Interactive Voice Response (IVR) System



1.866.290.4036 (TTY: 1.888.270.9481)

IVR Information Accessed	Availability	
Options 1-5 and 7	Monday – Friday: 5:00 a.m. – 8:00 p.m. Central Time (CT) Saturday: 5:00 a.m. – 5:00 p.m. Central Time (CT)	
Option 6	24 hours a day, 7 days a week (with exception to routine maintenance or system upgrades)	

Table of Contents

Introduction	2
IVR Options	2
Available States	2
Main Menu Options	3
Required Information	3
How to Enter Required Information Using Your Phone's Keypad	3
Entering Provider Information - NPI, PTAN, and TIN	3
Entering the Beneficiary's Date of Birth and Applicable Dates of Service	4
Entering the Beneficiary's Medicare Number	4
Entering the Beneficiary's Name	4
Navigating the IVR Menu Options – Option 1	5
Navigating the IVR Menu Options – Option 2	7
Navigating the IVR Menu Options – Option 3	8
Navigating the IVR Menu Options – Option 4	9
Navigating the IVR Menu Options – Option 5	10
Navigating the IVR Menu Options – Option 6	11
Navigating the IVR Menu Options – Option 7 TRO	

Disclaimer: This educational resource was prepared to assist Medicare providers and is not intended to grant rights or impose obligations. CGS makes no representation, warranty, or guarantee that this compilation of Medicare information is error-free, and will bear no responsibility or liability for the results or consequences of the use of these materials. CGS encourages users to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. Although this material is not copyrighted, the Centers for Medicare & Medicaid Services (CMS) prohibit reproduction for profit making purposes.







IVR Reminders and Tips:

- · Please use a telephone handset or headset.
- Use of cell phones or speaker phone is not recommended.
- Review and gather the Required Information before calling. You have 3 opportunities to enter the information correctly. Otherwise, you will receive a prompt to call back and the call will disconnect.
- Use the MBI & Name to Number Converter tool (https://www.cgsmedicare.com/ivr converter.html) before calling to enter the beneficiary's information correctly.

Introduction

The CGS Jurisdiction 15 (J15) Part B Interactive Voice Response (IVR) System (1.866.290.4036) is designed to assist Part B providers in obtaining answers to numerous inquiries through this selfservice option. In addition to retrieving status of submitted claims and appeals, you may review beneficiary eligibility information, order duplicate remittance notices, and complete telephone reopenings via the CGS J15B IVR system. You can also obtain the following:

- Medicare Part B deductible status and therapy limitations;
- Medicare Secondary Payer information;
- ESRD, Smoking cessation, Hepatitis B screening information, Covid-19, Cognitive Assessement, and Acupuncture;
- Allowable for procedure codes;

- Claim denial reasons;
- Outstanding check amounts and issued EFTs;
- Offset information;
- NPI and PTAN validation; and
- Other claim processing information.

Our customer service representatives (CSRs) continue to be available to answer difficult, claim specific questions, in addition to other complex inquiries that a provider might encounter. However, please note that the CSRs will only answer questions that cannot be answered by the IVR. The Centers for Medicare & Medicaid Services (CMS) Medicare Contractor Beneficiary and Provider Communications Manual, (Pub. 100-09), Chapter 6, Section 50.1 (http:// www.cms.gov/manuals/downloads/com109c06.pdf) states:

Providers shall be required to use the IVR system to access claim status and beneficiary eligibility information. CSRs shall refer providers back to the IVR system if they have questions about claims status or eligibility that can be handled by the IVR system. CSRs may provide claims status and/or eligibility information if it is clear that the provider cannot access the information through the IVR system because the IVR system is not functioning.

IVR Options

Available States

The CGS J15B IVR System provides information for providers servicing the states of Kentucky and Ohio. Following the IVR Greeting, one of the following states must be selected in order to continue to the Main Menu of the IVR:

Key Selection	State
1	Kentucky
2	Ohio

After keying in the state selection, you may press either:

- Pound (#) Key for the Customer Service Closure Schedule OR
- Any key to continue to the IVR main menu.

