. *Required

34. Enter the prescribing **Physician's Name**. *Required

35. Enter the **Physician's Phone** number. *Required

36. Enter the **Prescription Date** (mmddyyyy). *Required

37. Click **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics information on submitting the TAR.

    OR

38. Click **Another Service, Same Category** to create another service line for the same service type.
1. Enter the Service Code being requested if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four Modifiers, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

3. Enter the Service Description if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.

4. Use the Side drop-down to select Right, Left or Bilateral. *Required

5. Enter the Total Units requested. *Required

6. Enter the From Date (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.

7. Enter the Thru Date (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.

NOTE: TAR web pages do not have numbered fields.
8. Enter the **Start of Care** (mmddyyyy) date the patient began, or will begin, receiving the service requested.

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

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

   ![Frequency Example]

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

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

   ![Ant. Length of Need Example]
11. Enter the **Discharge Date** (mmddyyyy). If Discharge (step 12) will be selected, this field is required.

12. Use the **Discharge** drop-down to select the location for the patient will be going. If this field is selected, you must also complete the Discharge Date (step 11).

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

14. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required

**NOTE:** Must use ICD-10 code for dates of service on or after October 1, 2015.

15. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. *Required

**NOTE:** The **Diagnosis Description** field is disabled and is no longer in use.

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

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

18. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

   OR

19. Click **Another Service, Same Category** to create another service line for the same service type.
## Hemodialysis (Dialysis)

<table>
<thead>
<tr>
<th>Service Information</th>
<th>Modifiers (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Code</td>
<td></td>
</tr>
<tr>
<td>Modifiers</td>
<td></td>
</tr>
<tr>
<td>Service Description</td>
<td></td>
</tr>
<tr>
<td>Schedule</td>
<td></td>
</tr>
<tr>
<td>Total Units</td>
<td>Frequency</td>
</tr>
<tr>
<td>Ant. Length of Need</td>
<td></td>
</tr>
</tbody>
</table>

1. Enter the **Service Code** being requested, if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

3. Enter the **Service Description** if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.

4. Use the **Schedule** drop-down to select the appropriate weekly schedule for the requested service. If Other is selected, enter the schedule in the Enter Miscellaneous TAR Information field. *Required.

5. Enter the **Total Units** requested. *Required

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

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

<table>
<thead>
<tr>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
</tr>
<tr>
<td>Week</td>
</tr>
</tbody>
</table>

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

May 2019
7. Enter the **Ant. Length of Need** to indicate the anticipated period of time the requested services are needed. Enter the number of units in the first field and use the drop-down to select the time period.

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

   ![Ant. Length of Need](image)

8. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.

9. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.

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

11. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required

   **NOTE:** Must use ICD-10 code for dates of service on or after October 1, 2015.

12. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. *Required

   **NOTE:** The **Diagnosis Description** field is disabled and is no longer in use.

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

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

   **NOTE:** TAR web pages do not have numbered fields.
<table>
<thead>
<tr>
<th>Step</th>
<th>Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>15. Use the <strong>ICD-CM Type</strong> drop-down to select the ICD code type.</td>
</tr>
</tbody>
</table>
| 16   | 16. Enter secondary **ICD Code**, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search.  
   **NOTE:** The **Diagnosis Description** field is disabled and is no longer in use. |
| 17   | 17. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field. |
| 18   | 18. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s)** – include dates if applicable field. *Required |
| 19   | 19. Enter information regarding any similar services in the **If it is known that the patient has ever received the requested or similar service(s), please explain** – include dates field. |
| 20   | 20. Enter a summary of the therapeutic goal to be met in the **Please summarize the therapeutic goal to be met with the requested service(s)** field. |

**NOTE:** Steps 15-25 may be bypassed if submitting the information as attachments.
21. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required

22. Enter the National Provider Identifier (NPI) in the **Physician’s License #** field. *Required

23. Enter the prescribing **Physician’s Name**. *Required

24. Enter the **Physician’s Phone** number. *Required

25. Enter the **Prescription Date** (mmddyyyy). *Required

26. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

   OR

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

NOTE:

- Providers rendering Pediatric Day Health Care (PDHC) services under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit must indicate so on their Treatment Authorization Request. The special handling code, EPSDT PDHC, must be selected under the **Patient Information** screen.

- Providers rendering Private Duty Nursing (PDN) services under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit must indicate so on their Treatment Authorization Request. The special handling code EPSDT PDN, must be selected under the **Patient Information** screen.

1. Enter the **Service Code** being requested if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

3. Enter the **Total Units** requested. *Required

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

   **Example:** If the patient will need three visits per week, enter:

   

<table>
<thead>
<tr>
<th>* Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 / Week</td>
</tr>
</tbody>
</table>

5. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.

6. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.

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

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7. Enter the **Discharge Date** (mmddyyyy). If Discharge (step 9) will be selected, this field is required.

8. Enter the date the patient was or will be admitted in the **Admit Date/Start of Care** field (mmddyyyy). *Required

9. Use the **Discharge** drop-down to select the location where the patient will be going. If this field is selected, you must also complete the Discharge Date (step 7).

10. Use the **Admit From** drop-down to select the location where the patient came from.

11. Use the **POS** drop-down to select the place of service where the service is being rendered.

12. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required

   **NOTE:** Must use ICD-10 code for dates of service on or after October 1, 2015.

13. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

   **NOTE:** The **Diagnosis Description** field is disabled and is no longer in use.

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

   **NOTE:** TAR web pages do not have numbered fields.
15. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.

16. Click **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the TAR.

OR

17. Click **Another Service, Same Category** to create another service line for the same service type.
1. Enter the **Service Code** being requested if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

3. Enter the **Total Units** requested. *Required

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

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

5. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.

6. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.

**NOTE:** TAR web pages do not have numbered fields.
7. Enter the **Start of Care** (mmddyyyy) date the patient began, or will begin, receiving the service requested. *Required

8. Enter the **Discharge Date** (mmddyyyy).

9. Use the **Admit From** drop-down to select the location where the patient came from. *Required

10. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required

**NOTE:** Must use ICD-10 code for dates of service on or after October 1, 2015.

11. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

**NOTE:** The **Diagnosis Description** field is disabled and is no longer in use.

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

13. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

**OR**

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

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

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Hospice

1. Enter the **Service Code** being requested if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

3. Enter the **Total Units** requested. *Required

4. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.

5. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.

6. Enter the **Start of Care** (mmddyyyy) date the patient was admitted to hospice. *Required

7. Enter the **Discharge Date** (mmddyyyy). If Discharge (step 8) will be selected, this field is required.

8. Use the **Discharge** drop-down to select the location where the patient will be going. If this field is selected, you must also complete the Discharge Date (step 7).

**NOTE:** TAR web pages do not have numbered fields.
9. Use the **Admit From** drop-down to select the location where the patient came from.

10. Use the **POS** drop-down to select the place of service where the service is being rendered. *Required

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

12. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required

**NOTE**: Must use ICD-10 code for dates of service on or after October 1, 2015.

13. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

**NOTE**: The **Diagnosis Description** field is disabled and is no longer in use.

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

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

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

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NOTE: Steps 16-21 may be bypassed if submitting the information as attachments.

16. Use the Feeding Method drop-down to select the method by which the patient is fed.

17. Enter current medical status codes that describe the patient’s condition in the Please list current medical status codes relevant to requested service(s) field. If unknown, click the medical status hyperlink to access Code Search. *Required

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

19. Enter secondary ICD Code, including the decimal point, indicating the diagnosis relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

NOTE: The Diagnosis Description field is disabled and is no longer in use.

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

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

22. Click **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the TAR.

OR

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

1. Enter the Service Code being requested if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four Modifiers, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

3. Enter the Total Units requested. *Required

4. Enter the From Date (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.

5. Enter the Thru Date (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.

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

**NOTE:** TAR web pages do not have numbered fields.
7. Enter the **Frequency** for the number of units that will be used per time period. Enter the number of units in the first field and use the drop-down to select the time period. *Required

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

   ![Image of Frequency field](image)

8. Use the **POS** drop-down to select the place of service where the service is being rendered. *Required

9. Use the **Pricing Override Request** drop-down to select an override code for unlisted items or prices.

10. Enter the **Price** requested, including a decimal point for unlisted items or prices, up to seven digits. If Pricing Override Request (step 9) is selected, this field is required.

11. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required

   **NOTE:** Must use ICD-10 code for dates of service on or after October 1, 2015.

12. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis relative to the requested service. If unknown, use the ICD Code hyper link to access Code Search.

   **NOTE:** The **Diagnosis Description** field is disabled and is no longer in use.
13. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field. *Required

14. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.
NOTE: Steps 15-28 may be bypassed if submitting the information as attachments.

15. Enter current medical status codes which describe the patient’s condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, click the medical status hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

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

17. Enter secondary **ICD Code**, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. See the eTAR User Guide: Basics more information on Code Search.

NOTE: The **Diagnosis Description** field is disabled and is no longer in use.

18. Enter the **Date of Onset** (mm/dd/yyyy) for the diagnosis entered in the ICD Code field.

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

20. Enter information regarding any similar services in the **If it is known that the patient has ever received the requested or similar service(s), please explain – include dates** field.

NOTE: TAR web pages do not have numbered fields.

