

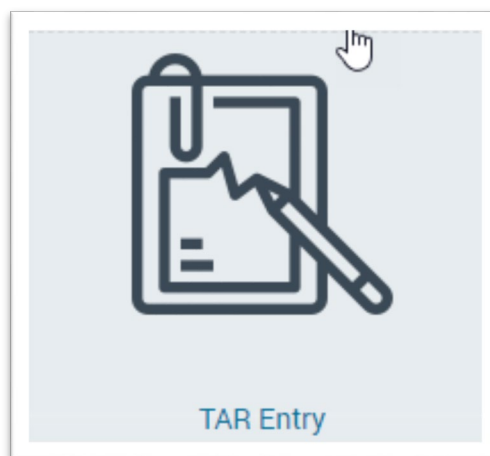
# Enhanced Care Management (ECM) and Community Supports (CS) Electronic Treatment Authorization Request (eTAR) Tips

The following is an eTAR example walk-through:

1. From the home screen, select “Authorization (RAFTs & TARs).”



2. Next, select “TAR Entry.”



# Enhanced Care Management (ECM) and Community Supports (CS) Electronic Treatment Authorization Request (eTAR) Tips

- Next, search for the member using the search bar. Please note that you can also search using last name and date of birth if you do not have the CIN number.

**Member Search**

Date of service will be the start date of the TAR **1**

Date of Service: 6/14/2023

Social Security Number:

Enter Member CIN # **2**

CIN #: 999444555D6

Last Name:

First Name:

Date of Birth:

Click Search **3** Search Member Clear

Member Identifier/ CIN	Last Name	First Name	Gender	Date of Birth	Program	Actions
999444555D6	DOE	John	male	08/10/1962	Medi-Cal	Select

- Verify eligibility details prior to selecting the TAR type (ECM or CS). ECM and CS TARs will always be Outpatient TAR types.

**Member Demographics** 1 ⓘ

Member Name:  Member ID:

Gender:  Phone:

Date of Birth:  Address:

**Eligibility Details:**

Member Eligible:  **Verify Eligibility**

Program: Medi-Cal

AID Code: 60 [AID TO THE ELIGIBLE (JFP)] **Verify Program**

COUNTY: SISKIYOU

CCS Eligible:

American Indian:

Date of Eligibility Notification: 6/01/2023

SOC: No

Other Insurance: NO MEDICARE/ NO OTHER REPORTED COVERAGE

Primary Language: ENGLISH

**Primary Care Physician Details/ Medical Home/ Additional Services**

PCP Name:  PCP Phone:

PCP Address:  PCP Fax:

**Additional Services**

Service Type	Service Provider	Phone #
VISION	VISION SERVICE PLAN /Medi-Cal	(800) 615-1883
Mental Health	Carelon Behavioral Health	(855) 765-9703
Substance Use Services	PHC/Carelon	(855) 765-9703

Is Eligible:  **Is Eligible**

Reference No. SC13AAB0-6CSC-4

Program: Medi-Cal

Date of Service: 6/14/2023

PCP Messages: None

Special Messages: Substance Use Services administered by PHC. See State System for additional benefits information.

Other Health Insurance:

Case Management: None

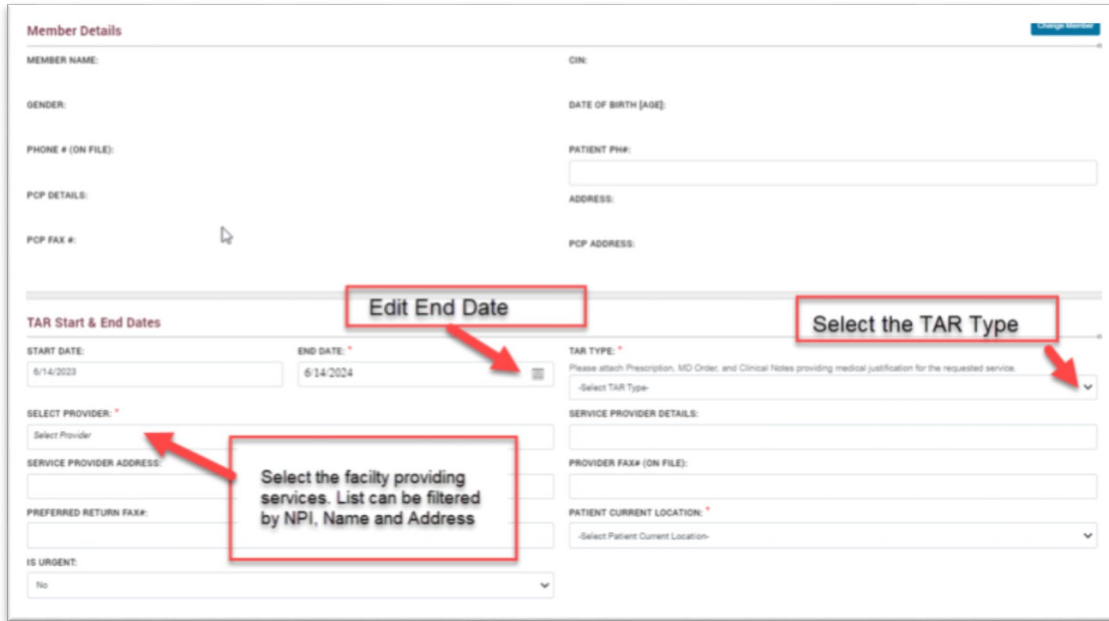
Enter a new eTAR - Outpatient

Enter a new eTAR - Inpatient

Select the TAR Type

# Enhanced Care Management (ECM) and Community Supports (CS) Electronic Treatment Authorization Request (eTAR) Tips

5. Verify Member and enter TAR details prior to completing the TAR. The TAR end date will auto-populate one year out from the start date. If you click on select provider, your facility/facilities will be available to select.



**Member Details**

MEMBER NAME: \_\_\_\_\_ CIN: \_\_\_\_\_

GENDER: \_\_\_\_\_ DATE OF BIRTH (AGE): \_\_\_\_\_

PHONE # (ON FILE): \_\_\_\_\_ PATIENT PH#: \_\_\_\_\_

PCP DETAILS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PCP FAX #: \_\_\_\_\_ PCP ADDRESS: \_\_\_\_\_

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**TAR Start & End Dates**

START DATE: 6/14/2023 END DATE: 6/14/2024 **Edit End Date**

TAR TYPE: \* Please attach Prescription, MD Order, and Clinical Notes providing medical justification for the requested service. **Select the TAR Type**

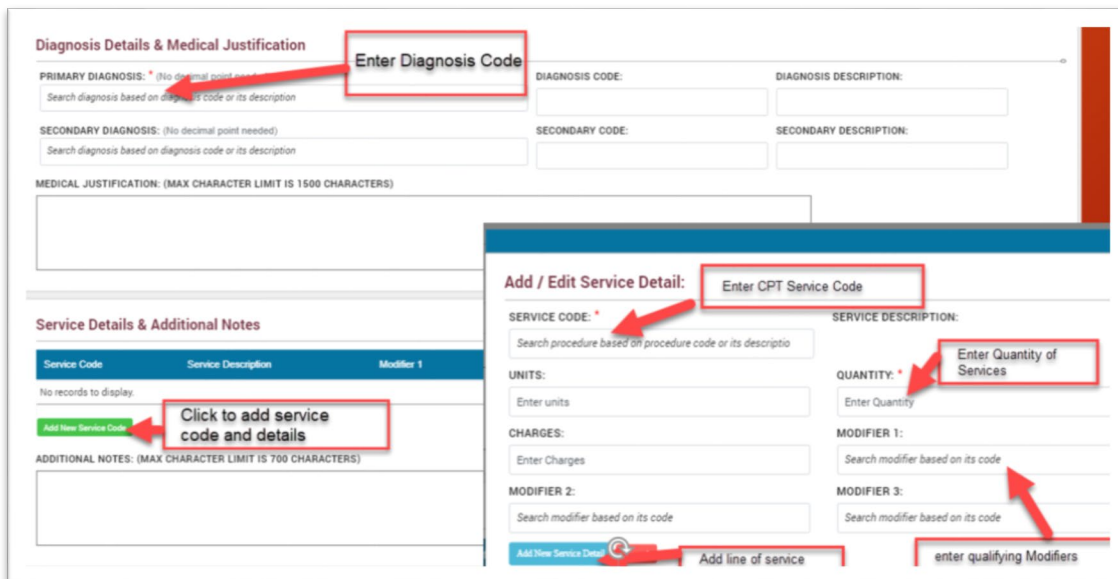
SELECT PROVIDER: \* **Select the facility providing services. List can be filtered by NPI, Name and Address**

SERVICE PROVIDER ADDRESS: \_\_\_\_\_

PREFERRED RETURN FAX#: \_\_\_\_\_

IS URGENT: No

6. Enter the Diagnosis Code and add services provided. Be sure to use the ICD-10 for the diagnosis codes. If you are familiar with the codes, you may look it up by the description. Service codes are CPT Codes for services being provided by the requesting facility.