Main Menu Options

After keying 1 for KY or 2 for OH and then any key to continue, the IVR Main Menu will provide the following options:

Key Selection	Menu Option	
1	Claim Status and Redetermination Status	
2	Eligibility and Deductible Information (including Therapy Limitations)	
3	Financial Information	
4	Other Inquiries	
5	Validate NPI Information	
6	General Medicare Information	
7	Telephone Reopenings	
8	Repeat Above Choices	
0	Customer Service Line Phone Number	
*	Take a feedback survey once your interaction is complete.	

Note: You may select any hyperlinked option above to direct you to another part of this guide, which illustrates the flow of available information under that specific IVR option.

Required Information

Before calling the IVR, you will need the following provider information:	If calling on a specific beneficiary or claim, you will need the following:	
 National Provider Identifier (NPI) 	Beneficiary Name	
Provider Transaction Access Number (PTAN) (formerly known as the Legacy or OSCAR provider number)	 Beneficiary Date of Birth Beneficiary Medicare Number (Medicare Beneficiary Identifier (MBI) or Health 	
Provider Tax Identification Number (TIN) (last 5-digits)	Insurance Claim Number (HICN)) • Date of Service (if applicable)	

How to Enter Required Information Using Your Phone's Keypad

Entering Provider Information - NPI, PTAN, and TIN

1st NPI Enter your NPI (10-digit number). Then press the pound (#) key.

Note: If the NPI or PTAN are not located in our system, or are an invalid combination, you will be prompted to re-enter the NPI number. The IVR automatically disconnects after 3 failed attempts.

2nd PTAN		
+	If your Provider Number is numeric , press 1 .	
+	Enter your Provider Number followed by the # key .	
If alphanumeric, press 2.		
	For help entering PTAN Letters , listen to prompts or review the PTAN Letter Conversion Chart to the right.	
	ter entry of PTAN letters, enter the imbers followed by the # key.	

ard TIN Enter the last five digits of your tax ID followed by the # key. Note: If the TIN is not located in our system,

Note: If the TIN is not located in our system, or is invalid, you will be prompted to re-enter the last five digits of the TIN.

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



Entering the Beneficiary's Medicare Number

If Entering the MBI (Medicare Beneficiary Number)

Enter the MBI.

Use the MBI & Name to Number Converter tool (https://www.cqsmedicare.com/ivr_converter.html).

The system will repeat back to the MBI you entered and ask if it is correct:

- Press 1 Yes (Correct)
- Press 2 No (You will re-enter the MBI).

Note: The IVR automatically disconnects after 3 failed attempts to enter a beneficiarry's Medicare number.

If Entering the HICN (Health Insurance Claim Number)

If the **HICN** begins with a letter press 1, otherwise press 2 (i.e. HICN begins with a number).

Enter the first 9-digits of the HICN.

If the HICN is followed by:

A - Press 1 C - Press 3 M - Press 5 W - Press 7

B - Press 2 D - Press 4 T - Press 6 Repeat Choices - Press *

If following this letter is:

- · a number Press 1
- another letter Press 2
- · nothing Press #
- Press * to return to the previous menu
- Press 7 to repeat above

Entering the Beneficiary's Name

First Initial of First Name

Enter just the first initial of the beneficary's first name using the number for the letter on your phone keypad.

· For the name Susan, enter 7 for the first initial S.

Last Name

Enter the first 6 letters of the last name using the letters on your phone keypad and follow with # (e.g. for Johnson, you'd enter 5-6-4-6-7-6 #).

- For a last name less than 6 letters, enter all letters and follow with # (e.g. for Angel, enter 2-6-4-3-5 #).
- For a last name less than 6 letters but with a suffix, add the letters up to 6 and follow with # (e.g. for Lee Jr., see it as leejr and enter 5-3-3-5-7 #).
- Ignore spaces or hyphens between last names (e.g. for Smith Davis, see it as smithd and enter 7-6-4-8-4-3 #).

For additional assistance, use the MBI & Name to Number Converter tool (https://www.cgsmedicare.com/ivr_converter.html).