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21. Enter the **Service Code** identifying a service that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code hyperlink to access Code Search.

22. Enter details in the **Describe Alternative Tried/Considered** field. If an alternative service code has been entered in the adjacent field leave the field blank.

23. Use the **Reason** drop-down to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave this field blank.
24. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required

25. Enter the National Provider Identifier (NPI) in the **Physician’s License #** field. *Required

26. Enter the prescribing **Physician’s Name**. *Required

27. Enter the **Physician’s Phone** number. *Required

28. Enter the **Prescription Date** (mmddyyyy). *Required

29. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

    OR

30. Click **Another Service, Same Category** to create another service line for the same service type.
Non-Pharmacy Issued Drug

1. Enter the **Service Code** being requested, if blank. If the service code is unknown, click the Service Codes hyperlink, to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers link to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

3. Enter the **Total Units** requested. *Required

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

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

   ![Example: If three units per week are needed, enter:]

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

   **Example:** If the patient will need two services per month, enter:

   ![Example: If the patient will need two services per month, enter:]

**NOTE:** TAR web pages do not have numbered fields.
6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.

7. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.

8. If the rendering provider is different from the submitting provider, enter a **Rendering Provider #**. This will allow another provider to inquire on TAR service information. If the submitting and rendering provider numbers are the same, leave this field blank.

9. Use the **POS** drop-down to select the place of service where the service is being rendered.

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

**NOTE:** Must use ICD-10 code for dates of service on or after October 1, 2015.

11. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search.  

   *Required

**NOTE:** The **Diagnosis Description** field is disabled and is no longer in use.

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

13. Click **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the TAR.

   OR

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

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

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Office Visits – Restricted

1. Enter the **Service Code** being requested if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

3. Use the **Side** drop-down to select Right, Left or Bilateral.

4. Enter the **Total Units** requested. *Required

5. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.

6. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.
7. Enter the **Frequency** for the number of units that will be used per time period. Enter the number of units in the first field and use the drop-down to select the time period. *Required

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

   ![Frequency Example]

8. Enter the **Ant. Length of Need** to indicate the anticipated period of time the requested services are needed. Enter the number of units in the first field and use the drop-down to select the time period. *Required

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

   ![Ant. Length of Need Example]

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

   **NOTE:** Must use ICD-10 code for dates of service on or after October 1, 2015.

10. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. *Required

   **NOTE:** The **Diagnosis Description** field is disabled and is no longer in use.

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.
NOTE: Steps 13-26 may be bypassed if submitting the information as attachments.

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

14. Enter the current functional limitation or physical condition relative to the requested services in the **Please list current functional limitation/physical condition codes** field. If unknown, click the functional limitation hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

15. Enter current medical status codes which describe the patient’s condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, click the medical status link to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

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

17. Enter secondary **ICD Code**, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

**NOTE:** The **Diagnosis Description** field is disabled and is no longer in use.

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

**NOTE:** TAR web pages do not have numbered fields.
19. Enter a summary of the treatment and history of the patient in the Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable field.

20. Enter information regarding any similar services in the If it is known that the patient has ever received the requested or similar service(s), please explain – include dates field.

21. Enter a summary of the therapeutic goal to be met in the Please summarize the therapeutic goal to be met with the requested service(s) field.
22. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required

23. Enter the National Provider Identifier (NPI) in the **Physician's License #** field. *Required

24. Enter the prescribing **Physician's Name**. *Required

25. Enter the **Physician's Phone** number. *Required

26. Enter the **Prescription Date** (mmddyyyy). *Required

27. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

OR

28. Click **Another Service, Same Category** to create another service line for the same service type.
Office Visit – Restricted Provider

1. Enter the Service Code being requested if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four Modifiers, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

3. Use the Side drop-down to select Right, Left or Bilateral.

4. Enter the Total Units requested. * Required

5. Enter the Ant. Length of Need to indicate the anticipated period of time the requested services are needed. Enter the number of units in the first field and use the drop-down to select the time period.

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

```
1 / Month
```
6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.

7. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.

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

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

**NOTE:** Must use ICD-10 code for dates of service on or after October 1, 2015.

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

**NOTE:** The **Diagnosis Description** field is disabled and is no longer in use.

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

12. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.
NOTE: Steps 13-32 may be bypassed if submitting the information as attachments.

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

14. Enter the patient’s **Height** in feet and inches. *Required

15. Enter the patient’s **Weight** in pounds and ounces. *Required

16. Enter the current functional limitation or physical condition relative to the requested services in the **Please list current functional limitation/physical condition codes** field. If unknown, click the functional limitation hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

17. Enter the previous functional limitation or physical condition relative to the requested services in the **Please list previous functional limitation/physical condition codes** field. If unknown, click the functional limitation hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

18. Enter current medical status codes which describe the patient’s condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, click the medical status hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required.

NOTE: TAR web pages do not have numbered fields.
19. Use the ICD-CM Type drop-down to select the ICD code type.

20. Enter secondary ICD Code, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search.

NOTE: The Diagnosis Description field is disabled and is no longer in use.

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. *Required

22. Enter information regarding any similar services in the If it is known that the patient has ever received the requested or similar service(s), please explain -- include dates field.

23. Enter a summary of the therapeutic goal to be met in the Please summarize the therapeutic goal to be met with the requested service(s) field. *Required
24. Enter the **Service Code** that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code hyperlink to access Code Search.

25. Enter details in the **Describe Alternative Tried/Considered** field. If an alternative service code has been entered in the adjacent field, leave this field blank.

26. Use the **Reason** drop-down to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave this field blank.

27. Enter a brief explanation in the **Please explain why the least costly method of treatment is not being used** field. *Required
28. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required

29. Enter the National Provider Identifier (NPI) in the **Physician's License #** field. *Required

30. Enter the prescribing **Physician's Name**. *Required

31. Enter the **Physician's Phone** number. *Required

32. Enter the **Prescription Date** (mmddyyyy). *Required

33. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

OR

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

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

**NOTE:**

- This option is not listed on the TAR Services Menu
- The following codes may be entered in the Service Code field
  - Z6602- OUTPT. HEROIN DETOX-SERV.REND.8TH THRU 21
  - Z6600- OUTPT. HEROIN DETOX-SERV.REND.DURING 1ST

1. Enter the **Service Code** being requested if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

3. Enter the **Total Units** requested. *Required

4. Enter the **From Date** (mmddyyyy) for the requested start of service date. If the request is planned, enter the start of the range of dates during which the service will be provided. *Required

5. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. If the request is planned, enter the end of the range of dates during which the service will be provided. *Required
6. Use the ICD-CM Type drop-down to select the ICD code type. *Required

**NOTE:** Must use ICD-10 code for dates of service on or after October 1, 2015.

7. Enter the ICD Code, including the decimal point, indicating the primary diagnosis relative to the requested service. If unknown, click the ICD code hyperlink to access Code Search. *Required

**NOTE:** The Diagnosis Description field is disabled and is no longer in use.

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

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

10. Click **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the TAR.

   OR

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

1. Enter the **Service Code** being requested if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

3. Enter the **Total Units** requested. *Required

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

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

   ![Image of Frequency Input]

5. Enter the **Ant. Length of Need** to indicate the anticipated period of time the requested services are needed. Enter the number of units in the first field and use the drop-down to select the time period. *Required

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

   ![Image of Ant. Length of Need Input]

**NOTE:** TAR web pages do not have numbered fields.
6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.

7. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.

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

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

   **NOTE:** Must use ICD-10 code for dates of service on or after October 1, 2015.

10. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. *Required

    **NOTE:** The **Diagnosis Description** field is disabled and is no longer in use.

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. Enter the current functional limitation or physical condition relative to the requested services in the **Please list current functional limitation/physical condition codes** field. If unknown, click the functional limitation link to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

14. 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, click the medical status hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

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

16. Enter secondary **ICD Code**, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search.

**NOTE:** The **Diagnosis Description** field is disabled and is no longer in use.

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

**NOTE:** TAR web pages do not have numbered fields.
18. Enter a summary of the treatment and history of the patient in the Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) -- include dates if applicable. (255 characters accepted) field. *Required

19. Enter information regarding any similar services in the If it is known that the patient has ever received the requested or similar service(s), please explain -- include dates field. *Required

20. Enter the Service Code identifying a service that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code hyperlink to access Code Search. *Required

21. Enter details in the Describe Alternative Tried/Considered field. *Required

22. Use the Reason drop-down to identify why the service is not feasible for this patient. *Required
23. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required

24. Enter the National Provider Identifier (NPI) in the **Physician’s License #** field. *Required

25. Enter the prescribing **Physician’s Name**. *Required

26. Enter the **Physician’s Phone** number. *Required

27. Enter the **Prescription Date** (mmddyyyy). *Required

28. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

    OR

29. Click **Another Service, Same Category** to create another service line for the same service type.
Portable X-Ray

1. Enter the **Service Code** being requested if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four **Modifiers** if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

3. Use the **Side** drop-down to select Right, Left or Bilateral. *Required

4. Enter the **Total Units** requested. *Required

5. Use the **POS** drop-down to select the place of service where the service is being rendered.

6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.

7. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.

