

J15 HHH IVR User Guide



1.877.220.6289

Main Menu Option	Availability
Claim, Appeal or Check information (options 1 & 3)	Monday – Friday, 5 am – 8 pm CT Saturday, 5 am – 5 pm CT
General information (option 4)	24 hours a day, 7 days a week (except for routine maintenance or system upgrades)

Before you call:

- Please use a telephone handset or headset.
- Use of cell phones or speaker phone is **not** recommended.
- Review and gather the Required Information. You have **3 opportunities** to enter it correctly before the **call is disconnected**.
- Use the MBI & Name to Number Converter (https://www.cgsmedicare.com/ivr_converter.html) to get the correct number sequence to enter on your telephone keypad.

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What is the IVR?

The Interactive Voice Response (IVR) system is a self-service option that allows providers to obtain answers to Medicare questions through an automated phone system without speaking to a customer service representative (CSR).

NOTE: Providers **must** use the IVR to access the information described in this guide. In addition, CSRs are required to refer callers to the IVR for applicable questions.

CSRs will **only** answer questions:

- That aren't available in the IVR (e.g., complex or claim-specific inquiries).
- When the IVR system isn't functioning, and callers can't access the information.

Reference: CMS IOM Pub. 100-09, Chapter 6, section 50.1 (<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/com109c06.pdf>)

Navigating the IVR

Main Menu

Key Selection	Option
1	Claim or Redetermination (Appeal) Status
2	Beneficiary Information (disabled)
3	Check Information
4	General Information
7	Repeat Main Menu options
*	Take a feedback survey once your interaction is complete.

NOTE: Use the hyperlinks above to get more option details.



Required Information

Gather this information **before you call**. You have **3 opportunities** to enter it correctly before the call is disconnected.

All Calls	Calls About a Specific Claim or Beneficiary
<ul style="list-style-type: none"> National Provider Identifier (NPI) Provider Transaction Access Number (PTAN) Provider Tax Identification Number (TIN) (last 5 digits) 	<ul style="list-style-type: none"> Beneficiary Name Beneficiary Date of Birth Beneficiary Medicare Number (<i>Medicare Beneficiary Identifier [MBI]</i>) Date of Service (<i>if applicable</i>)

How to Enter Provider Information - NPI, PTAN, & TIN

1. NPI

Enter your **10-digit NPI** followed by #.

The IVR will repeat the NPI.

If **correct**, press **1**.

To **re-enter**, press **2**.

NOTE: If the NPI or PTAN isn't found, or the combination is invalid, the IVR will prompt you to re-enter the NPI. The IVR will disconnect after 3 failed attempts to enter a valid NPI, PTAN, or NPI/PTAN combination.

2. PTAN

If **numeric only**, press **1**.

Enter your **PTAN** followed by #.

If **alphanumeric**, press **2**.

See the **PTAN Letter to Number Chart** to the right.

Enter your **PTAN** followed by #.

3. TIN

Enter the **last 5 digits** of your tax ID followed by #.

Note: If the TIN isn't found or valid, the IVR will prompt you to re-enter.

PTAN Letter to Number 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		



How to Enter the Beneficiary's Medicare Number & Name

Before you call, use the **Letter to Number Chart** below or **MBI & Name to Number Converter** (https://www.cgsmedicare.com/ivr_converter.html) to get the correct number sequence to enter on your telephone keypad.

Letter to Number Chart			
A *21	H *42	O *63 (not valid for MBI)	U *82
B *22 (not valid for MBI)	I *43 (not valid for MBI)	P *71	V *83
C *23	J *51	Q *11	W *91
D *31	K *52	R *72	X *92
E *32	L *53 (not valid for MBI)	S *73 (not valid for MBI)	Y *93
F *33	M *61	T *81	Z *12 (not valid for MBI)
G *41	N *62		

Medicare Beneficiary Identifier

Enter the MBI.

First Name

Enter the first letter of the first name.

- Example: Susan = S = 7.

Last Name

Enter up to the first 6 letters of the last name followed by #
(e.g., Johnson = johnso = 5-6-4-6-7-6 #).

- < 6 letters (e.g., Angel = angel = 2-6-4-3-5 #)
- < 6 letters & a suffix (e.g., Lee Jr., = leejr = 5-3-3-5-7 #)
- Ignore spaces or hyphens between last names (e.g., Smith Davis = smithd = 7-6-4-8-4-3 #)

How to Enter Dates

Beneficiary's Date of Birth

- Enter **MMDDCCYY**.
- Example: January 3, 1932 = 01031932

"From" Date of Service

- Enter **MMDDYY**.
- Example: January 3, 2025 = 010325

"Through" Date of Service

- Enter **MMDDYY**.
- Example: January 6, 2025 = 010625

The IVR requires and validates these dates before releasing claim or redetermination (appeal) status.



Navigating Main Menu Option 1

Option 1: Claim or Redetermination (Appeal) Status

Claim Status (Press 1)

Key Required Information:

- NPI
- PTAN
- Tax ID (last 5 digits)
- "From" and "To" Dates of Service (MMDDYY)
- Beneficiary's Medicare Number
- Beneficiary's First Name (first letter)
- Beneficiary's Last Name (first 6 letters)

Information Released:

- Claim Status (*Processed, Denied, Pending, Returned to Provider, Rejected*)
- Claim Receipt Date
- Claim Dates of Service
- Bill Type
- Submitted Charges
- Claim Location

Press 1 - Next Claim

Press 2 - Detailed Claim Info:

- Processed Date
- Medicare Paid Primary or Secondary
- Reason Code
- Provider Reimbursement Amount
- Amount Applied to Deductible
- Amount Applied to Coinsurance
- Beneficiary Responsibility Amount
- Document Control Number (DCN)

Press 3 - To Continue.