Entering the Beneficiary's Date of Birth and Applicable Dates of Service

Beneficiary's Date of Birth

- Enter the 8-digit date of birth (MM-DD-CCYY)
- Example: January 3, 1932 should be entered as 01031932

If inquiring about beneficiary eligibility information, the IVR will validate the patient's date of birth. If invalid, the IVR will ask you to re-enter the date of birth before proceeding.

Beneficiary's Date of Service

- Enter the 6-digit "from" date of service in a MM-DD-YY format.
- Example: January 3, 2019 should be entered as 010319

If inquiring about claim status or redetermination status, the IVR will ask for the beneficiary's date of service before releasing data. These dates are also validated before proceeding.

Navigating the IVR Menu Options - Option 1 (Status - Claim)

Option 1: Claim Status and Redetermination Claim Status (Press 1) **Redetermination Status (Press 2) Key Required Information:** See page 6. NPI · Beneficiary's Medicare Number PTAN · Beneficiary's First Name (initial) **Constant IVR Prompts:** · Last 5 digits of Tax ID Beneficiary's Last Name (First 6 letters) • Press 7 - Repeat · Date of service (MM-DD-YY) · Press 8 - Main IVR Menu • Press 9 - Change NPI Claim Status and Details Released (*See note below): Claim Denied: **Claim Pending or Completed But** Claim Processed: Pending the Payment Floor: · Date(s) of Service · Date(s) of Service · Date(s) of Service · Claim Number (ICN) Claim Number (ICN) · Claim Number (ICN) · Submitted Amount · Submitted/Billed Amount Submitted/Billed Amount · Amount Applied to Deductible (i.e. none) · Allowed Amounts Further claim details will be available · Date of Non-Payment · Amount Applied to Deductible after the remittance date. • EFT/Check Number* · Payment Amount · Payment Issue Date (i.e. Medicare Remittance Notice date) * If the entire amount allowed and paid went towards the beneficiary's deductible, the IVR will return: "No Check Issued." Press 1 - Line by Line Information Items Returned for the Line: · Procedure Code and Modifier(s) Billed **Press 2 - Continue** · Medicare Allowed Amount · Denial Reason (if applicable) · Press 1 - Claim Data for Same Date of Service • Press 2 - Claim Data for a Different Date of Service Press 1 - Next Line · Press 3 - Claim Data on Another Medicare Number • Press 7 - Repeat Information • Press 8 - Return to Main Menu, page 3 • Press 9 - Enter a Different NPI

Note: The IVR will not release payment information for unassigned claims. In addition, the IVR currently doesn't support inquiries related to 837D dental claims.

Navigating the IVR Menu Options - Option 1 (Status - Redetermination)

Option 1: Claim Status and Redetermination

Claim Status (Press 1)

See page 5.

Redetermination Status (press 2)

Key in Required Information:

- NPI
- PTAN
- · Last 5 Digits of Tax ID
- · Medicare Number (Press 1 MBI or 2- HICN)
- · Beneficiary's First Name Initial
- Beneficiary's Last Name (First 6 Letters)
- · Date of Service (MMDDYY)

Possible Information Provided:

Request Pending Review:

- · Date of receipt for Redetermination Request
- · Reference Number

No Request Received for Data Entered:

- If you submitted the request less than 5-days ago, you should call again later.
- If the request was sent more than 125-days ago, the IVR will not have this data. You should contact the Provider Contact Center at 1.866.276.9558.

Request Complete:

- · Date of receipt for Redetermination Request
- Decision made (Upheld or Reversed)
- · Completion date
- · Date decision letter sent (if applicable)
- · Reference Number

After a response is provided, the following options will be offered:

Press 1 - Redetermination information on a different Medicare Number

Press 7 - Repeat information

Press 8 - Return to Main Menu, page 3

Press 9 - To acquire information for a different NPI.