**NOTE:** TAR web pages do not have numbered fields.
8. If the rendering provider is different from the submitting provider, enter a **Rendering Provider #**. This will allow another provider to inquire on the eTAR service information. If the submitting and rendering provider numbers are the same, leave this field blank.

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

   **NOTE**: Must use ICD-10 code for dates of service on or after October 1, 2015.

10. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. *Required

    **NOTE**: The Diagnosis Description field is disabled and is no longer in use.

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. Enter the patient’s **Height** in feet and inches.

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

15. Enter the current functional limitation or physical condition relative to the requested services in the Please list current functional limitation/physical condition codes field. If unknown, click the functional limitation hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

16. Enter the previous functional limitation or physical condition relative to the requested services in the Please list previous functional limitation/physical condition codes field. If unknown, click the functional limitation hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

17. Enter current medical status codes which describe the patient’s condition in the Please list current medical status codes relevant to the requested service(s) field. If unknown, click the medical status hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
18. Use the ICD-CM Type drop-down to select the ICD code type.

19. Enter secondary ICD Code, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search.

**NOTE:** The Diagnosis Description field is disabled and is no longer in use.

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

21. Enter information regarding any similar services in the If it is known that the patient has ever received the requested or similar service(s), please explain – include dates field.

**NOTE:** TAR web pages do not have numbered fields.
22. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required

23. Enter the National Provider Identifier (NPI) in the **Physician’s License #** field. *Required

24. Enter the prescribing **Physician’s Name**. *Required

25. Enter the **Physician’s Phone** number. *Required

26. Enter the **Prescription Date** (mmddyyyy). *Required

27. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

    OR

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

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

1. Enter the **Service Code** being requested if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

3. Enter the **Service Description** if an unlisted, generic or miscellaneous service code is used. Otherwise, leave this field blank.

4. Enter the **Total Units** requested. *Required

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

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

![Example](image)

---

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

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6. Enter the **Ant. Length of Need** to indicate the anticipated period of time the requested services are needed.

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

   ![Ant. Length of Need](image)

7. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.

8. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.

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

10. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required

**NOTE:** Must use ICD-10 code for dates of service on or after October 1, 2015.

11. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. *Required

**NOTE:** The **Diagnosis Description** field is disabled and is no longer in use.

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

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

**NOTE:** TAR web pages do not have numbered fields.
14. Use the **P.O.T. Adherence** drop-down to select the level of compliance the patient has to the Plan of Treatment. *Required*

15. Use the **Feeding Method** drop-down to select the method of feeding for the patient.

16. Enter the patient’s **Height** in feet and inches.

17. Enter the patient’s **Weight** in pounds and ounces.

18. Enter the current functional limitation or physical condition relative to the requested services in the **Please list current functional limitation/physical condition codes** field. If unknown, click the functional limitation hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
19. Enter the previous functional limitation or physical condition relative to the requested services in the **Please list previous functional limitation/physical condition codes** field. If unknown, click the functional limitation hyperlink to access Code Search.

20. Enter current medical status codes which describe the patient’s condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, click the medical status hyperlink to access Code Search.
21. Use the **ICD-CM Type** drop-down to select the ICD code type.

22. Enter secondary **ICD Code**, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

**NOTE:** The **Diagnosis Description** field is disabled and is no longer in use.

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

24. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable** field. *Required
25. Enter information regarding any similar services in the If it is known that the patient has ever received the requested or similar service(s), please explain – include dates field.

26. Enter a summary of the therapeutic goal to be met in the Please summarize the therapeutic goal to be met with the requested service(s) field.

27. Enter a service code in the Please list service codes for alternatives tried considered field. If unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.
28. Enter the **Physician Prescription** instructions in the exact words as written on the prescription.

29. Enter the National Provider Identifier (NPI) in the **Physician’s License #** field.

30. Enter the prescribing **Physician’s Name**.

31. Enter the **Physician’s Phone** number.

32. Enter the **Prescription Date** (mmddyyyy).

33. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

OR

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

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

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Radiology

1. Enter the **Service Code** being requested if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

3. Enter the **Service Description** if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.

4. Use the **Side** drop-down to select Right, Left or Bilateral.

5. Enter the **Total Units** requested. *Required

6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.

7. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.
8. If the rendering provider is different from the submitting provider, enter a **Rendering Provider #**. This will allow another provider to inquire on the eTAR service information. If the submitting and rendering provider numbers are the same, leave this field blank.

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

   **NOTE:** Must use ICD-10 code for dates of service on or after October 1, 2015

10. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. *Required

    **NOTE:** The **Diagnosis Description** field is disabled and is no longer in use.

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. Enter the patient’s **Weight** in pounds and ounces.

14. Enter the current functional limitation or physical condition relative to the requested services in the **Please list current functional limitation/physical condition codes** field. If unknown, click the functional limitation hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

15. 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, click the medical status hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

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

17. Enter secondary **ICD Code**, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

**NOTE:** The **Diagnosis Description** field is disabled and is no longer in use.

18. Enter the **Date of Onset** (mmddyyyy) for the diagnosis entered in the ICD Code field.
19. Enter a summary of the treatment and history of the patient in the **Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) -- include dates if applicable. (255 characters accepted)**

20. Enter information regarding any similar services in the **If it is known that the patient has ever received the requested or similar service(s), please explain -- include dates. (255 characters accepted)** field. *Required

21. Enter the **Service Code** identifying a service that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code hyper link to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

22. Enter details in the **Describe Alternative Tried/Considered** field. If an alternative service code has been entered in the adjacent field leave the field blank.

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

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23. Use the **Reason** drop-down to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave the field blank.

24. Enter a brief explanation in the **Please explain why the least costly method of treatment is not being used** field.
25. Enter the **Physician Prescription** instructions in the exact words as written on the prescription. *Required

26. Enter the National Provider Identifier (NPI) in the **Physician’s License #** field. *Required

27. Enter the prescribing **Physician’s Name**. *Required

28. Enter the **Physician’s Phone** number. *Required

29. Enter the **Prescription Date** (mmddyyyy). *Required

30. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

   OR

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

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

May 2019
Surgical Procedure/Other Procedures

1. Enter the **Service Code** being requested, if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search.

3. Enter the **Service Description** if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.

4. Use the **Side** drop-down to select Right, Left or Bilateral.

5. Enter the **Total Units** requested. *Required

6. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.

7. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.

8. Enter the date the patient was or will be admitted in the **Admit Date** field (mmddyyyy).

9. Use the **POS** drop-down to select the place of service where the service is being rendered.
10. If the rendering provider is different from the submitting provider, enter a **Rendering Provider #**. This will allow another provider to inquire on the eTAR service information. If the submitting and rendering provider numbers are the same, leave this field blank.

11. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required

**NOTE:** Must use ICD-10 code for dates of service on or! after October 1, 2015.

12. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. *Required

**NOTE:** The **Diagnosis Description** field is disabled and is no longer in use.

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

14. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.
15. Enter the patient's **Height** in feet and inches.

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

17. Enter current medical status codes which describe the patient’s condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, click the medical status link to access Code Search.

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

19. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search.

   *Required

**NOTE:** The **Diagnosis Description** field is disabled and is no longer in use.

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).**

22. Enter information regarding any similar services in the **If it is known that the patient has ever received the requested or similar service(s), please explain – include dates.**

23. Enter the **Service Code** identifying a service that has already been attempted or considered and was determined to be unfeasible for the patient. If unknown, click the Service Code hyperlink to access Code Search.

24. Enter details in the **Describe Alternative Tried/Considered** field. If an alternative service code has been entered in the adjacent field, leave the field blank.
25. Use the **Reason** drop-down to identify why the service is not feasible for this patient. If a corresponding alternative service code or description is not entered, leave the field blank.

26. Enter a brief explanation in the **Please explain why the least costly method of treatment is not being used** field.
27. Enter the **Physician Prescription** instructions in the exact words as written on the prescription.

28. Enter the National Provider Identifier (NPI) in the **Physician’s License #** field.

29. Enter the prescribing **Physician’s Name**.

30. Enter the **Physician’s Phone** number.

31. Enter the **Prescription Date** (mmddyyyy).

32. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

   **OR**

33. Click **Another Service, Same Category** to create another service line for the same service type.
Telemedicine (TeleMed)

1. Enter the **Service Code** being requested if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

3. Enter the **Service Description** if an unlisted, generic, or miscellaneous service code is used. Otherwise, leave this field blank.

4. Use the **Side** drop-down to select Right, Left or Bilateral.

5. Enter the **Total Units** requested. *Required

6. Use the **Schedule** drop-down to select the appropriate weekly schedule for the requested service. If Other is selected, enter the schedule in the Enter Miscellaneous TAR Information field.

**NOTE:** TAR web pages do not have numbered fields.
7. Enter the **Frequency** for the number of units that will be used per time period. Enter the number of units in the first field and use the drop-down to select the time period.

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

    ![Frequency Example]

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

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

    ![Ant. Length of Need Example]

9. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.

10. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.