Followed by these key options:

- **Press 2** - Claim Data for Another Date of Service
- **Press 3** - Claim Data for a Different Medicare Number
- **Press 7** - Repeat Information
- **Press 8** - Return to Main Menu, [page 2](#)
- **Press 9** - Enter a Different NPI

Redetermination (Appeal) Status (Press 2)

Key Required Information:

- NPI
- PTAN
- Tax ID (last 5 digits)
- Beneficiary's Medicare Number
- Beneficiary's First Name (first letter)
- Beneficiary's Last Name (*first 6 letters*)
- Beneficiary's Date of Birth (*MMDDCCYY*)
- "From" and "To" Dates of Service (*MMDDYY*)

One of the Following Responses Will Return:

Received & Pending

Our records show that a redetermination request for Medicare number [###...] was received on [date of receipt] and is currently pending review. The redetermination will be completed within 60 days of receipt of the request unless additional documentation is submitted by the provider and received by the Contractor prior to issuance of the dismissal and/or decision notice.

Not Found

CGS has not received a redetermination request matching the data you entered. If you submitted the request less than five days ago, please call again later. If the request was submitted more than 125 days ago, please contact the Provider Contact Center at 1.877.299.4500.

Completed

CGS completed the review of your redetermination request that was received on [date of receipt]. You will receive notification by mail should additional action be needed by you.

Select next options:

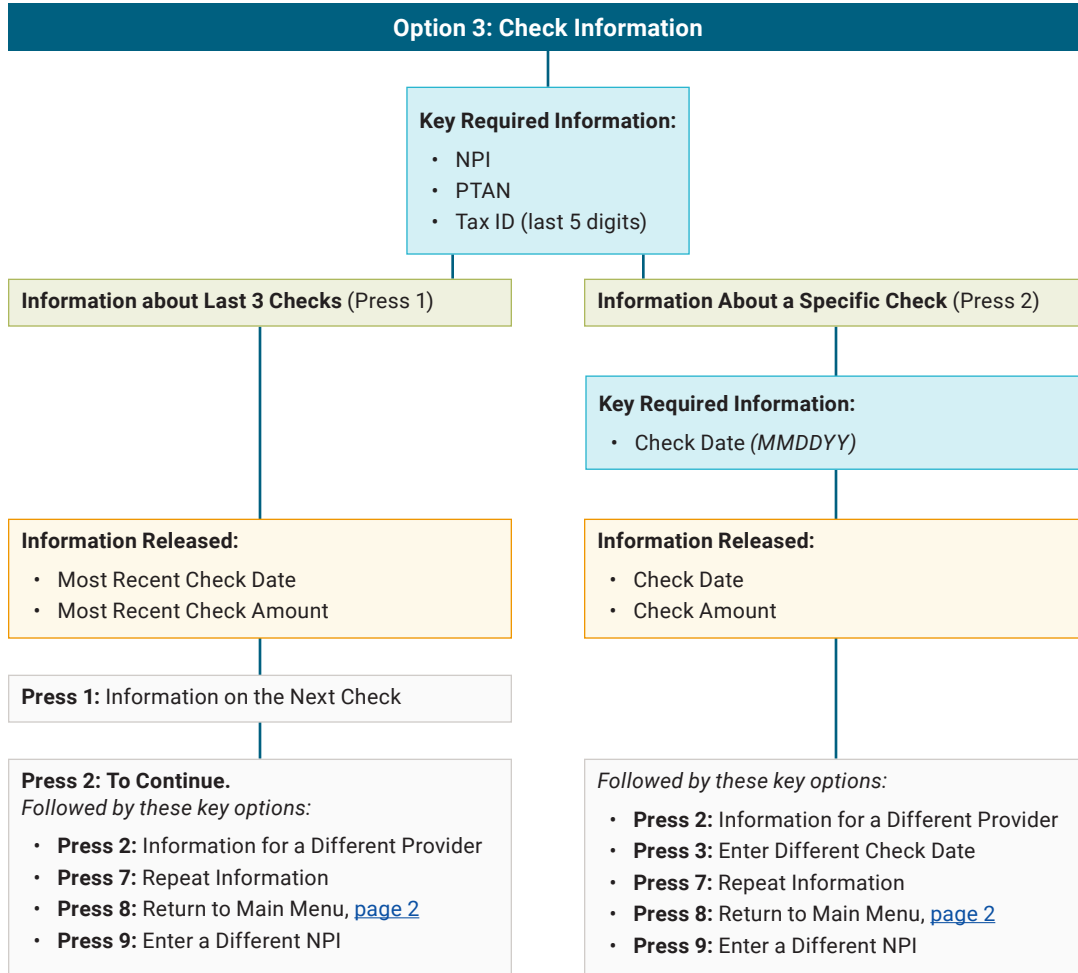
- **Press 1** - Redetermination Information for a Different Medicare Number
- **Press 7** - Repeat Information
- **Press 8** - Return to Main Menu, [page 2](#)



Navigating Main Menu Option 2

Message: To protect beneficiaries from Medicare fraud, CGS disabled beneficiary eligibility information (option 2) on February 28, 2025, at 5 pm CT (6 pm ET).

Navigating Main Menu Option 3





Navigating Main Menu Option 4