Constant IVR Prompts:

- Press 7 Repeat
- Press 8 Main IVR Menu
- Press 9 Change NPI



Option 2: Eligibility and Deductible Information Key in Required Information: Deductible Remaining for Current and Previous Year(s) NPI If enrolled in MDPP or QMB program, deductible information PTAN cannot be released. Federal law bars charging these patients · Last 5 digits of Tax ID for Part A/B deductibles, coinsurance, or copays. · Medicare Number Press 2 -Deductible · Beneficiary's First Name Initial Amount Applied to the Patient's Limitation for the Current Year Information • Beneficiary's Last Name (First 6 Letters) Date of Birth of Beneficiary (MM-DD-CCYY) Press 1 - Smoking Cessation Press 3 - Physical Therapy Limitation Next Eligible Date-Or-Number of Base Press 1 - Eligibility Information & Remaining Sessions Press 4 -Press 1 - Eligibility for a Specific Occupational Press 2 - Acupuncture **Date Range Therapy Limitation** Benefit Dates and Professional/Technical Eligible Date Otherwise, Press Any Press 5 - General Key - Current Eligibility **HCPCS** Code Press 3 - Cognitive Therapy Information Key in Required Information: Cognitive Therapy Information · Specific Date (less than Press 6 -3-years prior in MMDDYY Preventive HCPCS Press 1 - COVID-19 format, followed by #) **Code Information** COVID-19 Immunization Data Part A and Part B Entitlement Press 2 - Preventive HCPCS Code Information **Dates and Entitlement** Reason Code Service Date(s) · CPT/HCPCS Code Medicare Diabetes Prevention Program (MDPP) Information · Provider of Service (released only for MDPP enrolled patients and inquiring MDPP Providers). **Eligibility Submenu** · MA Plan Type · Contract Number MDPP: · Insurer & Insurer Website MA Plan Number · Program Enrollment Dates HCPCS codes Previously · Verifies if Medicare May Be Secondary Press 1 - Medicare Rendered: Advantage Plan Information · MSP Type (Working Aged, Disability, ESRD) if Applicable - No Prior MDPP Usage: ICD-10 Diagnosis Codes May Return. Contact Insurer Only HCPCS code G9873 Press 2 - MSP Information for ICD-9 ('initiating payment') returns for Current or Specified Date - Actual MDPP Usage: Each · Date(s) of Coverage · Transplant Date HCPCS code used (G9873 -Press 3 - ESRD Information if Applicable Applicable Dialysis Date(s) G9891) returns, including the biller NPI and DOS for each Press 4 - Home Health and Hospice (HHH) Episode Dates (most recent) code. G9890 and G9891 can If applicable, the following will be returned: return multiple times based on prior usage; all others are Days Used Date of Earliest and Latest Billing once in a lifetime codes. Current and Previous benefit period start/end dates Current Patient Status Press 5 - Other Eligibility for Same Medicare Number **Constant IVR Prompts:** Press 6 - Eligibility Information for Different Medicare Number · Press 7 - Repeat

Press 8 - Main IVR MenuPress 9 - Change NPI



Option 3: Financial Information Constant IVR Prompts: Key in Required Information: · Press 7 - Repeat NPI • Press 8 - Main IVR Menu PTAN Press 9 - Change NPI · Last 5 Digits of Tax ID **Total Other Pended** Offset Information (Press 4) **Outstanding Check Information Total Claims That Are in Approved** Claims (Press 3) (Press 1) to Pay Status and Waiting the Payment Floor (Press 2) Information Released: Information Released: Information Released: Key in Required Information: · Number of claims on the Date of the most recent check/ Number of other FCN followed by # Electronic Funds Transfer (EFT) Payment Floor claims pending • The FCN (Financial Control Total expected payment amount Amount of the most recent Total amount Number) you will enter is check/EFT submitted 13-digits. • If the FCN located on your Medicare remit is 15-digits, remove the first 2-digits (typically 66 for KY and 23 **Press 1: Next Outstanding Check** Followed by These Key Options: or 36 for Ohio) and then enter the rest of the number. • Press 1 - Outstanding Check Information · Press 2 - Total claims in Approved to Pay Otherwise: status and waiting the Payment Floor • Press 7 - Repeat information • Press 3 - Total Other Pended Claims • Press 8 - Return to Main Menu, page 3 Information Released: • Press 7 - Repeat Information • Press 9 - Enter a different NPI • Press 8 - Return to Main Menu, page 3 · Date of Service Press 9 - Enter a Different NPI · Patient's account number



