

## 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.

Date of service will be the Date of Service: start date of the TAR	6/14/2023	
Enter Member CIN # 2 CIN #: Last Name:	999444555D6	
First Name: Date of Birth:		
Click Search	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

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

Member Demographics Member Name: Gender: Date of Birth:	T	effrompto Member IC: Phone: Address:	Is Elipible: Enc. Reference No. SCI 3A480-6CSC-4 Program: Nell-Cal Date of Service: 6/14/2023 PCP Messages: None
Eligibility Details: Member Eligible: Program: AID Code: COUNTY CCS Eligible American Indian:	Verify Eligibility	Date of Eligibility Notification: 6:01/2023 SOC: No Other Insurance: 0NO MEDICARE/ NO OTHER REPORTED COVERAGE Other Insufic to PPC by the state Medi-Cal system. Is reported to PPC by the state Medi-Cal system. Wember's actual OHI Information displayed here is reported to PPC by the state Medi-Cal system. Primary Language: ENGLISH	Special Messages: Substance Une Gervices administered by PHC. See State System for additional benefit information Other Health Insurance Case Management: None Enter a new eTAA - Outpatient
Primary Care Physician Deta PCP Name: PCP Address: Additional Services Service Type VISN Mental Health Substance Use Services	Ills/ Medical Home/ Additional Services	PCP Phone: PCP Fax: Phone J (000) 615-1883 (055) 765-9703 (055) 765-9703	Enter a new eTAA - Inpatient Select the TAR Type

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Redding

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Fairfield

Eureka





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		Charge Meeter
MEMBER NAME:		CRE
GENDER:		date of birth [ade]:
PHONE # (ON FILE):		PATIENT PHP.
PCP DETAILS:		ADGRESS:
PCP FAX #		PCP ADDRESS:
TAR Start & End Dates	Edit End Date	Select the TAR Type
START DATE:	END DATE: "	TAR TYPE:
6/14/2023	6/14/2024	Please attach Pleaserption, MD Order, and Clinical Notes providing medical justification for the requested service.     -Select TAR Type
SELECT PROVIDER: *		SERVICE PROVIDER DETAILS:
Select Provider		
SERVICE PROVIDER ADDRESS:	Select the facility providing	PROVIDER FAX# (ON FILE):
PREFERRED RETURN FAX#:	services. List can be filtered by NPL Name and Address	PATIENT CURRENT LOCATION: *
		-Select Patient Current Location-
IS URGENT:		

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.

RIMARY DIAGNOSIS: Search diagnosis based	• (No detimal point poor on diagonal's code or its description	1	DIAGNOSIS CODE:	DIAGNOSIS DESCRIPTION:
ECONDARY DIAGNOS	IS: (No decimal point needed)		SECONDARY CODE:	SECONDARY DESCRIPTION:
Search diagnosis based	on diagnosis code or its description			
EDICAL JUSTIFICATIO	ON: (MAX CHARACTER LIMIT IS 1500 C	HARACTERS)		
			Add / Edit Convine Dataile	
ervice Details & Service Code	Additional Notes Service Description	Modilier 1	Add / Edit Service Detail:	Enter CPT Service Code SERVICE DESCRIPTION: rits descriptio QUANTITY: * Enter Quantity of Services
ervice Details & Service Code Io records to display.	Additional Notes Service Description	Modifier 1	Add / Edit Service Detail: SERVICE CODE: * Search procedure based on procedure code o UNITS: Enter units	Enter CPT Service Code SERVICE DESCRIPTION: Its descriptio QUANTITY: * Enter Quantity of Services
ervice Details & Service Code to records to display. Kdd New Sarvice Code	Additional Notes Service Description Click to add service code and details	Modifier 1	Add / Edit Service Detail: SERVICE CODE: * Search procedure based on procedure code of UNITS: Enter units CHARGES:	Enter CPT Service Code SERVICE DESCRIPTION: its descriptio QUANTITY: Enter Quantity MODIFIER 1:
ervice Details & Service Code to records to display. Kid New Savice Code XDITIONAL NOTES: (M	Additional Notes Service Description Click to add service code and details	Modiler 1 TERS)	Add / Edit Service Detail: SERVICE CODE: * Search procedure based on procedure code of UNITS: Enter units CHARGES: Enter Charges	Enter CPT Service Code SERVICE DESCRIPTION: its descriptio QUANTITY: Enter Quantity of Services Enter Quantity MODIFIER 1: Search modifier based on its code
ervice Details & Service Code to records to display. Add New Service Cod XDITIONAL NOTES: (M	Additional Notes Service Description Click to add service code and details	Modiler 1	Add / Edit Service Detail: SERVICE CODE: * Search procedure based on procedure code of UNITS: Enter units CHARGES: Enter Charges MODIFIER 2:	Enter CPT Service Code SERVICE DESCRIPTION: its descriptio UUANTITY: Enter Quantity of Enter Quantity MODIFIER 1: Search modifier based on its code MODIFIER 3:







- 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 Ser	vice Code
rvice Details & Additional Notes	SERVICE CODE: * Search procedure based on procedure code or its descriptio	SERVICE DESCRIPTION:
ienice Code Service Description Modifier 1	UNITS:	QUANTITY: Services
records to display.	Enter units	Enter Quantity
Click to add service code and details	CHARGES:	MODIFIER 1:
DITIONAL NOTES: (MAX CHARACTER LIMIT IS 700 CHARACTERS)	Enter Charges	Search modifier based on its code
	MODIFIER 2:	MODIFIER 3:
	Search modifier based on its code	Search modifier based on its code

8. Finally, add attachments and submit the eTAR.

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	eTAR Attachments		
	Choose File No me chosen	Click here to access files for attachments. Files must be in a PDF format	Select a fil
			Note
Attached files must be in the PDF			
Format All files must be named			
Once files have been attached, submit eTAR	Upload File	Please name all files being saved to the TAR	
	Attachment Type Attachmen No records to display.	t Name Date Added Upload Notes	Size Download Delete







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
- <u>CS Codes</u>

