
Provider Telecommunications Network (PTN)

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The Provider Telecommunications Network (PTN) is an automated voice-response system that providers must use as a primary source of checkwrite, claim and authorization information for services rendered through the Medi-Cal program, County Medical Services Program (CMSP), Abortion, California Children's Services (CCS), Genetically Handicapped Persons Program (GHPP) and Other Public Health (OPH) programs.

Note: For checkwrite information about Every Woman Counts, select the "Other Public Health programs" sub-menu within the "Provider Checkwrite Menu: Selection 1," described on a following page in this section.

General Information

PTN Access

Three items are necessary for accessing the PTN: a touch-tone telephone, Provider Identification Number (PIN) and the "Step-by-Step Instructions and Messages," included in this section. The PTN "Step-by-Step Instructions and Messages" is a step-by-step guide for using your telephone and PIN to access and request information from the PTN. It describes in detail the operations of the PTN, including the caller prompt and system response messages, time limits, error limits and how to request different categories of information.

Other Inquiries

PTN is also a source of the following information:

- Continuing Care – Providers may also determine if a patient is being dispensed a drug which is eligible for continuing care.
- National Drug Codes, Procedure Codes and Medical Supply Codes – Providers may also obtain code-specific information and Medi-Cal maximum reimbursement rates for procedure codes, National Drug Codes and medical supply codes.
- Appeal Status – Providers may also obtain the status of appeals they previously submitted for administrative review.
- General information – The PTN also has a general information option, including all the California MMIS Fiscal Intermediary mailing addresses and how to order provider manuals and forms.

Hours of Operation

The PTN can be accessed by calling 1-800-786-4346 between 7 a.m. and 8 p.m., PST, seven days a week. In the event that the PTN becomes unavailable during the normal hours of operation, you will receive the following message upon attempting to gain access.

PTN Message: “The Provider Telecommunications Network is currently unavailable. Please call back later. Thank you for calling the Provider Telecommunications Network.”

Touch-Tone Telephone Required

All provider interaction with the PTN requires a touch-tone telephone for inputting responses to system prompts. Providers who have rotary dial telephones can convert them to function like touch-tone telephones by installing an adapter or converter on their telephones. Adapters and converters can be purchased at most hardware and electronics stores.

Provider Identification Number (PIN)

Active Medi-Cal providers are automatically enrolled in the PTN and are assigned a seven-digit Provider Identification Number (PIN) to be used to access the PTN on a touch-tone telephone. Your PIN identifies you as an authorized PTN user and is the first data requested by the network to locate your checkwrite, claim, prior authorization and continuing care recipient information in the system.

The PIN is sent in a separate mailing to providers. If you do not receive a PIN or experience difficulty using it, immediately notify the FI by contacting the Telephone Service Center (TSC) at 1-800-541-5555.

Specialty mental health providers requesting a new, copy or forgotten PIN must contact TSC. To speak with an agent that can provide the address for a PIN request, follow the phone options as prompted:

Option: 1	Preferred language
Option: 1	Provider choice
Option: 4	Point of Service (POS) choice
Option: 2	POS provider choice
Option: 1	Provider choice
Option: 4	Don't have PIN number
Option: 2	Speak with live agent who will provide the Mental Health Services Division mailing address for obtaining a PIN number associated with specialty mental health services

«Provider Identification Number (PIN) (continued)»

For a misplaced PIN, contact the Department of Health Care Services (DHCS) at (916) 323-1945 or notify the TSC. A new PIN will be issued and mailed to you.

Specialty mental health providers requesting a new, copy or forgotten PIN may also contact DHCS at (916) 323-1945. To speak with an agent that can provide your PIN information, follow the phone options as prompted:

Option: 4	Speak with operator
Option: 1	Speak with live representative
Option: 1	Preferred language
Option: 1	Provider
Option: 6	Provider enrollment
Option: 1	Provider enrollment
Option: 1	Speak to representative
Option: 1	Provider
Option: 4	When speaking to the agent, you must specify the NPI number and the provider number that are only associated with specialty mental health services

PTN Categories

Information Available from the PTN

The PTN includes information in the following seven categories: Provider Checkwrite, Claims Status Inquiry, Treatment Authorization Request Status Inquiry, Continuing Care Inquiry (including Recipient Eligibility: Drugs Exempts from TARs), Procedure, National Drug or Medical Supply Code Pricing Inquiry, Appeal Status and General Information Inquiry.