Option 4: Other Inquiries Constant IVR Prompts: Key in Required Information: · Press 7 - Repeat NPI • Press 8 - Main IVR Menu PTAN Press 9 - Change NPI · Last 5 Digits of Tax ID Allowed Amount of a Specific procedure code **Information about Appeal Rights** Order a Duplicate Remit Notice (Press 2) (Press 3) (Press 1) Summary of Response: Key in Required Information: Key in Required Information: · Procedure code · You do not agree with what we · Payment Date of Medicare remittance notice in **MMDDYY** format approved for a service, you may · Modifier if applicable appeal the decision. · Type of Service (TOS) Note: If you do not have the payment date or You have to write us (i.e. the correct date, you will need to contact the · Zip code complete a redetermination PCC Customer Service line 1.866.276.9558 request) within 120-days of initial notice unless you have a Enter procedure code: valid reason for being late. Summary of Response: • Press 1 - Code begins with a letter • Press 2 - Code begins with a number · A duplicate remit will be mailed to your address on file. • Press 7 - Repeat Information • ETA: 7-10 Business Days · Press 8 - Return to Main Menu, · Press 1 - There is a modifier page 3 • Press 2 - No modifier · Press 9 - Enter a Different NPI • Press 1 - Request Another Remit • Press 8 - Return to Main Menu, page 3 **Enter Type of Service (TOS)** · Press 9 - Enter a Different NPI • Press 1 - TOS is a number • Press 2 - TOS is a letter **Enter 5-Digit Zip Code Allowed Amount Released**

Press 1 - Enter Another code
Press 7 - Repeat Information

Press 8 - Return to Main Menu, page 3
 Press 9 - Enter a Different NPI

Option 5: Validate NPI Information

Key in Required Information:

- NPI
- PTAN
- · Last 5 Digits of Tax ID

To Validate That Your NPI and PTAN are on the Crosswalk in Our system (Press 1)

Possible Responses:

- Yes Your PTAN and NPI combination are on the Crosswalk in our System.
- No Your PTAN and NPI combination are NOT on the Crosswalk in our System.

Note: If you have made a change in the NPPES System in the last 5-10 business days, then those changes may not be in our system.

Followed by These Key Options:

- Press 1 To Enter a New PTAN/NPI Combination
- · Press 7 Repeat
- Press 8 Return to Main Menu, page 3
- Press 9 To get information on a Different PTAN

To Validate Your Individual NPI is in PECOS (Press 2)

Possible Responses:

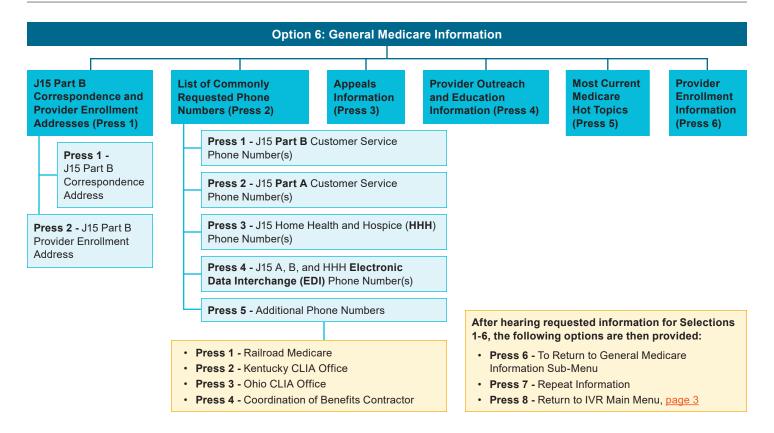
- Yes Individual NPI is in PECOS.
- No Individual NPI is not in PECOS.

Note: If you have made a change in the NPPES System in the last 5-10 business days, then those changes may NOT be in our system.

