

Tips for submitting a Vision eTAR

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, a two-digit date, and a four-digit year (mmddyyyy)
Example: June 10, 2015 is 06102015.
- ◆ 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.

Section 1. Accessing the TAR Menu

1. To access the Medi-Cal website, enter (*www.medi-cal.ca.gov*) in the address bar of the browser. To ensure that all customer data transmitted over the internet remains confidential, the Department of Health Care Services (DHCS) and the DHCS Fiscal Intermediary (FI) have instituted electronic security measures using industry-standard encryption technology, including:
 - ◆ Authentication: Requiring users to enter ID and password
 - ◆ Secure Socket Layer (SSL) technology: Online two-way data encryption
2. Click Transactions tab from the Medi-Cal home page.
 - ◆ Website Help: Call the Telephone Support Center at 1-800-541-5555.
3. Enter the 10-digit National Provider Identifier (NPI) in the Please enter your User ID field. Legacy number usage is permitted only to providers authorized by the Department of Health Care Services (DHCS).
4. Enter the seven digit Medi-Cal Personal Identification Number (PIN) in the Please enter **your Password** field.
5. Click **Submit** to authenticate the User ID and Password.

CA.GOV Department of Health Care Services Medi-Cal

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Login to Medi-Cal

WARNING: This is a State of California computer system that is for official use by authorized users and is subject to being monitored and/or restricted at any time. Confidential information may not be accessed or used without authorization. Unauthorized or improper use of this system may result in administrative disciplinary action and/or civil and criminal penalties. By continuing to use this system you indicate your awareness of and consent to these terms and conditions of use. **LOG OFF IMMEDIATELY** if you are not an authorized user or do not agree to the conditions stated in this warning.

All ASC X12N 837 v.4010A1 transactions submitted on or after 5 p.m. on April 30, 2013, will be deleted with CMC error codes 50. Media type/claim type not valid for this submitter and 55. Submitter/claim type not approved for included attachment.

Any 4010/4010A1 or NCPDP 5.1/1.1 transactions submitted after this date will be rejected and result in non-payment of claims.

Submitters who have not certified or converted to ASC X12N 5010 and NCPDP D.01.2 formats can contact the Computer Media Claims (CMC) Help Desk to schedule testing by calling the Telephone Service Center (TSC) at 1-800-541-5555 and selecting option 4 then option 2.

Additional information can be located on the HIPAA/5010/4010/NCPDP page located under the References tab of the Medi-Cal website.

Please enter your User ID and Password. Click Submit when done.

Visit [Transaction Enrollment Requirements for Medi-Cal](#).

Please enter your User ID:

Please enter your Password:

Note: The eTAR application requires logging in using an NPI number.
All eTARs will be denied if logging in using a legacy number.
Exemption: Legacy number usage is permitted only to Providers authorized by the Department of Health Care Services (DHCS).

Be careful to protect your user ID and password to prevent unauthorized use.