11. Use the **POS** drop-down to select the location where the service is being rendered.

    *Required

12. If the rendering provider is different from the submitting provider, enter a **Rendering Provider #**. This will allow another provider to inquire on the eTAR service information. If the submitting and rendering provider numbers are the same, leave this field blank.
13. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required

**NOTE:** Must use ICD-10 code for dates of service on or after October 1, 2015.

14. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. *Required

**NOTE:** The **Diagnosis Description** field is disabled and is no longer in use.

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

18. Enter the current functional limitation or physical condition relative to the requested services in the **Please list current functional limitation/physical condition codes** field. If unknown, click the functional limitation hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

19. 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, click the medical status link to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

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

21. Enter secondary ICD Code, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search.

**NOTE:** The Diagnosis Description field is disabled and is no longer in use.
22. Enter a summary of the treatment and history of the patient in the Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) – include dates if applicable field.

23. Enter information regarding any similar services in the If it is known that the patient has ever received the requested or similar service(s), please explain – include dates field.

24. Enter a summary of the therapeutic goal to be met in the Please summarize the therapeutic goal to be met with the requested service(s) field.
25. Enter the **Physician Prescription** instructions in the exact words as written on the prescription.

26. Enter the National Provider Identifier (NPI) in the **Physician’s License #** field.

27. Enter the prescribing **Physician’s Name**.

28. Enter the **Physician’s Phone** number.

29. Enter the **Prescription Date** (mmddyyyy).

30. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

   OR

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

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

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Transplant Acquisition

1. Enter the **Service Code** being requested if blank. If the service code is unknown, click the Service Code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

2. Enter up to four **Modifiers**, if applicable. If unknown, click the Modifiers hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search.

3. Enter the **Total Units** requested. *Required

4. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided.

5. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided.

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

7. Click **Continue** to return to the TAR Service menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

OR

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

**NOTE:** TAR web pages do not have numbered fields.
Long Term Care Services

Long Term Care providers have a unique way to complete a TAR (Treatment Authorization Request). This section will assist the provider in the step-by-step instructions for selecting the correct Level of Care code to submit a LTC TAR successfully.

Bed Hold

Level of Care codes for Nursing Facilities:

<table>
<thead>
<tr>
<th>Level of Care Codes for TAR</th>
<th>Level of Care Description</th>
<th>CLAIMS</th>
<th>Accommodation Codes for Claims/Billing</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>NF-A ICF</td>
<td></td>
<td>Regular Service</td>
</tr>
<tr>
<td>22</td>
<td>NF-A ICF STP Rehab</td>
<td></td>
<td>Leave Days Non-DD Patient</td>
</tr>
<tr>
<td>23</td>
<td>NF-B SNF</td>
<td></td>
<td>Leave Days DD Patient</td>
</tr>
<tr>
<td>24</td>
<td>NF-B STP MD; NF-B STP Rehab</td>
<td></td>
<td>See Provider Manual for LTC Accommodation Codes</td>
</tr>
</tbody>
</table>

NOTE: TAR web pages do not have numbered fields.

May 2019
eTAR Submission Instructions for Bed Hold

NOTE:

Providers requesting Bed Hold Services must select NFA/NFB Non-Electronic MDS or Short Stay. Additionally, the words “BEDHOLD REQUEST” should be entered into the Miscellaneous TAR Information field.

1. For Bed Hold Requests, select the NFA/NFB Non-Electronic MDS hyperlink.
2. Enter the **Level of Care Code** being requested using the NF Level of Care Codes listed above. *Required

3. 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 to select the time period.

   **Example:** If the patient still needs the services for one week, enter:

   ![Ant. Length of Need example](example.png)

4. Enter the **From Date** (mmddyyyy) for the requested start of service date. *Required

5. Enter the **Thru Date** (mmddyyyy) for the requested service date. *Required

6. Enter the **Admit Date** (mmddyyyy) when the patient was admitted. *Required

7. Use the **Admit From** drop-down to select the location where the patient came from. *Required
8. Use the **Discharge** drop-down to select the location where the patient will be going.

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

   **NOTE:** Must use ICD-10 code for dates of service on and after October 1, 2015.

10. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis related to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. *Required

   **NOTE:** The **Diagnosis Description** field is disabled and is no longer in use.

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.

   **NOTE:** Include “BEDHOLD REQUEST” in this field to request bed hold.

13. Select **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

    OR

14. Select **Another Service, Same Category** to create another service line for the same service type.
NOTE: Steps 15-28 does not apply to Bed Hold Requests and must be bypassed.

15. Use the PAS/PASRR Exempt Reason drop-down to select the reason the provider is exempt from completing a PAS/PASRR.

16. Use the PAS/PASRR Self Certification drop-down to select if the requested stay is exempt from PASRR requirements. If not, select Not Completed. *Required

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

18. Use the Community Placement drop-down to select why community placement was not an option. *Required

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

20. Use the Referral Reason drop-down. If the requested stay is exempt from PASRR requirements, leave this field blank. *Required
**NOTE**: Steps 15-28 does not apply to Bed Hold Requests and must be bypassed.

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

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

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

24. 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.

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

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

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

---

**NOTE**: TAR web pages do not have numbered fields.
NOTE: Steps 15-28 does not apply to Bed Hold Requests and must be bypassed.

28. Enter the Diet information for the patient.

29. Click Continue to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

OR

30. Select Another Service, Same Category to create another service line for the same service type.

NOTE: TAR web pages do not have numbered fields.

May 2019
ICF-DD

Level of Care codes for Intermediate Care Facilities:

<table>
<thead>
<tr>
<th>Level of Care Codes for TAR</th>
<th>Level of Care Description</th>
<th>TAR</th>
<th>CLAIMS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Accommodation Codes for Claims/Billing</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Regular Service</td>
</tr>
<tr>
<td>31</td>
<td>ICF-DD</td>
<td>41</td>
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</tr>
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<td>32</td>
<td>ICF/DD-H 4-6 Beds</td>
<td>61</td>
<td>n/a</td>
</tr>
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<td></td>
<td>ICF/DD-H 7-15 Beds</td>
<td>65</td>
<td>n/a</td>
</tr>
<tr>
<td>33</td>
<td>ICF/DD-N 4-6 Beds</td>
<td>62</td>
<td>n/a</td>
</tr>
<tr>
<td></td>
<td>ICF/DD-N 7-15 Beds</td>
<td>66</td>
<td>n/a</td>
</tr>
<tr>
<td>34</td>
<td>ICF/DD-CN Ventilator Dependent</td>
<td>55</td>
<td>n/a</td>
</tr>
<tr>
<td></td>
<td>ICF/DD-CN Non-Ventilator Dependent</td>
<td>56</td>
<td>n/a</td>
</tr>
</tbody>
</table>
eTAR Submission Instructions for ICF-DD

1. Select the **ICF-DD** hyperlink.
2. Enter the **Level of Care Code** being requested using the ICF Level of Care Codes listed above. *Required

3. Enter the **From Date** (mmddyyyy) for the requested start of service date. This field is required if the request is retroactive. If the request is planned, enter the start of the range of dates during which the service will be provided. *Required

4. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. This field is required if the request is retroactive. If the request is planned, enter the end of the range of dates during which the service will be provided. *Required

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

6. Enter the **Discharge Date** (mmddyyyy). If Discharge (step 7) will be selected, this field is required.
7. Use the **Admit From** drop-down to select the location where the patient came from. *Required

8. Use the **Discharge** drop-down to select the location where the patient will be going. If this field is selected, you must also complete the Discharge Date (step 5).

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

   **NOTE:** Must use ICD-10 code for dates of service on and after October 1, 2015.

10. Enter the **ICD Code**, including decimal point, indicating the primary diagnosis relative to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. *Required

    **NOTE:** The **Diagnosis Description** field is disabled and is no longer in use.

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.
NOTE: Steps 13-26 may be bypassed if submitting the information as attachments.

13. Use the **Feeding Method** drop-down to select the method of feeding for the patient.  
   *Required

14. Enter the patient’s **Height** in feet and inches. *Required

15. Enter the patient’s **Weight** in pounds and ounces. *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 hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required

17. Enter current medical status codes which describe the patient’s condition in the **Please list current medical status codes relevant to the requested service(s)** field. If unknown, use the medical status code hyperlink to access Code Search. See the eTAR User Guide: Basics for more information on Code Search. *Required
18. Use the **ICD-CM Type** drop-down to select the ICD code type.

19. Enter secondary **ICD Code**, including the decimal point, indicating the diagnoses relative to the requested service. If unknown, click the **ICD Code** hyperlink to access Code Search. *Required

**NOTE:** The **Diagnosis Description** field is disabled and is no longer in use.

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, insert “none” in the first field and continue to the Diet field on the next page. *Required

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 to select 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 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.

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

27. Click **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

OR

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

**NOTE:** TAR web pages do not have numbered fields.
## NF-A & NF-B Non Electronic MDS

Level of Care codes for Nursing Facilities:

<table>
<thead>
<tr>
<th>Level of Care Codes for TAR</th>
<th>Level of Care Description</th>
<th>TAR</th>
<th>CLAIMS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>NF-A ICF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>NF-A ICF STP Rehab</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>NF-B SNF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>NF-B STP MD; NF-B STP Rehab</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Accommodation Codes for Claims/Billing**

<table>
<thead>
<tr>
<th></th>
<th>Regular Service</th>
<th>Leave Days Non-DD Patient</th>
<th>Leave Days DD Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

See Provider Manual for LTC Accommodation Codes

**NOTE:** TAR web pages do not have numbered fields.
eTAR Submission Instructions for NF-A & NF-B Non-Electronic MDS

1. Select **NFA/NFB Non-Electronic MDS** hyperlink.
2. Enter the **Level of Care** code being requested using the NF Level Care of Codes listed above. *Required

3. 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 to select the time period.