Provider Checkwrite

Selection 1 is the Provider Checkwrite option. The PTN has a sub-menu for checkwrite summary information. The choices from the checkwrite menu are: Press "1" for checkwrite information on Medi-Cal, CMSP or abortion. Press "2" for CCS or GHPP. Press "3" for OPH. Press "4" for all non-health care plan checkwrite information. Press "5" for all healthcare plan checkwrite Information. Press "0" (zero) to return to the main menu

«Provider Checkwrite (continued)»

Along with checkwrite information, pended and in-process summary claims information is given for all checkwrites. Abortion, CCS, GHPP and OPH pended claims are grouped with Medi-Cal pended claims. Pended claims are claims that suspend for manual review. At the end of the review process, these claims are priced and transferred into the claims-in-process category.

After you have chosen the appropriate program for your inquiry, the PTN provides the date the FI sent the checkwrite information to the State Controller's Office and the dollar amount of the last checkwrite for the selected program. For the check release date, refer to the Checkwrite section in this manual. The PTN will not provide the number of claims or the priced dollar amount of each claim that was paid by the checkwrite.

Claim Status Inquiry

Selection 2 is the Claim Status Inquiry option. Individual claim line information is given for claims matched from input criteria. The input criteria is the Claim Control Number (CCN), if available, or recipient identification number, date of service and billed amount (optional).

The 12-week claims file (containing all paid and denied claims for the past 12 weeks) is searched first. Then, the pended and in-process file is searched. The pended and in-process file contains all pending claims and claims that have undergone daily adjudication. All claim lines matching the criteria are given with the appropriate message(s) depending on claim status (paid, denied, suspended, daily or weekly). At the end of the claims status information, you will hear the following sub-menu.

PTN Message: "To inquire on another claim with the same provider number and recipient ID, enter a '1'. To return to the PIN prompt, enter a '2'. To return to the Main Menu, enter a '3'.

Treatment Authorization Request Status Inquiry

Section 3 is the *Treatment Authorization Request* (TAR) status inquiry option. The PTN uses the complete 11-digit TAR Control Number (10-digit TAR Control Number for Long Term Care TARs, 20-1) to provide you with specific information on TAR status, authorized procedures and denial information. It will also tell you if the TAR has not been reviewed or if the TAR Control Number is not found.

Continuing Care Inquiry

Selection 4 is the Continuing Care option. The PTN uses the 11-digit National Drug Code (NDC) to allow providers to inquire if a patient is being dispensed a drug which is eligible for continuing care.

Recipient Eligibility: Drugs Exempt From TARs

Certain manufacturers have refused to provide DHCS with the supplemental rebates required by *Welfare and Institutions Code* (W&I Code). Section 14105.33(a) and (b). Medi-Cal will not reimburse drugs made by these manufacturers except for one of the following reasons:

- The drugs are marked with the symbol “f” on the *Medi-Cal List of Contract Drugs* in the *Medi-Cal Pharmacy Provider Manual*.
- A TAR is obtained for the drug.
- “Continuing care” status is granted to the patient.

To be eligible for the TAR exemption for continuing care, a patient must be taking the drug in question when it is removed from the *Medi-Cal List of Contract Drugs*, or when its manufacturer is placed on TAR status, and the FI must have received a claim for the drug within 100 days prior to the drug’s removal date or the date the manufacturer was placed on TAR status.

Example: A drug is deleted from the *Medi-Cal List of Contract Drugs* on June 1, 1999. If patient Mary Jones received a prescription for that drug 50 days before June 1, and you wish to dispense a refill after June 1, PTN will tell you: “The recipient you are inquiring on is a valid continuing care recipient for the drug code and date of service entered.” PTN will then give you a verification number. As long as Mary Jones continues to receive refills within 100 days, she should never need a TAR for the affected drug. You will probably not need to reconfirm Mary Jones’ continuing care status for this drug as long as she has her prescription refilled at least every 100 days.

Retaining Eligibility for Drug TAR Exception

To remain eligible for the TAR exception for continuing care, the patient must continue to have a claim submitted for the drug in question at least every 100 days, based on the date of service. The drug may be in any dosage form or strength but must be from the same manufacturer as the drug that was originally dispensed

Exception: When DHCS completely removes a generically available drug from the Medi-Cal List of Contract Drugs, the patient may switch between brands of the generic drug and still maintain continuing care status.

