

Houston Methodist

Patient Preauthorization Program

Houston Methodist is pleased to offer the Patient Preauthorization Program to facilitate access for your patients and to ensure a positive patient experience.

A dedicated Houston Methodist representative will obtain preauthorizations on behalf of your office and we will follow up with you regarding any barriers or to request any additional information, as needed.

Follow these quick and easy steps to enroll:

1. Complete and sign the Patient Preauthorization Program Agreement acknowledging your permission for Houston Methodist to speak to third-party payors on your behalf.
2. Complete the Physician Office Contact Information page.
3. Submit the signed Patient Preauthorization Program Agreement and the Physician Office Contact Information page to HMPreAuthEnrollment@houstonmethodist.org.

You will receive confirmation of your enrollment.



Dear Provider or Provider Office Preauthorization staff,

Preauthorization is the process of getting the prior approval notification for a service from the insurance carrier. Obtaining proper authorization prior to the service being rendered results in prompt payment and decreases write-offs.

Once you complete the required paperwork, the Houston Methodist preauthorization team will obtain the preauthorizations on behalf of your physician's office, easing the burden for your staff. Our preauthorization specialists will complete the following tasks with the insurance company to obtain preauthorization:

- Place the request on behalf of the physician
- Explain medical necessity
- Obtain prior authorization within insurance plan guidelines

To complete the preauthorization request with the payor, we will need the following information documented in EPIC, or faxed using the coversheet provided.

- Completed orders (must have patient name, date of birth, diagnosis with ICD10 codes, procedure with CPT codes, physician signature and date signed)
- H&P or clinical notes (must be able to provide clinical information specific to test ordered)
- Face Sheet (containing the patient insurance information and other demographics required to secure the authorization)

Below are common causes for delay in preauthorization process that may result in your office being contacted:

- Incomplete orders
- Expired insurance plan
- Medical information does not meet the preauthorization criteria for the insurance
- A peer-to-peer medical review is required
- Correspondence with referring physician is needed

Provider Contact Information

The following information is needed to complete your practice's preauthorizations below:
(please print clearly and complete one page per provider)

- Provider Name: _____
- Practice Name: _____
- National Provider Identifier (NPI): _____
- Provider Transaction Access Number (*PTAN): _____
- Tax ID: _____
- Primary Office Address: _____
- Primary Office Telephone #: _____
- Primary Office Fax #: _____
- Primary Office Contact: _____
- Primary Contact Email: _____
- Preferred Communication Method (please circle): Phone / Fax / Email

Please email completed form to HMPreAuthEnrollment@houstonmethodist.org.

*Please refer to the following page for instructions regarding the PTAN number.

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.

PTAN and NPI Relationship

While only the National Provider Identifier (NPI) is submitted on claims, the PTAN is a critical number directly linked to a provider or supplier's NPI. A PTAN's use should generally be limited to a provider's communication with their MAC.

Multiple PTANs for Different Practice Locations May be Appropriate

Noridian may determine and issue more than one PTAN depending only upon the reasonable charge locality of your practice locations. Unless the reasonable charge locality changes, additional PTANs will not be assigned.

Provider Not Eligible for a Medicare PTAN

Requests for a "denial only letter" are no longer accepted. Providers that are not eligible for a Medicare number must have the beneficiary submit the [CMS-1490S form](#).

Inactive PTANs are Deactivated

Medicare is mandated by CMS to deactivate PTANs not being used. The deactivation process occurs every month. A provider's PTAN is deactivated when he or she has not billed the Medicare program for four consecutive quarters. A PTAN is given an end-date when it is deactivated, meaning claims can get submitted prior to the end-date within a year of the service date.

Find my PTAN

There are two options to find a provider PTAN.

- Notification Letter: The MAC will issue a notification/approval letter with the PTAN once the Provider's enrollment is approved.
- Provider Enrollment, Chain, and Ownership System (PECOS): PECOS is the most efficient way to find a PTAN. Follow these simple steps to find PTANs in PECOS.
 - Log into Internet-based PECOS
 - Select "My Associates" on PECOS home page
 - Select "View Enrollments" by applicable individual or organizational enrollment
 - Click on "View Medicare ID Report"
 - PTAN or PTANs are listed in Medicare ID column Last

Summary Page

The following information applies to all preauthorization submissions:

1. Please ensure all documents are complete prior to submission to successfully enroll in the HM Preauthorization Program.
2. Please include the following items for program enrollment:
 - Completed Patient Preauthorization Program Agreement page
 - Completed Provider Contact Information page
3. For your convenience, we have provided a Fax Cover Page for Patient Preauthorizations.
4. Standard system turnaround time for complete enrollment is five (5) business days.
5. For any additional questions or concerns regarding enrollment, please refer to the table below for facility contact information.

Location Procedure Scheduled	Facility Contact Email
Houston Methodist Hospital - HMH	HMHAuthTeam@houstonmethodist.org
Houston Methodist Baytown - HMB	PASRegionalPreServiceAuthTeam@houstonmethodist.org
Houston Methodist Clear Lake - HMCL	PASRegionalPreServiceAuthTeam@houstonmethodist.org
Houston Methodist Sugar Land - HMSL	PASRegionalPreServiceAuthTeam@houstonmethodist.org
Houston Methodist West - HMW	HMWPreAuth@houstonmethodist.org
Houston Methodist Willowbrook - HMWB	HMWBPreCert@houstonmethodist.org
Houston Methodist The Woodlands - HMTW	TWPreCertTeam@houstonmethodist.org



Patient Preauthorization Fax Cover Page

Houston Methodist

Date: _____

To: Please select location and fax documents to the facility below

Of Pages: _____

Subject: Preauthorization Request & Clinical Information for Patient Preauthorization Program

Please ensure correct and completed documentation is attached to support medical necessity for preauthorization.

Select Location	Location Procedure Scheduled	Location Fax Number(s)
<input type="checkbox"/>	Houston Methodist Hospital - HMH	<ul style="list-style-type: none"> • Imaging: 713.791.6550 • Surgery: 713.363.9561
<input type="checkbox"/>	Houston Methodist Baytown - HMB	<ul style="list-style-type: none"> • Imaging: 832.556.6564
<input type="checkbox"/>	Houston Methodist Clear Lake - HMCL	<ul style="list-style-type: none"> • Imaging: 281.333.8869
<input type="checkbox"/>	Houston Methodist Sugar Land - HMSL	<ul style="list-style-type: none"> • Imaging: 281.274.7101
<input type="checkbox"/>	Houston Methodist West - HMW	<ul style="list-style-type: none"> • Imaging: 713.791.5136
<input type="checkbox"/>	Houston Methodist Willowbrook - HMWB	<ul style="list-style-type: none"> • Scheduling - Imaging/Surgery: 713.791.5050 • Clinicals - Imaging/Infusion: 281.737.0888
<input type="checkbox"/>	Houston Methodist The Woodlands - HMTW	<ul style="list-style-type: none"> • Imaging: 936.270.2205