   Example: If the patient still needs the services for one week, enter:

4. Enter the “**From Date**” (mmddyyyy) for the requested start of service date. *Required

5. Enter the “**Thru Date**” (mmddyyyy) for the requested service date. *Required

6. Enter the “**Admit Date**” (mmddyyyy) when the patient was admitted. *Required

7. Enter the “**Admit From**” drop down to select the level of care from where the patient was admitted. *Required

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

May 2019
8. Use the Discharge drop-down to select the level of care for the patient. *Required
9. Use the ICD-CM Type drop down to select the ICD code type. *Required
   NOTE: Must use ICD-10 code for dates of service on and after October 1, 2015.
10. Enter the ICD Code, including the decimal point, indicating the primary diagnosis related to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. *Required
   NOTE: The Diagnosis Description field is disabled and is no longer in use.
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. Select Continue to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the eTAR.
   OR
14. Select Another Service, Same Category to create another service line for the same service type

NOTE: TAR web pages do not have numbered fields.
NOTE: Steps 15-28 may be bypassed if submitting the information as attachments.

15. Use the **PAS/PASRR Exempt Reason** drop-down to select the reason the provider is exempt from completing a PAS/PASRR.

16. Use the **PAS/PASRR Self Certification** drop-down to select if the requested stay is exempt from PASRR requirements. If not, select Not Completed. *Required

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

18. Use the **Community Placement** drop-down to select why community placement was not an option. *Required

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

20. Use the **Referral Reason** drop-down. If the requested stay is exempt from PASRR requirements, leave this field blank. *Required
21. Click the circular Level II Self Certification? radio button to indicate if level II screening was completed by DDS/DMH.

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

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

24. 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.

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

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

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

29. Click **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

   OR

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

**Billing Tip Information**

The number of bed hold days allowed by Medi-Cal is seven. If more than seven days are needed in the hospital, the recipient will need to be discharged and a new admission will need to be done when they return to the Nursing Facility. The provider cannot exceed billing for seven bed hold days.

For straight Medi-Cal recipients, providers do not need to request a separate TAR for bed hold. If there is an existing TAR for the stay, they can use the same TAR for that stay. However, when billing, they will need to use the correct accommodation code to indicate it is a bed hold (02-05), whichever applies.

For Medicare/Medi-Cal recipients, Medicare does not cover bed hold days. Providers will need to send a TAR for the bed hold days to bill Medi-Cal. Medicare status for bed hold should be (Medicare non-covered service) Providers should indicate in the *Miscellaneous (remarks)* area on the TAR, recipient is Medicare eligible and that TAR is for bed hold days.

**Note:** Please refer to *Leave of Absence and Bed Hold* section (leave) in the Part 2 provider manual for more information.
Short Stay

Level of Care codes for Nursing Facilities:

<table>
<thead>
<tr>
<th>Level of Care Codes for TAR</th>
<th>Level of Care Description</th>
<th>TAR CLAIMS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Accommodation Codes for Claims/Billing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Regular Service</td>
</tr>
<tr>
<td>21</td>
<td>NF-A ICF</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>NF-A ICF STP Rehab</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>NF-B SNF</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>NF-B STP MD; NF-B STP Rehab</td>
<td></td>
</tr>
</tbody>
</table>

See Provider Manual for LTC Accommodation Codes

eTAR Submission Instructions for Short Stay

1. Select the **Short Stay** hyperlink.

**NOTE:** TAR web pages do not have numbered fields.
2. Enter the **Level of Care Code** being requested using the NF Level of Care Codes listed above. *Required

3. 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 to select the time period.

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

   ![Ant. Length of Need](mmddyyyy) 3 / Month

4. Enter the **From Date** (mmddyyyy) for the requested start of service date. *Required

5. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. *Required

6. Enter the **Admit Date** (mmddyyyy) when the patient was admitted. *Required

   **Example:**

   ![Admit From](mmddyyyy)

   ![Admit From](mmddyyyy)

**NOTE:** TAR web pages do not have numbered fields.
7. Enter the **Discharge Date** (mmddyyyy). If Discharge (step 9) will be selected, this field is required.

8. Use the **Discharge** drop-down to select the location where the patient will be going.

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

**NOTE:** Must use ICD-10 code for dates of service on and after October 1, 2015.

10. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis related to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. *Required

**NOTE:** The **Diagnosis Description** field is disabled and is no longer in use.

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

**Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.
NOTE: Steps 14-28 may be bypassed if submitting the information as attachments.

12. Use the Feeding Method drop-down to select method the patient is fed. *Required
13. Enter the patient’s Height in feet and inches. *Required
14. Enter the patient’s Weight in pounds and ounces. *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 the eTAR User Guide: Basics for more information on Code Search. *Required
16. 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 the eTAR User Guide: Basics for more information on Code Search. *Required
17. Use the ICD-CM Type drop-down 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 hyperlink to access Code Search. *Required

**NOTE:** The Diagnosis Description field is disabled and is no longer in use.

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.
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 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 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 the eTAR User Guide: Basics for information on submitting the eTAR.

   OR

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

Level of Care codes for Subacute Facilities:

<table>
<thead>
<tr>
<th>Level of Care Codes for TAR</th>
<th>Level of Care Description</th>
<th>TAR</th>
<th>CLAIMS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Accommodation Codes for Claims/Billing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Regular Service</td>
</tr>
<tr>
<td>NF-B Adult Subacute</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Hospital DP/NF-B - Ventilator Dependent</td>
<td>71</td>
<td>73</td>
</tr>
<tr>
<td></td>
<td>Hospital DP/NF-B - Non-Ventilator Dependent</td>
<td>72</td>
<td>74</td>
</tr>
<tr>
<td></td>
<td>Free-Standing DP/NF-B - Ventilator Dependent</td>
<td>75</td>
<td>77</td>
</tr>
<tr>
<td></td>
<td>Free-Standing DP/NF-B - Non-Ventilator Dependent</td>
<td>76</td>
<td>78</td>
</tr>
<tr>
<td>NF-B Pediatric Subacute</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Hospital DP/NF-B - Supplemental Rehabilitation Therapy</td>
<td>83</td>
<td>n/a</td>
</tr>
<tr>
<td></td>
<td>Hospital DP/NF-B - Ventilator Weaning Services</td>
<td>84</td>
<td>n/a</td>
</tr>
<tr>
<td></td>
<td>Hospital DP/NF-B - Ventilator Dependent</td>
<td>85</td>
<td>87</td>
</tr>
<tr>
<td></td>
<td>Hospital DP/NF-B - Non-Ventilator Dependent</td>
<td>86</td>
<td>88</td>
</tr>
<tr>
<td></td>
<td>Free-Standing DP/NF-B - Ventilator Dependent</td>
<td>91</td>
<td>93</td>
</tr>
<tr>
<td></td>
<td>Free-Standing DP/NF-B - Non-Ventilator Dependent</td>
<td>92</td>
<td>94</td>
</tr>
<tr>
<td></td>
<td>Free-Standing DP/NF-B - Supplemental Rehabilitation Therapy</td>
<td>97</td>
<td>n/a</td>
</tr>
<tr>
<td></td>
<td>Free-Standing DP/NF-B - Ventilator Weaning Services</td>
<td>98</td>
<td>n/a</td>
</tr>
</tbody>
</table>
eTAR Submission Instructions for Subacute

1. Select the **Subacute** hyperlink.
Long Term Care Services

Please Enter Subacute Information

Service Information

2. Enter the Level of Care code being requested using the Subacute Level of Care codes listed above. *Required

3. Enter the Total Units being requested. *Required

4. Enter the Quantity used for a time period. Enter the number of uses in the first box and use the drop-down to select the time period in the second box.

NOTE: 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:

5. Enter the Frequency for a time period. Enter the number of units in the first field and use the drop-down to select the time period.

NOTE: 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:
6. 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 to select the time period.

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

   ![Ant. Length of Need Example](image)

7. Enter the **From Date** (mmddyyyy) for the requested start of service date. If the request is planned, enter the start of the range of dates during which the service will be provided. *Required

8. Enter the **Thru Date** (mmddyyyy) for the requested end of the service date. If the request is planned, enter the end of the range of dates during which the service will be provided. *Required

9. Enter the **Admit Date** (mmddyyyy) when the patient was or will be admitted. *Required

10. Enter the **Discharge Date** (mmddyyyy). If Discharge (step 12) will be selected, this field is required.

11. Use the **Admit From** drop-down to select the location where the patient came from. *Required

12. Use the **Discharge** drop-down to select the location where the patient will be going.

13. If the provider rendering the service is different from the submitting provider, enter a **Rendering 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 web pages do not have numbered fields.

May 2019
14. Use the **ICD-CM Type** drop-down to select the ICD code type. *Required

**NOTE:** Must use ICD-10 code for dates of service on and after October 1, 2015.

15. Enter the **ICD Code**, including the decimal point, indicating the primary diagnosis related to the requested service. If unknown, click the ICD Code hyperlink to access Code Search. *Required

**NOTE:** The **Diagnosis Description** field is disabled and is no longer in use.

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

17. **Enter Miscellaneous TAR Information** with additional details and medical justification pertinent to the requested service.
NOTE: Steps 18-46 may be bypassed if submitting the information as attachments.