Verification Number

The continuing care verification number should be written down and saved for reference. Do not attach it to the claim or enter it in the TAR Control Number field. This number may be needed to prove continuing care status if the claim is incorrectly processed.

Procedure National Drug or Medical Supply Code Pricing Inquiry

Section 5 is the procedure code, National Drug Code or medical supply code pricing option. The PTN has a submenu that allows providers to select the type of pricing inquiry. The choices from the pricing inquiry menu are: Press “1” for National Drug Code; Press “2” for Medical Supply Code; Press “3” for Procedure Code. The PTN uses the five-digit procedure code, 11-digit National Drug Code, or the five-character medical supply code (HCPCS Level II or III code) to allow providers to inquire on pricing information. If the five-character medical supply code is entered and if it starts with ‘99’, the provider will be prompted to enter the two-character manufacturer code.

Pro Appeal Status Inquiry

Selection 6 is the Appeal Status Inquiry option. The PTN uses the eight-character Document Number to allow providers to inquire about the status of their claim appeal. The Document Number is printed in the upper right-hand corner of *Appeal Form (90-1)*.

General Information Inquiry

Selection 7 is the general information option. The PTN has a submenu for a general information summary. The choices from the general information menu are: Press “1” for information on billing forms; Press “2” for general mailing information; Press “3” for provider manuals order information. Press “4” to return to the main menu

Operational Information

Time Limit Between Prompts

The PTN allows you a specific amount of time between a prompt (request for information) and your action (input of data into your touch-tone telephone). If you fail to respond to the first prompt within 20 seconds, the PTN will remind you once to enter the information. If you do not enter the requested data within 10 seconds of the second prompt, the PTN will terminate your call with the following message.

PTN Message: “You have exceeded the time limit allotted since your last response. Please review the procedures in your PTN User’s Guide. If you have questions concerning the PTN, contact the Telephone Service Center (TSC) at 1-800-541-5555. Thank you for calling the Provider Telecommunications Network.”

Error Limit

The PTN allows three opportunities to correctly enter data in response to a caller prompt (request for information). After the first and second incorrect attempts, the PTN will prompt you to re-enter the information. On the third incorrect attempt, the PTN will terminate the call with the following message

PTN Message: “You have exceeded the limit for input errors. Please review the procedures in your PTN User’s Guide. If you have difficulties accessing the system, please discontinue this call and contact the Telephone Service Center at 1-800-541-5555. Thank you for calling the Provider Telecommunications Network.”

Repeating PTN Information

At any time during the PTN inquiry, you can request that the system repeat information by pressing the asterisk key (*) followed by the pound sign key (#). Once the PTN has repeated the desired information, you must press the pound sign key (#) to resume the inquiry. To return to the Provider Selection Menu, press “*99#” at any time during the call. To delete information entered, press (* *) and begin entering the information again. For help at any time, press “*4#”.

Accelerated Access

It is not necessary to listen to any prompt in its entirety. If you know which key is required, you may enter it at any time during the prompt. For example, when the Provider Selection Menu is given (see “Information Available From the PTN” on a previous page), if you want to inquire about TAR status, you may press “3” as soon as you hear: “To inquire on....”

Alphabetic Code Listing

When entering alphabetic characters, use the following code listing.

Letter	2-Digit Code	Letter	2-Digit Code
A	*21	N	*62
B	*22	O	*63
C	*23	P	*71
D	*31	Q	*11
E	*32	R	*72
F	*33	S	*73
G	*41	T	*81
H	*42	U	*82
I	*43	V	*83
J	*51	W	*91
K	*52	X	*92
L	*53	Y	*93
M	*61	Z	*12

Step-By-Step Instructions And Messages

Step 1: Initiate the Call

Dial 1-800-786-4346 from 7 a.m. to 8 p.m., seven days a week. The PTN will respond with the following message.

PTN Message: “Welcome to the Provider Telecommunications Network. This system is available for inquiring on checkwrite information, claim status and Treatment Authorization Request status and drug continuing care status. Please enter your Provider Identification Number.”