**Diagnosis Details & Medical Justification**

PRIMARY DIAGNOSIS: \* (No decimal point needed) **Enter Diagnosis Code**

DIAGNOSIS CODE: \_\_\_\_\_ DIAGNOSIS DESCRIPTION: \_\_\_\_\_

SECONDARY DIAGNOSIS: (No decimal point needed)

SECONDARY CODE: \_\_\_\_\_ SECONDARY DESCRIPTION: \_\_\_\_\_

MEDICAL JUSTIFICATION: (MAX CHARACTER LIMIT IS 1500 CHARACTERS)

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**Service Details & Additional Notes**

Service Code	Service Description	Modifier 1
No records to display.		
<b>Click to add service code and details</b>		

ADDITIONAL NOTES: (MAX CHARACTER LIMIT IS 700 CHARACTERS)

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**Add / Edit Service Detail:**

**Enter CPT Service Code**

SERVICE CODE: \* Search procedure based on procedure code or its description

SERVICE DESCRIPTION: \_\_\_\_\_

UNITS: Enter units

QUANTITY: \* **Enter Quantity of Services**

CHARGES: Enter Charges

MODIFIER 1: Search modifier based on its code

MODIFIER 2: Search modifier based on its code

MODIFIER 3: Search modifier based on its code

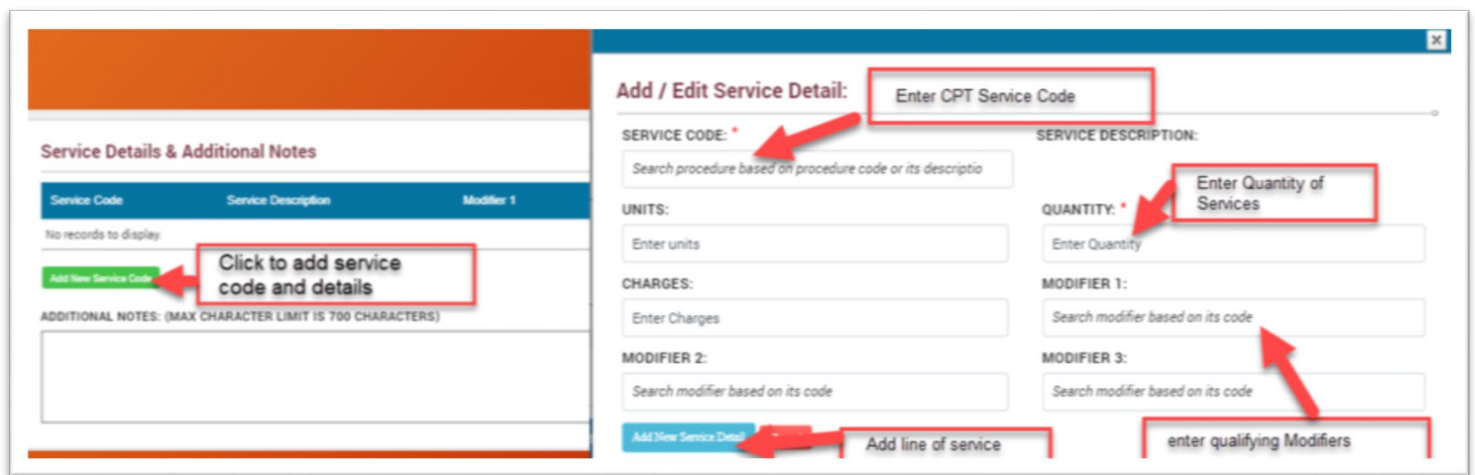
**enter qualifying Modifiers**

Add New Service Detail | Add line of service

# Enhanced Care Management (ECM) and Community Supports (CS) Electronic Treatment Authorization Request (eTAR) Tips

## 7. ECM Codes should be submitted as follows:

- For one-time successful engagement – Service Code: G9012, Modifier 1: (leave blank), Quantity: 1
- For ECM provider by non-billable staff without an NPI - Service Code: G9012, Modifier 1: U2, Quantity: 999 (this is the maximum number of units you can select and gives you the most flexibility)
- For ECM provided by a billable provider with an NPI - Service Code: G9008, Modifier 1: U1, Quantity: 999 (this is the maximum number of units you can select and gives you the most flexibility)