18. Use the **PAS/PASRR Exempt Reason** drop-down to select the reason the provider is exempt from completing a PAS/PASRR.

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

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

21. Use the **Reason Community Placement not an option** drop-down.
NOTE: Steps 18-46 may be bypassed if submitting the information as attachments.

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

23. Use the **Referral Reason** drop-down. If the requested stay is exempt from PASRR requirements, leave this field blank.

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

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

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

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

28. 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. *Required unless included as an attachment DHCS 6200 or DHCS 6200A.

29. 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. *Required
NOTE: Steps 18-46 may be bypassed if submitting the information as attachments.

30. Select the qualifying condition from the four options described on the Subacute Form in the Please Choose Qualifying Condition section. *Required

31. 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. *Required

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

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

34. 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.

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

36. Enter a description of use for the tube feeding field only if tube feeding is selected in the Frequency and Rate field.
NOTE: Steps 18-46 may be bypassed if submitting the information as attachments.

37. If the patient receives TPN, click the **Total Parenteral Nutrition (TPN) – not applicable to pediatric** checkbox.

38. 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.

39. If the patient receives inhalation or respiratory care at least four 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.

40. 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.

41. 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.

42. If the patient requires this type of dialysis at least four times per 24-hour period, click the **Peritoneal dialysis treatments requiring at least 4 exchanges every 24 hours – not applicable to adult** checkbox.

NOTE: TAR web pages do not have numbered fields.
NOTE: Steps 18-46 may be bypassed if submitting the information as attachments.

43. 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.

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

45. 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.

46. 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.

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

48. Click **Continue** to return to the TAR Service Menu. See the eTAR User Guide: Basics for information on submitting the eTAR.

OR

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

NOTE: TAR web pages do not have numbered fields.
Appendix A: eTAR Glossary

Medical Status Codes and Descriptions

001  Symptom control: Asymptomatic, no treatment needed at this time
002  Symptom control: well controlled with current therapy
003  Symptom control: Difficult, affects ADLs; patient needs ongoing monitoring
004  Symptom control: Poor, patient needs frequent adjustment
005  Symptom control: Poor, history of hospitalizations
011  IV: hydration only
012  IV: chemotherapy
013  IV: blood/blood products
014  IV medication: continuous with/without pump
015  IV medication: intermittent with/without pump
016  IV medication: bolus
017  Parenteral nutrition (TPN or lipids): central
018  Parenteral nutrition (TPN or lipids): peripheral
019  Enteral nutrition (ng, g-tube, jejunostomy, other artificial entry into alimentary canal)
021  Drainage tube: Chest
022  Drainage tube: Nasogastric
023  Drainage tube: Gastrostomy
024  Drainage tube: Jackson Pratt
025  Drainage tube: Hemovac
026  Drainage tube: Urinary
027  Drainage tube: Intracranial/ intraventricular
031  Prognosis: Little or no recovery is expected and/or further decline is imminent
032  Prognosis: Partial to full recovery is expected
033  Prognosis: Minimal improvement in functional status is expected, decline is possible
034  Prognosis: Marked improvement in functional status is expected
035  Life expectancy: greater than 6 months
036  Life expectancy: 6 months or fewer

NOTE: TAR web pages do not have numbered fields.
May 2019
041 Pain Description: Aching
042 Pain Description: Throbbing
043 Pain Description: Constant
044 Pain Description: Intermittent
045 Pain Description: Sharp
046 Pain Description: Dull
047 Pain Description: Widespread
048 Pain Description: Localized
049 Pain Description: Intractable
061 Pain Location: Abdominal
062 Pain Location: Chest
063 Pain Location: Back
064 Pain Location: Head
065 Pain Location: Face
066 Pain Location: Ear
067 Pain Location: Eye
068 Pain Location: Mouth
069 Pain Location: Throat
070 Pain Location: Neck
071 Pain Location: Foot
072 Pain Location: Leg
073 Pain Location: Hand
074 Pain Location: Arm
075 Pain Location: Pelvis
076 Pain Location: Hip
077 Pain Location: Buttocks
078 Pain Location: Perineal/Genital Area
079 Pain Location: Joints (generalized)
081 Pain Frequency: Less often than daily
082 Pain Frequency: Daily, but not constantly
083 Pain Frequency: Constantly

NOTE: TAR web pages do not have numbered fields.
091  Pain Management: No current pain management
092  Pain management: Non-medication methods
093  Pain management: Oral analgesics
094  Pain management: Topical analgesics
095  Pain management: IM analgesics
096  Pain management: IV analgesics
097  Pain Management: Pump analgesia (chronic)
099  Pain management: Combination (oral/topical/IM/IV)
101  Lesion: Head/torso, front
102  Lesion: Head/torso, back
103  Lesion: LUE
104  Lesion: RUE
105  Lesion: LLE
106  Lesion: RLE
111  Open wound(s), head/torso, front
112  Open wound(s), head/torso, front: not healing
113  Open wound(s), head/torso, back
114  Open wound(s), head/torso, back: not healing
115  Open wound(s), LUE
116  Open wound(s), LUE: not healing
117  Open wound(s), RUE
118  Open wound(s), RUE: not healing
119  Open wound(s), LLE
120  Open wound(s), LLE, not healing
121  Open wound(s), RLE
122  Open wound(s), RLE: not healing
131  Surgical wound(s), head/torso, front
132  Surgical wound(s), head/torso, front: not healing
133  Surgical wound(s), head/torso, back
134  Surgical wound(s), head/torso, back: not healing
135  Surgical wound(s), LUE
136  Surgical wound(s), LUE: not healing
137  Surgical wound(s), RUE
138  Surgical wound(s), RUE: not healing
139  Surgical wound(s), LLE

NOTE: TAR web pages do not have numbered fields.
140 Surgical wound(s), LLE, not healing
141 Surgical wound(s), RLE
142 Surgical wound(s), RLE: not healing
151 Pressure ulcer(s), head/torso, front: worst ulcer = Stage I
152 Pressure ulcer(s), head/torso, front: worst ulcer = Stage II
153 Pressure ulcer(s), head/torso, front: worst ulcer = Stage III
154 Pressure ulcer(s), head/torso, front: worst ulcer = Stage IV
155 Pressure ulcer(s), head/torso, back: worst ulcer = Stage I
156 Pressure ulcer(s), head/torso, back: worst ulcer = Stage II
157 Pressure ulcer(s), head/torso, back: worst ulcer = Stage III
158 Pressure ulcer(s), head/torso, back: worst ulcer = Stage IV
159 Pressure ulcer(s), LUE: worst ulcer = Stage I
160 Pressure ulcer(s), LUE: worst ulcer = Stage II
161 Pressure ulcer(s), LUE: worst ulcer = Stage III
162 Pressure ulcer(s), LUE: worst ulcer = Stage IV
163 Pressure ulcer(s), RUE: worst ulcer = Stage I
164 Pressure ulcer(s), RUE: worst ulcer = Stage II
165 Pressure ulcer(s), RUE: worst ulcer = Stage III
166 Pressure ulcer(s), RUE: worst ulcer = Stage IV
167 Pressure ulcer(s), LLE: worst ulcer = Stage I
168 Pressure ulcer(s), LLE: worst ulcer = Stage II
169 Pressure ulcer(s), LLE: worst ulcer = Stage III
170 Pressure ulcer(s), LLE: worst ulcer = Stage IV
171 Pressure ulcer(s), RLE: worst ulcer = Stage I
172 Pressure ulcer(s), RLE: worst ulcer = Stage II
173 Pressure ulcer(s), RLE: worst ulcer = Stage III
174 Pressure ulcer(s), RLE: worst ulcer = Stage IV
181 Stasis ulcer(s), head/torso, front
182 Stasis ulcer(s), head/torso, front: not healing
183 Stasis ulcer(s), head/torso, back
184 Stasis ulcer(s), head/torso, back: not healing
185 Stasis ulcer(s), LUE
186 Stasis ulcer(s), LUE: not healing
187 Stasis ulcer(s), RUE
188 Stasis ulcer(s), RUE: not healing

NOTE: TAR web pages do not have numbered fields.
189  Stasis ulcer(s), LLE
190  Stasis ulcer(s), LLE: not healing
191  Stasis ulcer(s), RLE
192  Stasis ulcer(s), RLE: not healing
301  Breathing sounds: Clear
302  Breathing sounds: Decreased
303  Breathing sounds: Increased
304  Breathing sounds: Dullness
305  Breathing sounds: Rales
306  Breathing sounds: Rhonchi
307  Breathing sounds: Wheezing, expiratory
308  Breathing sounds: Wheezing, inspiratory
311  Dyspneic or noticeably SOB: walking > 20 feet
312  Dyspneic or noticeably SOB: moderate exertion (while dressing, toileting, walking < 20 feet)
313  Dyspneic or noticeably SOB: minimal exertion (while eating, talking, or performing other ADLs)
314  Dyspneic or noticeably SOB: at rest
315  Dyspneic or noticeably SOB: Orthopneic
321  Chest pain: with radiation to RUE/LUE
322  Chest pain: progressive
323  Chest pain: on exertion
324  Chest pain: at rest
330  Residential respiratory treatments: oxygen: intermittent
331  Residential respiratory treatments: oxygen: continuous
332  Residential respiratory treatments: oxygen: at night
333  Residential respiratory treatments: ventilator: continuously
334  Residential respiratory treatments: ventilator: intermittent
335  Residential respiratory treatments: ventilator: at night
336  Residential respiratory treatments: percussion & drainage: intermittent
337  Residential respiratory treatments: percussion & drainage: infrequently
338  Residential respiratory treatments: suctioning: oral
339  Residential respiratory treatments: suctioning: nasopharyngeal
340  Residential respiratory treatments: suctioning: tracheostomy
341  Residential respiratory treatments: nebulizer with medication