Step 2: Enter PIN

Enter your seven-digit PIN. At this point, you may receive one of two responses. If there is information in the system for your PIN, the PTN will respond with the following message

PTN Message: “If your provider number is _____(number), press ‘1’ to continue or ‘2’ to re-enter your PIN”.

If you enter your PIN incorrectly, the PTN will respond with one of the following messages

PTN Message: “Invalid PIN ____ (number). Please enter your PIN.”

Or

“PIN ____ (number) is not on file. Please enter your PIN.”

Step 3: Provider Selection Menu

The PTN will give you seven selections for the type of information you seek (Checkwrite; Claim Status; TAR Status; Continuing Care Inquiry; Procedure, National Drug or Medical Supply Code Pricing Inquiry; Appeal Status; or General Information Inquiry) or the option to exit the system.

PTN Message: “To inquire about Checkwrite information, press ‘1’. To inquire about Claims Status, press ‘2’. To inquire about TAR Status, press ‘3’. To inquire about Continuing Care Status, press ‘4’. To inquire about a procedure code, national drug code, or medical supply code, press ‘5’. To inquire about Appeals Status, press ‘6’. To receive general mailing information or instructions for ordering forms and provider manuals, press ‘7’. To be connected to the Telephone Service Center (TSC) main menu, press ‘0’. To exit the system, press ‘9’

Provider Checkwrite Menu: Selection 1

The Provider Checkwrite Menu offers checkwrite information for Medi-Cal, CMSP, Abortion, CCS, GHPP and OPH programs. Select the number that corresponds to the program for which you submit claims or select “5” for all programs.

For example, if you submit only Medi-Cal claims, press “1”. If you submit claims for services rendered under several programs, press “5”.

PTN Message: To inquire on Medi-Cal CMSP or abortion claims information, press ‘1’. To inquire on CCS or GHPP claims information, press ‘2’. To inquire on Other Public Health program claims information, press ‘3’. To inquire on all non-health care plan checkwrite information, press ‘4’. To inquire on all healthcare checkwrite information, press ‘5’. To return to the main menu, press ‘0’ (zero). To discontinue this call, please hang up.”

No Information Available

If no checkwrite information is available for the program you selected; you will hear the following message.

PTN Message: “No checkwrite information is available for your request. Please check your provider number and the menu options available.”

Information Available

If no checkwrite information is available for the program you selected; you will hear the following message

PTN Message: “Last system update for checkwrite information was on ____ (date). Last system update for pending and in-process information was on ____ (date).”

The PTN will continue with specific checkwrite information for the program selected.

PTN Message: “Your ____ (program selected) last warrant date was ____ (date) for ____ (amount). The number of claims pending for (program selected) is ____ (number) with a billed amount of ____ (amount). The number of claims awaiting the weekly payment cycle for (program selected) is ____ (number) with a system priced amount of ____ (amount).”

Abortion Checkwrite Information

Checkwrite data is the only information that is provided for abortion claims.

Claims-in-process and pended-claims information for abortion services is not included in the information provided by the PTN for the Medi-Cal program. Providers will hear the following message for their abortion claims.

PTN Message: “Your abortion last warrant date was ____ (date) for ____ (amount).”

End of Checkwrite Inquiry

At the end of the checkwrite inquiry, you will hear the following message.

PTN Message: “To repeat your checkwrite information, please enter a ‘1’. To return to the PIN prompt, enter a ‘2’. To return to the main menu, enter a “3”.

Claim Status Inquiry Menu: Selection 2

If you select Claim Status Inquiry (section 2), you will be prompted for the claim’s 13-digit Claim Control Number (CCN). This is an optional field. If you do not have a CCN, press the pound sign (#) to skip to the next prompt. If you entered a CCN, the PTN will automatically search for the status of the claim. (Skip to “PTN Claim Search” in this section.)

If you skip the CCN prompt, the next prompt is the recipient ID number.

PTN Message: “Please enter the subscriber’s ID from the face of the Beneficiary Identification Card followed by the pound sign key.”

At this prompt, enter the recipient identification number used on the claim.

The PTN will then prompt you for the claim “from” date of service.

PTN Message: “Please enter the claim ‘from’ date of service in ‘month, month, day, day, year, year’ format followed by the pound sign key.”

After you enter the date of service, the PTN will prompt you for the billed amount.

PTN Message: “Please enter the amount billed for the claim line followed by the pound sign key. This is not a required field. Enter the pound sign key to continue.”

