**The following is an eTAR example walk-through:**

1.  From the home screen, select "Authorization (RAFs & TARs)."
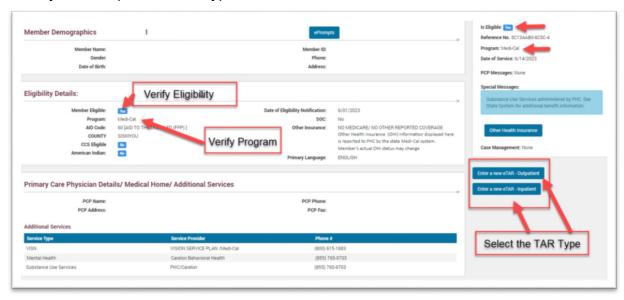


2.  Next, select "TAR Entry."

3. 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.



4. Verify eligibility details prior to selecting the TAR type (ECM or CS). ECM and CS TARs will always be Outpatient TAR types.
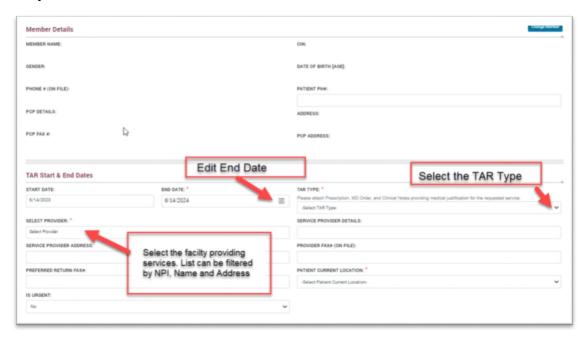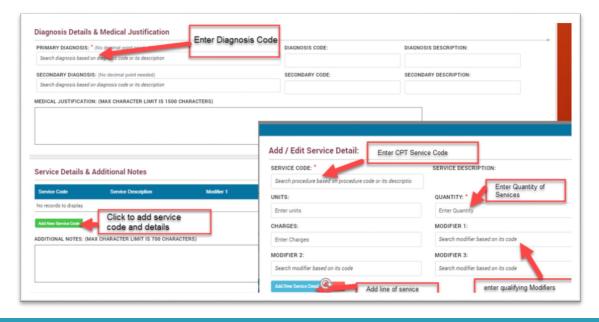
5. Verify Member and enter TAR details prior to completing the TAR. The TAR end date will auto-populate one year out from the start date. If you click on select provider, your facility/facilities will be available to select.



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.
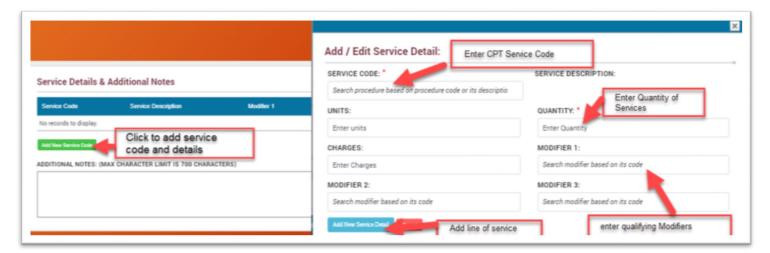
7. ECM Codes should be submitted as follows:

- 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)
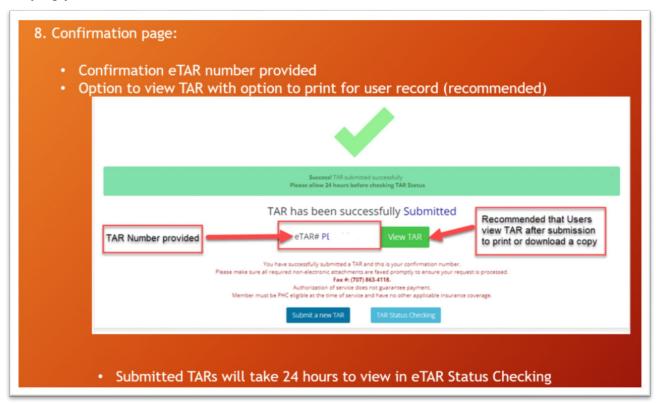


8. Finally, add attachments and submit the eTAR.

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



**For more details on specific codes, see the below resources:**
- ECM Codes
- CS Codes