NOTE: TAR web pages do not have numbered fields.
May 2019
342  Residential respiratory treatments: metered dose inhalers
343  Residential respiratory treatments: oximeter
344  Residential respiratory treatments: CPAP
345  Residential respiratory treatments: Bi-PAP
346  Residential respiratory treatments: air mist
347  Residential respiratory treatments: IPPB
348  Residential respiratory treatments: apnea/cardiac monitor
351  Cardiac: palpitation: regular
352  Cardiac: palpitation: irregular
353  Cardiac: palpitation: paroxysmal
354  Cardiac: arrhythmia
355  Cardiac: tachycardia
356  Cardiac: bradycardia
357  Cardiac: pacemaker
361  Bowel: incontinence: occasional
362  Bowel: incontinence: frequent
363  Bowel: incontinence: total
364  Bowel: Patient has ostomy for bowel elimination
365  Bowel: Blood in stool (melena)
366  Bowel: Constipation
367  Bowel: Diarrhea
371  Urinary: incontinence: occasional
372  Urinary: incontinence: frequent
373  Urinary: incontinence: total
374  Urinary: Intermittent catheterization
375  Urinary: Foley catheter (indwelling)
376  Urinary: Condom catheter
377  Urinary: Urostomy
378  Urinary: Urinary conduit
379  Urinary: Indwelling/suprapubic catheter
380  Urinary: stents
381  Urinary: Urinary tract infection
382  Urinary: Blood in urine (hematuria)
391  Allergy: None known
392  Allergy: penicillins

NOTE: TAR web pages do not have numbered fields.
<table>
<thead>
<tr>
<th>Page</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>393</td>
<td>Allergy: tetracycline</td>
</tr>
<tr>
<td>394</td>
<td>Allergy: sulphonamides</td>
</tr>
<tr>
<td>395</td>
<td>Allergy: other antibiotics</td>
</tr>
<tr>
<td>396</td>
<td>Allergy: anticholinergic</td>
</tr>
<tr>
<td>397</td>
<td>Allergy: anti-epileptics</td>
</tr>
<tr>
<td>398</td>
<td>Allergy: animal serum</td>
</tr>
<tr>
<td>399</td>
<td>Allergy: pollen</td>
</tr>
<tr>
<td>400</td>
<td>Allergy: Latex</td>
</tr>
<tr>
<td>401</td>
<td>Allergy: analgesics</td>
</tr>
<tr>
<td>402</td>
<td>Allergy: anti-rheumatics</td>
</tr>
<tr>
<td>411</td>
<td>Risk factor: Smoking</td>
</tr>
<tr>
<td>412</td>
<td>Risk factor: Obesity</td>
</tr>
<tr>
<td>413</td>
<td>Risk factor: Eating disorder</td>
</tr>
<tr>
<td>414</td>
<td>Risk factor: Alcohol dependency</td>
</tr>
<tr>
<td>415</td>
<td>Risk factor: Drug dependency</td>
</tr>
<tr>
<td>416</td>
<td>Risk factor: SIDS sibling</td>
</tr>
<tr>
<td>417</td>
<td>Risk factor: Strong family history of high risk factors</td>
</tr>
<tr>
<td>421</td>
<td>General patient condition: Pregnancy</td>
</tr>
<tr>
<td>422</td>
<td>General patient condition: Implanted medical device (non-pacemaker)</td>
</tr>
<tr>
<td>423</td>
<td>General patient condition: Coughing</td>
</tr>
<tr>
<td>424</td>
<td>General patient condition: Blood in sputum (hemoptysis)</td>
</tr>
<tr>
<td>425</td>
<td>General patient condition: Nausea and vomiting</td>
</tr>
<tr>
<td>426</td>
<td>General patient condition: Vomit with blood (hematemesis)</td>
</tr>
<tr>
<td>427</td>
<td>General patient condition: Sleep Apnea</td>
</tr>
<tr>
<td>428</td>
<td>General patient condition: Syncope</td>
</tr>
<tr>
<td>429</td>
<td>General patient condition: Dizziness/lightheadedness</td>
</tr>
<tr>
<td>430</td>
<td>General patient condition: Fever (febrile)</td>
</tr>
<tr>
<td>431</td>
<td>General patient condition: Jaundiced</td>
</tr>
<tr>
<td>432</td>
<td>General patient condition: Cyanosis</td>
</tr>
<tr>
<td>433</td>
<td>General patient condition: Seizures</td>
</tr>
<tr>
<td>434</td>
<td>General patient condition: Tremors</td>
</tr>
<tr>
<td>435</td>
<td>General patient condition: Edema: generalized</td>
</tr>
<tr>
<td>436</td>
<td>General patient condition: Edema: peripheral</td>
</tr>
<tr>
<td>437</td>
<td>General patient condition: Tinnitus</td>
</tr>
<tr>
<td>438</td>
<td>General patient condition: Herniated disk</td>
</tr>
</tbody>
</table>

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

May 2019
General patient condition: Clubbing
Patient behavior: Sleep disturbances
Patient behavior: Recent change in appetite
Patient behavior: Disruptive, infantile or socially inappropriate behavior: nonverbal
Patient behavior: Disruptive, infantile or socially inappropriate behavior: verbal
Patient behavior: Physical aggression towards self
Patient behavior: Physical aggression towards others
Patient behavior: Suicide attempt
Patient behavior: Flat affect
Patient behavior: Mood changes
Patient behavior: Tearful
Patient behavior: Delusional
Patient behavior: Hallucinations
Patient behavior: Paranoid
Patient behavior: Anxiety
Patient behavior: Fearful
Patient behavior: Wandering episodes