PTN Claim Search

After you have entered enough information for the PTN to identify your claim, an automatic search will be conducted.

No Information Available

If no information is available, based on the provider number, CCN recipient ID, “from” date of service or amount billed, you will hear the following message.

PTN Message: “The provider number used to search was ____ (provider number). We’re sorry. We are unable to find your claim on the payment or pended file. You may submit a Claims Inquiry Form requesting a tracer. If your claim date of service is less than six months ago and you do not wish to submit a Claims Inquiry Form, please resubmit the claim.”

Information Available

If claim information is available, based on the information you entered, the PTN will respond with specific claim information. You will hear the following message.

PTN Message: “The number of claim lines found matching your request is ____ (number).”

Claim Pending Adjudication

If your claim has been received and is pending adjudication, you will hear one of the following messages.

PTN Message: “Your claim is pending adjudication for CCN ____ (number).

“Your claim is in process for CCN ____ (number).”

“Your claim will appear on a subsequent warrant.”

Claim Adjudicated

If your claim has been adjudicated, you will hear one of the following messages.

PTN Message: “Your claim has been denied.”

“The warrant date is ____ (date).”

“The warrant number is ____ (number).”

“The FI sequence number is ____ (number).”

“The denial code is ____ (code).” (This message is followed by the denial message.)

“The CCN is ____ (number).”

Claim Crossed Over from Medicare, not Payable

If the claim was automatically crossed over from Medicare, you will hear the following message.

PTN Message: “This is a tape-to-tape suppress crossover claim. This claim was crossed over from a Medicare carrier. The Medi-Cal allowable payment has been reached or exceeded by Medicare. Therefore, no Medi-Cal payment is allowed. This claim will not appear on your RA or EOB. The CCN is ____ (number).”

Claim Approved for Negative Amount

You will hear one of the following messages for claims approved for negative amounts.

PTN Message: “Void has been approved for a negative amount of ____ (amount). The CCN is ____ (number).”

Or

“A system offset has been approved for a negative amount of ____ (amount). The CCN is ____ (number).”

Claim Paid

If the claim has been paid, you will hear the following message.

PTN Message: “Your claim has been paid. The warrant date is ____ (date).”

Then you will hear the warrant or FI sequence number.

PTN Message: “The warrant number is ____ (number).”

Or

“The ACS sequence number is ____ (number).”

Last, you will hear the reimbursement amount and CCN number.

PTN Message: “The reimbursement amount is ____ (amount).
The CCN is ____ (number).”

At the end of the Claim Status Inquiry, you will hear a sub-menu.

PTN Message: “To inquire on another claim with the same provider number and recipient ID, enter a ‘1’. To return to the PIN prompt, enter a ‘2’. To return to the Main Menu, enter a ‘3’.”

Tar Status Inquiry Selection 3

If you choose TAR Status Inquiry (selection 3), you will be prompted for the TAR Control Number (TCN).

PTN Message: "Please enter the TAR Control Number, followed by the pound sign key, to inquire on the status of a TAR."

Note: You may enter the 10 or 11-digit TCN.

Exception: An alternative prefix may be necessary if providers are unable to access the correct drug TAR during a Provider Telecommunications Network (PTN) inquiry. Drug TARs are normally assigned TCN prefixes of "80" and "94." Occasionally, because of an increase in TCN recycling, the use of a TCN prefix of "40" will be necessary. When performing a TAR inquiry, and a different drug TAR is accessed, providers should begin another inquiry, replacing the "80" or "94" prefix with a "40" field office prefix to ensure that the correct TAR will be accessed.

TAR File Unavailable

If the TAR system file is unavailable, you will hear the following message.

PTN Message: "The TAR file is *currently* unavailable; please try again later."

Invalid TAR Control Number

If you enter the TCN incorrectly, you will hear one of the following messages.

PTN Message: "Invalid TAR Control Number. Please re-enter."

Or

"We're sorry, that was an invalid response."

TAR Control Number Not Found

If the TAR for the TCN entered cannot be found, you will hear the following message.

PTN Message: "TAR ____ (TAR Control Number) is not on file. Please check your information and try again."

TAR Not Reviewed

If the TAR is on file but has not been completed, you will hear the following message.

PTN Message: "TAR has not been reviewed."

TAR in Invalid Format

If the TAR is in a format that PTN cannot access, you will hear one of the following message.

