Provider Telecommunications Network (PTN)

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The Provider Telecommunications Network (PTN) is an automated voice-response system that providers may use as a primary source of checkwrite, claim and authorization information for services rendered through the Medi-Cal program and other supported programs.

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 beginning on page 10.

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. 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.

PTN is also a source of checkwrite, claim and authorization information for services rendered through the Medi-Cal program:

- National Drug Codes (NDC), Procedure Codes and Medical Supply Codes – Providers may also obtain code-specific information and Medi-Cal maximum reimbursement rates for NDCs, Procedure Codes and Medical Supply Codes.
- General information – The PTN also has a general information option, including relevant mailing addresses and how to order forms.

Provider Identification Number (PIN)

For a misplaced PIN, contact the Telephone Service Center (TSC) at 1-800-541-5555. A new PIN can be issued and mailed to you. PINs for fee-for-service providers can be reset in the Medi-Cal Provider Portal. Refer to “Provider Identification Numbers (PINs)” in the Part 1, *Provider Guidelines*, provider manual section for information.

Specialty mental health providers requesting confirmation of their current PIN or issuance of a new PIN may also contact DHCS at (916) 323-1945. ‹‹To speak with an agent that can provide your PIN information, press 3.››

PTN Categories

Information Available from the PTN

The PTN includes information in the following seven categories:

- Claims Status Inquiry
- Provider Checkwrite
- *Treatment Authorization Request* (TAR) Status Inquiry
- Procedure Code, National Drug Code or Medical Supply Code Pricing Inquiry
- General Information Inquiry.

Claim Status Inquiry

‹‹Selection 1 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 submenu:

PTN Message: ‹‹“To repeat this information, press or say ‘1.’ To enter a different claim for the same provider and beneficiary, press or say ‘2.’ To enter a claim for a different beneficiary, press or say ‘3.’ To enter a different provider ID, press or say ‘4.’ To return to the main menu, press or say ‘9.’”››

Provider Checkwrite

‹‹Selection 2 is the Provider Checkwrite option.›› The PTN has a submenu for checkwrite summary information. The choices from the checkwrite menu are:

- ‹‹Press “1” for Medi-Cal, CMSP or Abortion claims.
- Press “2” for CCS or GHPP claims.
- Press “3” for all other public health programs.
- Press “4” for all non-healthcare plan checkwrite.
- Press “5” for healthcare plan checkwrite.››

Along with checkwrite information, a summary of claims information is given for all checkwrites including claims that suspended for manual review and in-process claims. Family PACT (FPACT), California Children’s Services (CCS), Genetically Handicapped Persons Program (GHPP) and Other Public Health (OPH) claims suspended for manual review are grouped with Medi-Cal claims. 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 checkwrite information was sent 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 provider manual. The PTN will not provide the number of claims or the priced dollar amount of each claim that was paid by the checkwrite.

Note: For checkwrite information about Every Woman Counts (EWC), select the “Other Public Health programs” submenu within the “Provider Checkwrite Menu: Selection 1,” described on a following page in this section.

Treatment Authorization Request Status Inquiry

Selection 3 is the *Treatment Authorization Request* (TAR) status inquiry option. The PTN uses the complete 11-digit TAR Control Number (or the 10-digit TAR Control Number on a *Long Term Care Treatment Authorization Request* form 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.

‹‹Code Information››

Selection 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 NDC, 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.››

General Information Inquiry

‹‹Selection 5 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 billing forms.
- Press “2” for mailing information.
- Press “3” for provider manuals.
- Press “9” to return to the main menu.››

Operational Information

Time Limit Between Prompts

The PTN allows you 20 seconds of time after a prompt. 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
A	*21
B	*22
C	*23
D	*31
E	*32
F	*33
G	*41
H	*42
I	*43
J	*51
K	*52
L	*53
M	*61

Letter	2-Digit Code
N	*62
O	*63
P	*71
Q	‹‹*72››
R	‹‹*73››
S	‹‹*74››
T	*81
U	*82
V	*83
W	*91
X	*92
Y	*93
Z	‹‹*94››

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 Medi-Cal, please listen carefully as our menu has changed. Medi-Cal is transitioning to Electronic Services, including a new Provider Portal, a new look and feel for the Medi-Cal provider website and retirement of paper remittance advice details. Refer to the new Medi-Cal electronic services transition reference page. For pharmacy claims, press or say '1.' For provider portal, press or say '2.' For all other calls, press or say '9' or stay on the line."››

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 five selections for the type of information you seek: Claim Status, Checkwrite, TAR Stuatus, Code Information, General Information.››

PTN Message: "For Claim Status, press '1.' For Checkwrite, press '2.' For TAR Status, press '3.' For Code Information, press '4.' For General Information, press '5.'"

‹‹Claim Status Inquiry Menu: Selection 1

If you select Claim Status Inquiry (selection 1), you will be prompted for the claim's 13-digit Claim Control Number (CCN).›› 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: ‹‹"The Beneficiary Identification number can be found on the face of the Health Access Programs Card. If the Beneficiary Identification number includes letters and you need instructions on how to enter them, press or say '1.' If it is all numeric or you know how to enter letters, press or say '2.'"››

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 date of service using two-digit month, two-digit day and two-digit year. To enter today's date, press or say 'star' (*)."››

‹‹After you enter the date of service, the PTN will prompt you for the claim amount.››

PTN Message: ‹‹"Enter the total among billed from the claim line, followed by the pound sign (#)."››

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 claim 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**:** ‹‹“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 CIF Form, please resubmit your 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 XX, Claim [TCN].”››

Claim Pending Adjudication

If your claim has been received and is pending adjudication, you will hear the following message:

PTN Message**:** ‹‹“Is pending adjudication for CNN [XX].”››

‹‹Denial Claim

If your claim has been denied, you will hear one of the following messages:

PTN Message**:** "The claim was denied on [TBD]."