**Add / Edit Service Detail:** Enter CPT Service Code

**SERVICE CODE: \*** Search procedure based on procedure code or its description

**SERVICE DESCRIPTION:**

**UNITS:** Enter units

**QUANTITY: \*** Enter Quantity of Services

**CHARGES:** Enter Charges

**MODIFIER 1:** Search modifier based on its code

**MODIFIER 2:** Search modifier based on its code

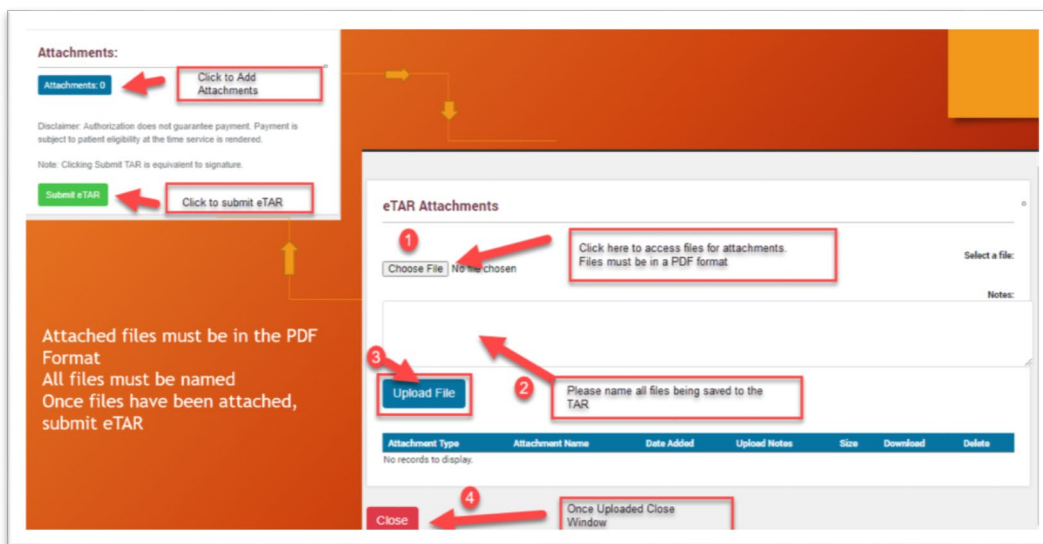
**MODIFIER 3:** Search modifier based on its code

Click to add service code and details

Add line of service

enter qualifying Modifiers

## 8. Finally, add attachments and submit the eTAR.



**Attachments:** Attachments: 0 Click to Add Attachments

Disclaimer: Authorization does not guarantee payment. Payment is subject to patient eligibility at the time service is rendered.

Note: Clicking Submit TAR is equivalent to signature.

Submit eTAR Click to submit eTAR

Attached files must be in the PDF Format  
All files must be named  
Once files have been attached, submit eTAR

**eTAR Attachments**

1 Click here to access files for attachments. Files must be in a PDF format

Choose File No file chosen

2 Please name all files being saved to the TAR

3 Upload File

4 Once Uploaded Close Window


Attachment Type	Attachment Name	Date Added	Upload Notes	Size	Download	Delete
No records to display.						

# Enhanced Care Management (ECM) and Community Supports (CS) Electronic Treatment Authorization Request (eTAR) Tips

9. Once you have submitted the eTAR, you will then be taken to the Confirmation Page notifying you that the eTAR has been submitted

8. Confirmation page:

- Confirmation eTAR number provided
- Option to view TAR with option to print for user record (recommended)



- Submitted TARs will take 24 hours to view in eTAR Status Checking

For more details on specific codes, see the below resources:

- [ECM Codes](#)
- [CS Codes](#)