Contact Medi-Cal | Medi-Cal Site Help | Medi-Cal Site Map

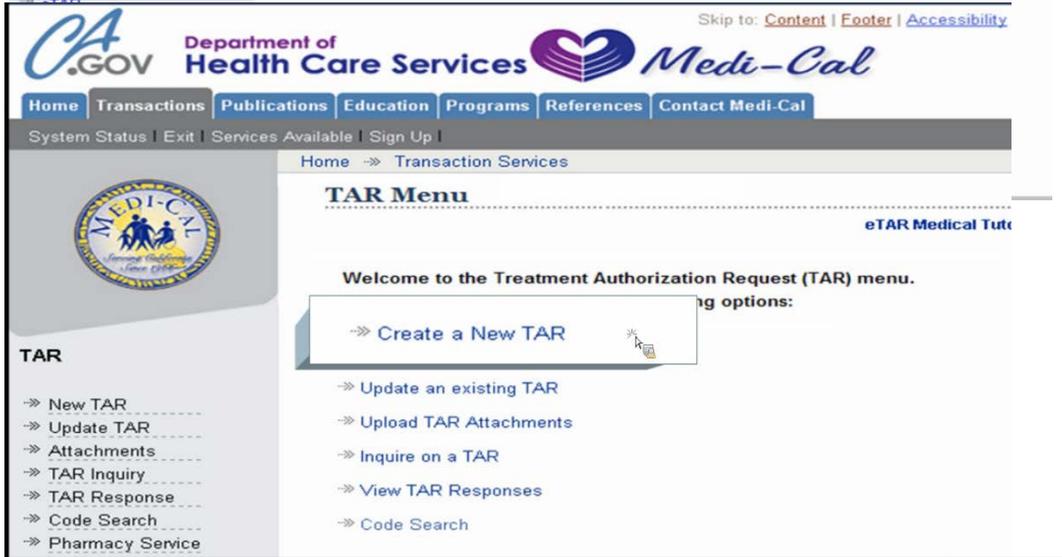
Section 2. Creating a new TAR

1. Click the Transactions tab on the Medi-Cal website and log in.

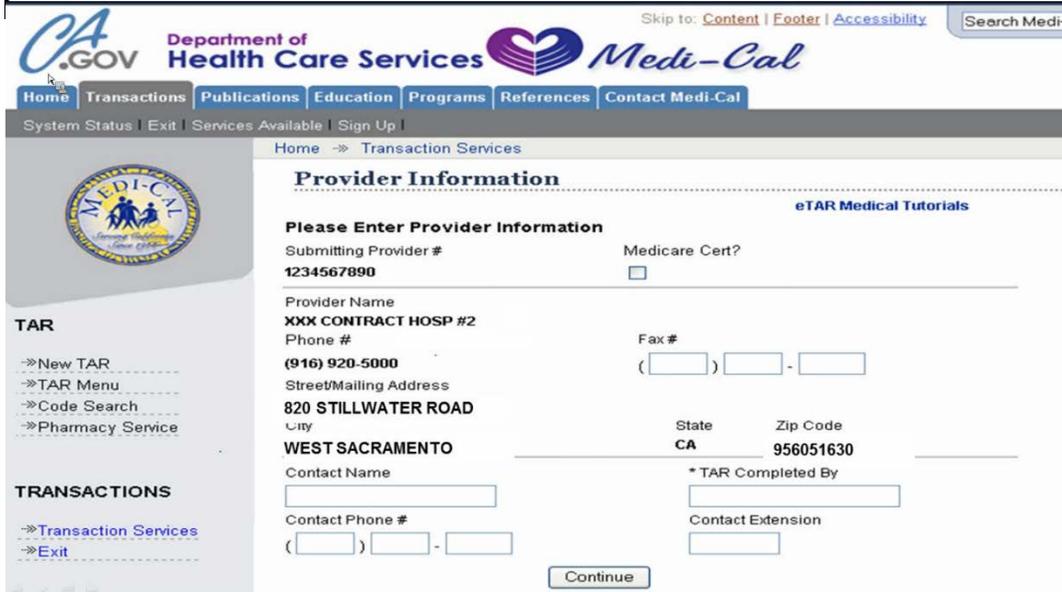
2. Then click on the eTAR tab. Click on **Medical Services** to access the eTAR menu.



3. Click on Create a New TAR.



4. The provider's billing NPI number and address will appear. Fields designated with an asterisk (*) are required for eTAR submission. Complete additional contact information as necessary.



5. For vision providers only, if a Fax # is entered, an Adjudication Response (AR) will be automatically faxed with eTAR details. If the field is left blank, an AR will not be sent and eTAR status may be viewed and printed through Inquire on a TAR.

6. Hit **Continue**.

7. Provide the patient's information on this screen. Only fields with an asterisk (*) are required for eTAR submission.

8. Click **Continue**.

9. On the Add Service Screen under **Other Services**, please select a Vision Service Category. *In the example below, Contact Lens/Evaluation was selected.*

10. Fill in fields with an asterisk (*). The From and Thru Date fields are for the date of service. **Please see the last page for common service codes that require a TAR.**

11. Fill out the ICD-10 code fields. Medical justification for the service is entered in the **Enter Miscellaneous TAR Information** field.

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

13. Enter the ICD Code indicating the primary diagnosis relative to the requested service, including the decimal point. If unknown, click the ICD Code link to access Code Search.
*Always required.