PTN Message: “This TAR is in a format that is not supported by PTN. Please inquire on the TAR using the inquiry option within the application used for the TAR submission.”

This message will be heard in the following situations:

- Drug TAR has more than six services
- Hospital Stay TAR has 11 services (one admit plus 10 extensions)
- LTC Stay TAR has more than one service
- Procedure TAR has more than six services and no services are transportation
- Transportation TAR has more than six service codes combined for all services on the TAR
- Non-hospital TAR contains at least one deferred and at least one non-deferred service
- TAR contains more than one pricing override value
- Hospital admit has more than 10 denied dates entered
- TAR units total more than 9999
- TAR quantity greater than 99999

TAR Approved as Requested

If the TAR was approved as requested, you will hear the following message.

PTN Message: “TAR ____ (TAR Control Number) has been approved as requested. The provider will receive an *Adjudication Response* notice.”

Press the pound sign to continue TAR inquiry.

TAR Approved as Modified

If the TAR was approved as modified, you will hear the following message.

PTN Message: “TAR ____ (TAR Control Number) has been approved as modified. The provider will receive an *Adjudication Response* notice. This *Adjudication Response* notice will document the details regarding the services approved and the reasons for modification of the services requested.”

Press the pound sign to continue TAR inquiry.

Additional Information for Approved and Modified TARs

The following information is given for all approved and modified TARs, unless data is temporarily unavailable. If the data is unavailable because the files are closed for update, you will hear the following message.

PTN Message: “The pricing indicator is ____ (data). We’re sorry. If you are using the CAL-POS network for billing, please wait until complete TAR information is available. Additional information on this TAR is unavailable. Please try again later.”

Note: Providers who receive this message may either bill the claim on paper or wait until complete TAR information is available before submitting the claim through the POS network.

If data is available, you will hear the following information. You must press the pound sign after each message to continue the TAR inquiry. You may press “*#” (star key followed by the pound sign) or “*R” (star key followed by 7) after each message to repeat any information.

PTN Message: “The TAR provider number is ____ (number).”
“The recipient SSN is ____ (number).”
“The recipient ID is ____ (number).”
“The recipient ID is missing or invalid.”
“The first five characters of the recipient’s last name are ____ (characters).”
“Recipient date of birth is ____ (date).”
“Authorized ‘from’ date is ____ (date).”
“Authorized ‘thru’ date is ____ (date).”
“With a pricing indicator of ____ (indicator).”

Type of TAR

In addition to the above information, you will hear different information based on the type of TAR. Do not forget to press the pound sign (#) after each statement.

General and Hospital Admission TARs

PTN Message: "TAR line: ____ (number)."

"Authorized procedure or drug code is ____ (code)."

"Quantity requested: ____ (number)."

"Authorized units: ____ (units)."

"Authorized charges: ____ (amount)."

"Units used: ____ (units)."

"Authorized percent variance: ____ (percent)."

"Linked extension TAR: ____ (TCN)."

"Extension approved days: ____ (number)."

TAR Line Denial

If the TAR was approved, but a line was denied, you will hear the following message.

PTN Message: "TAR line ____ (number) was denied."

Hospital Inpatient and Request for Extension of Stays TARs

PTN will give the status of the admit TAR service. Deferred and denied extensions are not added to the extension list and will not be listed.

PTN Message: "The number of approved days is ____ (number)."

"The denied dates are ____ (dates)."

"The number of days denied is ____ (number)."

Long Term Care TARs

You will hear one of the following messages depending on the level of care for LTC TARs in approved or modified status.

- PTN Message:* “The level of care is Skilled Nursing Facility.”
“The level of care is Intermediate Care Facility.”
“The level of care is Intermediate Care Facility –Developmentally Disabled.”
“The level of care is Subacute Care.”
“The level of care is Special Treatment Program.”

TAR Denied

If the TAR was denied, you will hear the following message.

- PTN Message:* “TAR ____ (TAR Control Number) has been denied. The provider will receive an *Adjudication Response* notice. This *Adjudication Response* notice will document the details regarding the reason for denial of the services requested. If you have concerns regarding the decision on your TAR, you may contact the Medi-Cal field office.”

TAR Deferred

If the TAR was deferred, you will hear the following message.