Followed by These Key Options:

- Press 1 To validate another NPI in PECOS
- Press 2 To validate your NPI and PTAN are on the Crosswalk
- · Press 7 Repeat
- Press 8 Return to Main Menu, page 3
- Press 9 Enter a different NPI





Option 7: Telephone Reopenings

Note: A supplemental Job Aid for Requesting Telephone Reopenings through the IVR is available at:

https://www.cgsmedicare.com/partb/cs/requesting_tele_reopen_ivr.pdf.

Key in Required Information:

Provider Information:

- 1. NPI, followed by #
- 2. PTAN, followed by #
- 3. Last 5 Digits of Tax ID
- 4. Caller Name, followed by # (See letter conversion chart on Page 3)
- 5. Provider Phone Number, followed by #

Beneficiary/Claim Information:

- 1. Medicare Number
- 2. Initial of first name
- 3. Last name (First 6 Letters), followed by #
- 4. 13-Digit Internal Claim Control Number (If claim was previously adjusted, appealed or needs documentation, it cannot be serviced by the IVR. Please call the Customer Service Line.)

To Go Back to the IVR Add, Remove or Replace Add, Remove or Replace the To Replace the Date of **Modifier (Press 1)** Diagnosis (Press 2) Service (DOS) (Press 3) Main Menu (Press 0) Press 1 - Remove Press 1 - Remove Press 1 - Change "From DOS" (Enter in MM/DD format) Modifier Diagnosis Press 2 - Replace Press 2 - Change "To DOS" (Enter in Press 2 - Replace Modifier Diagnosis MM/DD format) Press 3 - Change Both "From DOS" Press 3 - Add Modifier Press 3 - Add Diagnosis and "To DOS" on the same line See Page 13 for additional See Page 14 for additional Month/Day entered are repeated back: quidance. quidance. · Press 1 - If correct The year cannot · Press 2 - To re-enter be changed using the IVR. 2 - No (Reference Number Provided) Change the month/day

on a DIFFERENT line?



Option 7: Telephone Reopenings Press 1 - To Add, Remove or Replace Modifier **Press 1 - Remove Modifier** Press 2 - Replace Modifier Press 3 - Add Modifier Enter the LINE Number of the procedure Enter the LINE Number of the Enter the **LINE Number** of the procedure code containing the modifier you want procedure code containing the modifier code to which you want to add a modifier. to remove. you want to replace. To Remove the Modifier from: To Replace the Modifier from: Then press the key that corresponds to the modifier that you would like to add: · Position 1 - Press 1 • Position 1 - Press 1 Position 2 - Press 2 Position 2 - Press 2 Modifier Key • Position 3 - Press 3 · Position 3 - Press 3 · Position 4 - Press 4 · Position 4 - Press 4 Modifier 24 Press 1 • Return to TRO Menu - Press 5 • Return to TRO Menu - Press 5 Modifier 25 Press 2 Modifier 57 Press 3 Remove another modifier on the Then press the key that corresponds Modifier 58 Press 4 **SAME line?** to the replacement modifier that Modifier 78 Press 5 you would like to place in the selected position: Modifier 79 Press 6 Press 1 - Yes Press 2 - No Modifier 59 Press 7 Modifier 50 Press 8 Remove another modifier on **ANOTHER line?** Modifier 26 Press 9 Any Other Modifier Press 0 Press 1 - Yes Press 2 - No If you selected 0: · Enter the Numeric Modifier. To enter a letter, press * followed by the key with the letter. Then press 1, 2, or 3 to designate the position of the letter on that key (e.g. press *21 for A).

When the reopening request is complete, a reference number is provided. If you would you like to continue corrections to the same ICN:

- Press 1 Yes (Return to TRO Menu, page 12)
- Press 2 No (Reopen Any Other ICN)
- Press 3 Return to IVR Main Menu, page 3

REPLACE/ADD another modifier

REPLACE/ADD another modifier

Press 2 - No

Press 2 - No

on the SAME line?

on ANOTHER line?

Press 1 - Yes

Press 1 - Yes