14. NOTE: The Diagnosis Description field is no longer in use. Leave this field blank. Under Miscellaneous TAR Information, add any pertinent justification.

Pricing Override Request Price MSRP

* ICD-CM Type * ICD Code (Decimal Required) Diagnosis Description Date of Onset

Enter Miscellaneous TAR Information (500 characters accepted)

Type additional details and/or medical justification pertinent to the requested services in the **Enter Miscellaneous TAR**

Attachment G Service

15. The section Attachment G (Service) is not required.

Patient assessment information for this Service (Attachment A)

Please list current functional limitation /physical condition codes

Please list previous functional limitation /physical condition codes

Please list current medical status codes relevant to requested service(s)

ICD-CM Type ICD Code (Decimal Required) Diagnosis Description Date Of Onset

Attachment A Service

16. In Attachment A (Service), fill out the asterisk (*) fields. If visual acuities are known, please enter the information.

Vision Attachment Form (Attachment G)

Date of Comprehensive Eye Exam Date of Prior Eye Exam * First Time Wearer No Yes

* Replacement? No Yes Replacement Reason

Uncorrected Visual Acuity Right Eye (OD) Left Eye (OS)

Distance

Near

17. Enter refraction results (i.e. patient's eyeglasses prescription).

- ◆ For other services examples:
 - Low Vision Aids
 - Other Eye Appliances
 - Contact Lenses

18. Fill out asterisk (*) fields. To add another contact lens service, click Another Service, Same Category. Otherwise, click **Continue**.

Best Corrected Visual Acuity

* Distance

Near

* Keratometry

* Grade of Mire Distortion

* Manufacturer

* Model

* Wear Extended Daily

* Wearing Schedule

19. Click on **TAR Summary** to review the eTAR before submission.

20. Click on **Submit TAR** after reviewing information.

Update Attachment A

Patient Assessment Information (Attachment A)

P.O.T. Adherence Feeding Method Height Weight

In-Home Assistance/Care Giver

Please list current functional limitation/physical condition codes

Please list previous functional limitation/physical condition codes

ICD-CM Type ICD Code Please list current medical status codes relevant to requested service(s)

ICD-10 M75.12 Diagnosis Description Date Of Onset

Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) (include dates if applicable)

If it is known that the patient has ever received the requested or similar service(s), please explain (include dates)

Enter any relevant medical justification

Please summarize the therapeutic goal to be met with the requested service(s)

Prescribing Physician Information

Physician Prescription

Enter verbatim physician prescription

Physician's License # Physician's Name

ABC1234 Dr. Willy Wilkerson

Physician's Phone Prescription Date

(916)555-9999 03012008

21. Please select an Attachment Submission Option then click Continue.

22. After the TAR is submitted, a **TAR number** will be generated.

Service #	Service Ind.	Requested From Date	Requested Thru Date	Service Code	Modifiers	Service Description	Status
1	Inpat/Outpat - MRI (Radiology)	03102008	03202008	73721	TC	MRI JNT OF LWR EXTRE W/O DY	In Review
2	Inpat/Outpat - MRI (Radiology)	03102008	03202008	73721	26	MRI JNT OF LWR EXTRE W/O DY	In Review

Common TAR required codes for Frame and Lenses:

- ◆ V2025: Specialty frame
- ◆ V2784: Polycarbonate lenses
- ◆ V2199: Not otherwise classified, single vision lenses
- ◆ V2299: Specialty bifocal lenses

Common TAR required codes for Contact Lens exam:

- ◆ 92310: Medical justified contact lens exam of both eyes, without aphakia
- ◆ 92071: Fitting of contact lens for treatment of ocular surface disease
- ◆ 92072: Fitting of contact lens for management of keratoconus

Common TAR required codes for Contact Lenses:

- ◆ S0500: Disposable contact lenses
- ◆ V2520: Contact lens, hydrophilic, spherical
- ◆ V2521: Contact lens, hydrophilic, toric
- ◆ V2510: Gas permeable contact lens, spherical
- ◆ V2511: Gas permeable contact lens, toric