



<b>Health Care Agency Behavioral Health Services Policies and Procedures</b>	Section Name:	Administration
	Sub Section:	Billing & Reimbursement
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Deputy Director Behavioral Health Services		<u>Signature on File</u> <u>11/13/2024</u>

**SUBJECT:** Procedures for Obtaining, Maintaining, and Deleting Medicare Provider Transaction Access Number (PTAN)

**PURPOSE:**

To establish a procedure for obtaining, maintaining, and deleting a Provider Transaction Access Number (PTAN).

**POLICY:**

Applications for Medicare PTANs shall be completed accurately. PTANs shall be deleted in a timely manner when a provider terminates employment with the County of Orange. PTANs shall be managed in a manner that facilitates limiting the people with access to the information to those with a need to know.

**SCOPE:**

The process applies to all Medicare designated eligible service providers providing Medicare covered services within Behavioral Health Services (BHS) County clinics.

**REFERENCES:**

[Medicare Claims Processing Manual \(current edition\)](#)

[Medicare Enrollment requirements and information](#)

[Medicare Opt Out](#)

**DEFINITIONS:**

Provider - A BHS clinical staff person providing services to BHS members/clients.

Eligible provider - Only professionals with certain licenses are eligible to apply to bill services independently to Medicare. These include among others Medical Doctors (MDs), Doctors of Osteopathy (DOs), Physician Assistants (PAs), Licensed Psychologists, Licensed Clinical Social Workers (LCSWs), Licensed Marriage and Family Therapists (LMFTs), Licensed Professional Clinical Counselors (LPCCs) and Nurse Practitioners (NPs).

**SUBJECT: Procedures for Obtaining, Maintaining, and Deleting Medicare Provider Transaction Access Number (PTAN)**

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Designated, eligible provider - Those eligible providers who are designated by their BHS Division Manager or designee to bill Medicare are defined as “designated, eligible providers” and are referred to herein as “providers.”

Carrier - The local intermediary designated by the federal government to process Medicare fee-for-service Part A and B claims, including the PTAN, currently Noridian Healthcare Solutions.

Opt Out - Opt out is a contract between a provider, beneficiary/member and Medicare where the provider or beneficiary/member does not file a claim to Medicare. The physician or practitioner bills the beneficiary/member directly and is not required to follow the fee-for-service charges determined by Medicare. To "opt out" means a beneficiary/member pays a physician out-of-pocket and no one is reimbursed by Medicare.

Provider Enrollment, Chain, and Ownership System (PECOS) - The on-line method for enrolling as a Medicare provider.

Provider Transaction Access Number (PTAN) - A PTAN is a Medicare-only number issued to providers by Medicare Administrative Contractors (MACs) upon enrollment to Medicare. MACs issue an approval/notification letter, including PTAN information, when an enrollment is approved.

**PROCEDURE:**

- I. Obtaining a Medicare PTAN
  - A. BHS Quality Management Services (QMS) shall provide consultation and assistance with the PTAN process, including submission of Integrated Records Information System (IRIS) user profile details to HCA Information Technology (HCA IT).
  - B. All county employees must complete a Personnel Action Notification (PAN) form and submit to QMS.
  - C. QMS PTAN processing responsibilities:
    1. For Medicare eligible county providers working in a Medicare eligible site, QMS shall work with HCA IT to assign providers a “Medicare-Pending App” alias in IRIS.
    2. Upon request by the provider’s function area Division Manager, QMS staff shall contact the provider to obtain information needed to complete the PTAN enrollment process.
    3. QMS shall assist the provider with enrollment through the PECOS designation of the QMS staff as their surrogate.

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4. QMS staff shall determine which documents are needed and notify the provider.
5. QMS staff shall submit all documents on PECOS and notify the provider when the application is ready to be signed.
6. QMS staff shall monitor the application and notify the provider if additional documents are required.
7. QMS staff shall notify the provider when their PTAN application is approved.
8. After the provider electronically signs the document in PECOS, QMS staff shall work with HCA IT to update the provider's user profile from "Medicare-Pending App" to "Medicare-PTAN" and the PTAN number shall be added to their user profile.

D. Medicare eligible provider responsibilities:

1. Gathers and returns the needed documents to QMS promptly.
2. The provider electronically signs the document in PECOS.

II. Deleting Medicare PTAN Numbers

- A. QMS shall comply with Medicare regulations regarding deleting and/or deactivating a PTAN should a clinician no longer occupy a billing position or leave BHS.

III. Medicare Opt Out

- A. BHS staff shall not be eligible to Opt Out as Medicare providers in any setting, including their private practice, as this would result in BHS's inability to assign members served by the County to the provider.

IV. Quality Assurance

- A. QMS shall be responsible for tracking all BHS provider PTAN numbers.
- B. Access to PTAN information shall be limited to those involved in the processes ensuring appropriate billing procedures are followed.
- C. At least quarterly, QMS shall circulate a list of BHS providers and their associated PTAN number(s) to Divisions for review, and correction if needed.