- PTN Message:* “TAR ____ (TAR Control Number) has been deferred. The provider will receive an *Adjudication Response* notice. This *Adjudication Response* notice will document the details regarding the deferral of your TAR and the request for additional information.”

Continuing Care Inquiry: Selection 4

If you select Continuing Care Inquiry (selection 4) a brief description of Continuing Care will be given.

PTN Message: “This is the continuing care menu. Use this feature to determine if a patient qualifies for continuing coverage of a drug that has been removed from the Medi-Cal List of Contract Drugs. If the patient does not qualify, a TAR will be needed.”

At this prompt, enter the Medi-Cal ID number or SSN, National Drug Code (NDC) and date of service.

There are four questions that must be answered by using the touch-tone keypad of your telephone. Below are the spoken prompts for the touch-tone entries.

Medi-Cal 14 Digit ID or Nine-Digit SSN

PTN Message: “Please respond to the following questions by using the numeric push buttons on your touch-tone telephone. Press the pound sign key (#) after you are finished with each response in order to proceed to the next question. Please enter the patient’s 14-digit Medi-Cal identification number or the nine-digit recipient ID. Please do not enter the check digit.”

If you did not enter the nine or 14 digits, or did not enter the numbers correctly, the appropriate error message is spoken. (See “Alphabetic Code Listing” on a previous page in this section.)

National Drug Code (NDC)

After successfully entering the Medi-Cal ID or SSN, the following prompt will be spoken.

PTN Message: “Please enter the 11-digit National Drug Code.”

Date of Service

After successfully entering the drug code, the following prompt will be spoken.

PTN Message: "Please enter the patient's date of service in month month, day day, year year format."

Enter six digits. For example, if the date of service is July 9, 1993, enter "070993#".

Continuous Care Verification Number for Valid Recipient

After successfully entering the date of service, PTN will check to see if you have entered information for a valid continuing care recipient. If the inquiry is valid, you will receive a Continuous Care Verification Number (CCVN). Keep this number in your files.

PTN Message: "Recipient (Medi-Cal ID or SSN) is a valid Continuing Care recipient for drug code (Drug Code) with a date of service of (Date of Service). The Continuous Care Verification Number is (CCVN). Please enter the pound sign key (#) to continue."

You may press (* R) or (* #) to repeat this message, or the pound sign key (#) to continue.

You will then hear the main menu (go to step 2).

End Dated Drug

If the labeler code has not been end-dated on the computer system, PTN will give you the following message.

PTN Message: "National Drug Code (Drug Code) is not part of the Continuing Care Program. Please verify the information you have entered. If necessary, re-inquire from the main menu. Please enter the pound sign key (#) to continue."

You may press (* R) or (* #) to repeat this message, or the pound sign (#) to continue.

You will then hear the main menu (go to step 2).

Recipient Not on File

If the labeler code was found on the end-dated file but the recipient ID number was not, you will hear the following message.

PTN Message: “Recipient (Recipient ID) is not on file. Please verify the information you have entered. If necessary, re-inquire from the main menu. Please enter the pound sign key (#) to continue.”

You may press (* R) or (* #) to repeat this message, or the pound sign (#) to continue.

You will then hear the main menu (go to step 2).

Invalid Continuing Care Recipient

If the recipient was found on the file but is not a valid continuing care recipient, you will hear the following message.

PTN Message: “Recipient (Medi-Cal ID Or SSN) does not qualify as a Continuing Care recipient for drug code (Drug Code) with a date of service of (Date Of Service). A TAR is required.”

You may press (* R) or (* #) to repeat this message, or the pound sign (#) to continue.

You will then hear the main menu (go to step 2).

Procedure, National Drug or Medical Supply Code Inquiry: Selection 5

If you select procedure code, National Drug Code or medical supply code (selection 5), you will hear the following options:

PTN Message: “To inquire on a National Drug Code, press 1.
To inquire on a Medical Supply Code, press 2.
To inquire on a Procedure Code, press 3.”

National Drug Code Inquiry

If you select option 1 from the Pricing Inquiry submenu, you will be prompted to enter the 11-digit National Drug Code:

PTN Message: “Please enter the 11-digit National Drug Code.”

At this prompt enter a valid 11-digit National Drug Code.

Medical Supply Code Inquiry

If you select option 2 from the Pricing Inquiry submenu, you will be prompted to enter the five-character Medical Supply Code:

PTN Message: "Please enter the five-character Medical Supply Code."