NOTE: TAR web pages do not have numbered fields.
## Appendix B: eTAR Glossary

### Functional Limitation Codes and Descriptions

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>501</td>
<td>Ambulation: Independent: steady gait</td>
</tr>
<tr>
<td>502</td>
<td>Ambulation: Independent: unsteady gait</td>
</tr>
<tr>
<td>503</td>
<td>Ambulation: Independent: history of falls</td>
</tr>
<tr>
<td>504</td>
<td>Ambulation: Independent: limited distance (less than 20 feet)</td>
</tr>
<tr>
<td>505</td>
<td>Ambulation: Requires use of device to walk alone</td>
</tr>
<tr>
<td>506</td>
<td>Ambulation: assistance: cane</td>
</tr>
<tr>
<td>507</td>
<td>Ambulation: assistance: crutches</td>
</tr>
<tr>
<td>508</td>
<td>Ambulation: assistance: braces</td>
</tr>
<tr>
<td>509</td>
<td>Ambulation: assistance: prosthesis</td>
</tr>
<tr>
<td>510</td>
<td>Ambulation: assistance: walker</td>
</tr>
<tr>
<td>511</td>
<td>Ambulation: assistance: human help needed for steps or uneven surface</td>
</tr>
<tr>
<td>512</td>
<td>Ambulation: assistance: human help needed to walk at all times</td>
</tr>
<tr>
<td>513</td>
<td>Ambulation: assistance: human help needed to stand</td>
</tr>
<tr>
<td>514</td>
<td>Ambulation: wheelchair-bound: independent</td>
</tr>
<tr>
<td>515</td>
<td>Ambulation: wheelchair-bound: unable to wheel self</td>
</tr>
<tr>
<td>516</td>
<td>Ambulation: bed-bound: positions self</td>
</tr>
<tr>
<td>517</td>
<td>Ambulation: bed-bound: requires assistance to position</td>
</tr>
<tr>
<td>518</td>
<td>Ambulation: bed-bound: requires mechanical assistance to leave bed</td>
</tr>
<tr>
<td>531</td>
<td>Physical limitation: quadriplegia</td>
</tr>
<tr>
<td>532</td>
<td>Physical limitation: paraplegia</td>
</tr>
<tr>
<td>533</td>
<td>Physical limitation: left hemiplegia</td>
</tr>
<tr>
<td>534</td>
<td>Physical limitation: right hemiplegia</td>
</tr>
<tr>
<td>535</td>
<td>Physical limitation: bilateral amputee: lower extremities</td>
</tr>
<tr>
<td>536</td>
<td>Physical limitation: bilateral amputee: upper extremities</td>
</tr>
<tr>
<td>537</td>
<td>Physical limitation: amputee LLE</td>
</tr>
<tr>
<td>538</td>
<td>Physical limitation: amputee: RLE</td>
</tr>
<tr>
<td>539</td>
<td>Physical limitation: amputee: LUE</td>
</tr>
<tr>
<td>540</td>
<td>Physical limitation: amputee: RUE</td>
</tr>
<tr>
<td>541</td>
<td>Physical limitation: contracture(s): LLE</td>
</tr>
<tr>
<td>542</td>
<td>Physical limitation: contracture(s): RLE</td>
</tr>
</tbody>
</table>
Physical limitation: contracture(s): LUE
544 Physical limitation: contracture(s): RUE
545 Physical limitation: generalized weakness
546 Physical limitation: weakness, right side
547 Physical limitation: weakness: left side
548 Physical limitation: weakness: bilateral lower extremities
549 Physical limitation: weakness: bilateral upper extremities
550 Physical limitation: limited ROM: head/neck
551 Physical limitation: limited ROM: trunk
552 Physical limitation: limited ROM: LLE
553 Physical limitation: limited ROM: RLE
554 Physical limitation: limited ROM: LUE
555 Physical limitation: limited ROM: RUE
561 Vision: sees clearly using eyeglasses
562 Vision: sees clearly using contact lenses
563 Vision: minimally impaired: sees objects clearly, cannot read print
564 Vision: partially impaired: sees shapes, objects
565 Vision: severely impaired: sees light/dark, some shapes
566 Vision: blind: one eye
567 Vision: blind: both eyes
571 Hearing/comprehension: no deficits, naturally or with a hearing aid
572 Hearing/comprehension: moderate deficits: one-step instruction and brief conversation
573 Hearing/comprehension: severe deficits: simple greetings and short comments
574 Hearing/comprehension: severe deficits: unable to hear and understand consistently
575 Hearing/comprehension: deaf
576 Hearing/comprehension: cochlear implant
581 Communication: nonverbal
582 Communication: device: board
583 Communication: device: writing
584 Communication: device: instrument/mechanical/computer
585 Communication: American Sign Language
586 Communication: speech: slurred
Communication: speech: stutters
Communication: speech: aphasia: sensory
Communication: speech: aphasia motor
Communication: speech: minimal difficulty expressing ideas and needs
Communication: speech: moderate difficulty expressing simple ideas or needs
Communication: speech: sever difficulty expressing basic ideas or needs
Communication: speech: interpreter required
Communication: unable to express basic needs but is not comatose or unresponsive
Communication: patient is non-responsive
Cognitive functioning alert
Cognitive functioning: oriented
Cognitive functioning: impaired decision-making
Cognitive functioning: requires prompting under stressful or unfamiliar condition
Cognitive functioning: requires assistance and direction in specific situations
Cognitive functioning: distractibility: requires low stimulus environment
Cognitive functioning: requires considerable assistance in routine situations
Cognitive functioning: disorientation, coma, persistent, vegetative state or delirium
Confusion: new or complex situations
Confusion: upon awakening or at night
Confusion: during sundown/twilight
Confused: constantly
Memory deficit: failure to recognize familiar persons or places
Memory deficit: inability to recall events of past 24 hours
Memory deficit: to the extent that supervision is required
Feeding/Eating: independent
Feeding/Eating: requires meal set-up
Feeding/Eating: requires intermittent aid or supervision
Feeding/Eating: requires total feeding assistance/supervision
Feeding/Eating: mechanical soft diet
Feeding/Eating: liquid/pureed diet
Feeding/Eating: takes in nutrients orally AND receives oral supplements
Feeding/Eating: takes in nutrients orally AND receives enteral supplements
Feeding/Eating: total enteral nutrition (ng. g-tube, j-tube, other)
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>630</td>
<td>Feeding/Eating: unable to take in nutrients orally or by tube feeding</td>
</tr>
<tr>
<td>631</td>
<td>Feeding/Eating: dysphagia</td>
</tr>
<tr>
<td>641</td>
<td>Feeding/Eating: able to prepare light meals</td>
</tr>
<tr>
<td>642</td>
<td>Feeding/Eating: unable to prepare light meals on a regular basis</td>
</tr>
<tr>
<td>643</td>
<td>Feeding/Eating: unable to prepare ANY light meals</td>
</tr>
<tr>
<td>651</td>
<td>Medication: able to independently administer all medications</td>
</tr>
<tr>
<td>652</td>
<td>Medication: oral: needs dose preparation, daily reminders or a drug chart</td>
</tr>
<tr>
<td>653</td>
<td>Medication: oral: must be administered by someone else</td>
</tr>
<tr>
<td>654</td>
<td>Medication: topical: needs dose preparation, daily reminders or a drug chart</td>
</tr>
<tr>
<td>655</td>
<td>Medication: topical: must be administered by someone else</td>
</tr>
<tr>
<td>656</td>
<td>Medication: inhalants/mist: needs dose preparation, daily reminders or a drug chart</td>
</tr>
<tr>
<td>657</td>
<td>Medication: inhalants/mist: must be administered by someone else</td>
</tr>
<tr>
<td>658</td>
<td>Medication: injections: needs dose preparation, daily reminders or a drug chart</td>
</tr>
<tr>
<td>659</td>
<td>Medication: injections: must be administered by someone else</td>
</tr>
<tr>
<td>660</td>
<td>Medication: patient non-compliant with medication regimen</td>
</tr>
<tr>
<td>671</td>
<td>Equipment: patient manages all related tasks</td>
</tr>
<tr>
<td>672</td>
<td>Equipment: patient requires assistance with setup</td>
</tr>
<tr>
<td>673</td>
<td>Equipment: patient requires assistance to operate</td>
</tr>
<tr>
<td>674</td>
<td>Equipment: patient is completely dependent on others</td>
</tr>
<tr>
<td>675</td>
<td>Equipment: caregiver manages all related tasks</td>
</tr>
<tr>
<td>676</td>
<td>Equipment: caregiver requires assistance with setup</td>
</tr>
<tr>
<td>677</td>
<td>Equipment: caregiver requires assistance to operate</td>
</tr>
<tr>
<td>678</td>
<td>Equipment: caregiver is completely dependent on others</td>
</tr>
<tr>
<td>691</td>
<td>Barriers: stairs: used to access toileting, sleeping and/or eating areas</td>
</tr>
<tr>
<td>692</td>
<td>Barriers: stairs: used optionally (e.g., to access laundry facilities)</td>
</tr>
<tr>
<td>693</td>
<td>Barriers: stairs: leading from inside to outside</td>
</tr>
<tr>
<td>694</td>
<td>Barriers: doorways: narrow or obstructed</td>
</tr>
<tr>
<td>695</td>
<td>Barriers: hallways: narrow or obstructed</td>
</tr>
<tr>
<td>696</td>
<td>Barriers: living environment: small or cluttered</td>
</tr>
<tr>
<td>701</td>
<td>Transportation: able to independently drive a regular or adapted car</td>
</tr>
<tr>
<td>702</td>
<td>Transportation: uses a regular or handicap accessible public bus</td>
</tr>
<tr>
<td>703</td>
<td>Transportation: able to ride in car driven by another person</td>
</tr>
<tr>
<td>704</td>
<td>Transportation: able to use a bus or handicap van with assistance</td>
</tr>
<tr>
<td>705</td>
<td>Transportation: unable to rise in a car, taxi, bus or van</td>
</tr>
</tbody>
</table>

**NOTE:** TAR web pages do not have numbered fields.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>801</td>
<td>Socioeconomic: lacks electricity</td>
</tr>
<tr>
<td>802</td>
<td>Socioeconomic: lacks running water</td>
</tr>
<tr>
<td>803</td>
<td>Socioeconomic: lacks telephone</td>
</tr>
<tr>
<td>804</td>
<td>Socioeconomic: lacks heat</td>
</tr>
<tr>
<td>805</td>
<td>Socioeconomic: lacks refrigeration/appliances</td>
</tr>
<tr>
<td>806</td>
<td>Socioeconomic: lacks food</td>
</tr>
<tr>
<td>807</td>
<td>Socioeconomic: homeless</td>
</tr>
</tbody>
</table>

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

May 2019
## 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, Diagnostic, 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>
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<tr>
<td>ICF</td>
<td>Intermediate Care Facility</td>
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<tr>
<td>ICF-DD</td>
<td>Intermediate Care Facility Developmentally Disabled</td>
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<tr>
<td>ICF-DDH</td>
<td>Intermediate Care Facility Developmentally Disabled Habilitative</td>
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<tr>
<td>ID</td>
<td>Identification</td>
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<tr>
<td>IHO</td>
<td>In Home Operation</td>
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<tr>
<td>LTC</td>
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<tr>
<td>MDS</td>
<td>Minimum Data Set</td>
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<tr>
<td>MMDDYYYY</td>
<td>Two digit month and date, four digit year (ex. 06102018)</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>
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<tr>
<td>PED</td>
<td>Provider Enrollment Department</td>
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<td>PI</td>
<td>Pricing Indicator</td>
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<tr>
<td>PIN</td>
<td>Personal Identification Number</td>
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<tr>
<td>POC</td>
<td>Plan of Care</td>
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<tr>
<td>POE</td>
<td>Proof of Eligibility</td>
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<td>POS</td>
<td>Point of Service</td>
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<td>Share of Cost</td>
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<td>Secure Socket Layer</td>
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<td>TAR</td>
<td>Treatment Authorization Request</td>
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<td>TCN</td>
<td>TAR Control Number</td>
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