"Denial date based on the sequence number."

"The warrant number is [XXXXX]."

OR

"The FI sequence number is [XXXXX]."

If the denial code is anything but 999, "The denial code is [XXX and denial message]."

"The CCN is [XXXXX]."››

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 ACS sequence number.

PTN Message**:** "The warrant number is ____ (number)."

Note: The 8-digit ACS sequence number appears on the Remittance Advice (RA) and warrant.

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 submenu:

PTN Message**:** ‹‹"To repeat this information, press or say '1.' To enter a different claim for the same provider and beneficiary, press or say '2.' To enter a claim for a different beneficiary, press or say '3.' To enter a different provider ID, press or say '4.' To return to the main menu, press or say '9.'"››

‹‹Provider Checkwrite Menu: Selection 2››

The Provider Checkwrite Menu offers checkwrite information for Medi-Cal, 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**:** ‹‹“For Medi-Cal, CMSP or Abortion claims, press or say ‘1.’›› For CCS or GHPP claims, press or say ‘2.’ For other public health programs, press or say ‘3.’ For all non-healthcare plan checkwrite, press or say ‘4.’ For healthcare plan checkwrite, press or say ‘5.’”

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 checkwrite information is available for the program you selected, you will hear the following message:››

PTN Message**:** ‹‹“Checkwrite was last updated [MM-DD-YYYY]. Pended and in-process information was last updated [MM-DD-YYYY].”››

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

PTN Message**:** ‹‹“Your last warrant date for [Program Name] was [MM-DD-YYYY] for [$XXX.XX]. The number of claims pending for this program is [XXX] with a billed amount of [$XXX.XX]. The number of claims awaiting the weekly payment cycle for this program is [XXX] with a system priced amount of [$XXX.XX].”››

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 last warrant date for [Program Name] was [MM-DD-YYYY] for [$XXX.XX].”››

End of Checkwrite Inquiry

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

PTN Message**:** ‹‹"To repeat this information, press or say '1.' To enter a different PIN, press or say '2.' To return to the main menu, press or say '9.'"››

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 (#)."››

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. The number is either 10 or 11 digits."››

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 messages:

PTN Message**:** ‹‹"This TAR is in a format that is not supported by this application. Please use the TAR submission application to verify the TAR status."››

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 notice will document the details regarding the services approved and the reasons for modification of the services requested."

"Press the pound sign (#) to continue."››

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 [XXXXX]. We're sorry. If you are using the CAL-POS network for billing, complete TAR information is not currently available. 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: ‹‹"To repeat an item at any time, press the star (*) key."

"The beneficiary ID is [xxxxxxxxxx]."

"The beneficiary ID is missing or invalid."

"The first five characters of the beneficiary's last name are [XXXXX]."

"Beneficiary date of birth is [MM-DD-YYYY]."

"Authorized 'from' date is [MM-DD-YYYY]."

"Authorized 'thru' date is [MM-DD-YYYY]."

"With a pricing indicator of [XXXX]."

"TAR line [XXXXX]."››

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: ‹‹“Authorized procedure or drug code is [XXXXXX]”
“Quantity requested: [XXX].”
“Authorized units: [XXXX].”
“Authorized charges: [$XXX.XX].”
“Units used: [XXX].”
“Authorized percent variance: [XX percent].”
“Linked extension TAR: [XXXXX].”
“Extension approved days: [XX].”››

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 sill 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 [XXXXXXXXXX] has been denied.›› The provider will receive an *Adjudication Response* notice. ‹‹This 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 [XXXXXXXXXX] has been deferred.›› The provider will receive an *Adjudication Response* notice. ‹‹This notice will document the details regarding the deferral of your TAR and the request for additional information."››

‹‹Code Information: Selection 4

If you select procedure code, NDC or Medical Supply Code (selection 4), you will hear the following options:

PTN Message: "For National Drug Codes, press or say '1.'"

"For Medical Supply Codes, press or say '2.'"

"For procedure codes, press or say '3.'"››

National Drug Code Inquiry

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

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

At this prompt enter a valid 11-digit NDC.

Based on the information found on file for the NDC, you will hear specific pricing information.

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

PTN Message: ‹‹"To hear this information again, press or say '1.' To select another procedure code, National Drug Code or Medical Supply code, press or say '2.' To return to the main menu, press or say '9.'"››

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 Medical Supply Code."››

At the prompt, enter one of the Medical Supply codes. Based on the information found on file for the Medical Supply Code, you will hear specific pricing information.

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

PTN Message: ‹‹"To hear this information again, press or say '1.' To select another procedure code, National Drug Code or Medical Supply code, press or say '2.' To return to the main menu, press or say '9.'"››

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.

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'."

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#".

General Information Inquiry: Selection 5

If you select General Information Inquiry (selection 5), you will hear the following options:

PTN Message: "For billing forms, press or say '1.' For mailing information, press or say '2.' For provider manuals, press or say '3.' To return to the main menu, press or say '9.'"

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: "If this is your first forms order, press or say '1.' If not, you should have received reorder forms in previous shipments. To return to the main menu, press or say '9.'"

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: "For Medical, Allied, or Vision forms, press or say '1.' Long Term Care, press or say '2.' Inpatient or Outpatient claims, press or say '3.' Over One Year Claims or Correspondence Specialist Unit, press or say '4.' Claim Inquiry or appeal forms, press or say '5.' Resubmission Turnaround Documents or Computer Media Claims, press or say '6.' To return to the main menu, press or say '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.