



Enhanced Care Management Treatment Authorization Requests

The following is a short Treatment Authorization Request (TAR) reference guide for Enhanced Care Management (ECM) providers.

Online Services Provider Portal Link: <https://provider.partnershiphp.org/UI/Login.aspx>

Initial TAR: 1 year/12 months – End Date should be the last day of the twelfth month.

Submit the following:

TAR Start & End Dates

START DATE: 7/1/2024 END DATE: * 6/30/2025

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

SELECT PROVIDER: * SERVICE PROVIDER DETAILS:

SERVICE PROVIDER ADDRESS: PROVIDER FAX# (ON FILE):

PREFERRED RETURN FAX#: PATIENT CURRENT LOCATION: * Homeless

IS URGENT: No

Service Details should be entered and look exactly like below:

Diagnosis Details & Medical Justification

PRIMARY DIAGNOSIS: * (No decimal point needed) Z5900 DIAGNOSIS CODE: Z5900 DIAGNOSIS DESCRIPTION: Homelessness unspecified

SECONDARY DIAGNOSIS: (No decimal point needed) Search diagnosis based on diagnosis code or its description SECONDARY CODE: SECONDARY DESCRIPTION:

Service Details & Additional Notes

Service Code	Service Description	Modifier 1	Modifier 2	Modifier 3	Units	Quantity	Charges	
G9012	OTHER SPECIFIED CASE MGMT				0	1	0	Edit Delete
G9012	OTHER SPECIFIED CASE MGMT	U2			0	999	0	Edit Delete
G9008	Coordinated care fee, phys coordinate care oversight scvcs	U1			0	999	0	Edit Delete

Add New Service Code



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TAR Reauthorizations: Six months – End Date should be the last day of the sixth month.

Submit the following:

TAR Start & End Dates

START DATE: 7/1/2024 END DATE: * 12/31/2024

TAR TYPE: * ECM

SELECT PROVIDER: *

SERVICE PROVIDER ADDRESS:

PREFERRED RETURN FAX#:

IS URGENT: No

SERVICE PROVIDER DETAILS:

PROVIDER FAX# (ON FILE):

PATIENT CURRENT LOCATION: * Homeless

Service Details should be entered and look exactly like below:

Diagnosis Details & Medical Justification

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[Add New Service Code](#)