At this prompt, enter one of the medical supply codes. If the five-character medical supply code is entered and starts with '99' and has an alpha character in the last position, you will be prompted to enter a two-character manufacturer code.

PTN Message: "Please enter the two-character manufacturer code followed by the pound sign key."

Procedure Code Inquiry

If you select option 3 from the Pricing Inquiry submenu, you will be prompted to enter the five-character Procedure Code:

PTN Message: "Please enter the five-character Procedure Code."

At this prompt enter a valid five-character Procedure Code.

Based on the information found on file for the National Drug Code or Medical Supply Code, you will hear specific pricing information.

If you selected a procedure code, you will hear a submenu that will allow you to select pricing information for different provider types. For example, if you enter a procedure code that is valid for a surgeon, assistant surgeon and an anesthesiologist, a submenu will be presented.

PTN Message: "For surgeon, press '1'; For assistant surgeon, press '2'; For anesthesiologist, press '3'."

Once you have heard the pricing information for the code selected, you will be prompted with a submenu.

PTN Message: "To repeat the procedure information, press '1'; To repeat the list of provider types for this procedure, press '2'; To select another procedure code, National Drug Code or Medical Supply code, press '3'; To return to the main menu, press '4'."

Appeal Status Inquiry Selection 6

If you select Appeal Inquiry (selection 6), the system will prompt you to enter the Document Number. The eight-character Document Number is printed in the upper right-hand corner of Appeal Form (90-1).

PTN Message: "Please enter the eight-character Document Number, followed by the pound sign key."

At this prompt, enter the Document Number for the appeal.

Invalid Document Number

If you enter the Document Number incorrectly, you will receive the following message:

PTN Message: "We're sorry. That was an invalid response."

Appeal Search

After you have entered a valid Document Number, the system will search for status information about your appeal.

No Information Available

If the system is unable to locate information about the appeal using the Provider Number and Document Number you entered, you will receive the following message:

PTN Message: "The Document Number [document number] was not on file."

Information Available

If the system is able to locate information about the appeal, you will receive information regarding the status of that appeal. You will receive the following message:

PTN Message: "The Appeal Reference Number (ARN) is [ARN number]. "The Subscriber ID is [subscriber id number]. The number of appeal lines found is [line count]."

Appeal Status Line Information

You will receive the following messages for each appeal line the system found.

PTN Message: “Appeal Line Number [appeal line number]. The service date is [date of service]. The appeal status is [status].”

When the Appeal Status Inquiry is complete, you will receive the following instructions:

PTN Message: “To repeat this information, press ‘1’. To exit the Appeal Status Inquiry, press ‘2’.

General Information Inquiry: Selection 7

If you select General Information Inquiry (selection 7), you will hear the following options:

PTN Message: “To hear information on obtaining billing forms, press ‘1’; To hear general mailing information, press ‘2’; To hear information on ordering provider manuals, press ‘3’; To return to the main menu, press ‘4’.”

Ordering Forms

If you select option 1 from the information submenu, you will hear another submenu that will prompt you for a specific form type.

PTN Message: “To hear order information for Vision, Long Term Care or Pharmacy forms, press ‘1’; Medical or Allied forms, press ‘2’; Inpatient or Outpatient forms, press ‘3’; Claims Inquiry, Appeal or TAR forms, press ‘4’; To return to the main menu, press ‘5’.”

Where to Submit Forms

If you select option 2 from the information submenu, you will hear another submenu that will prompt you with specific information for the appropriate address.

PTN Message: “To hear general mailing information for Medical, Allied or Vision claims, press ‘1’; Long Term Care or Pharmacy claims, press ‘2’; Inpatient claims, press ‘3’; Outpatient claims, press ‘4’; Over One Year Claims or Correspondence Specialist Unit, press ‘5’; Claim Inquiry or appeal forms, press ‘6’; Resubmission Turnaround Documents, press ‘7’; Computer Media Claims, press ‘8’; To return to the main menu, press ‘9’.”

Ordering Provider Manuals

If you select option 3 from the information submenu, you will hear information for ordering provider manuals.

Completing the Inquiry

After you have received all of the information you need from the PTN, you may hang up the phone to end the call.

«Legend»

«Symbols used in the document above are explained in the following table.»

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.