



# CGS DME MAC Jurisdiction C Interactive Voice Response (IVR) System User Guide

To access the IVR, call **1.866.238.9650**

## Information You May Need:

- NPI
- PTAN - Same number as your NSC supplier number
- Last five digits of TIN
- Medicare Beneficiary Identifier (MBI)
- Beneficiary's first initial
- Beneficiary's last name - First six letters plus "#" sign
- Beneficiary date of birth
- Date of service
- HCPCS code/modifiers
- FCN - Located on your remittance notice
- DCN
- CCN/ICN - Located on your remittance advice
- Payment date

| 1  | BENEFICIARY INFORMATION   | 2  | CLAIMS INFORMATION   | 3   | PAYMENT INFORMATION  | 4 | GENERAL INFORMATION                     | *  | IVR SURVEY |                   |  |
|--|---|--|--|---|--|---|---|--|------------|-------------------|--|
| You will be prompted for your NPI, PTAN, last five digits of your Tax Identification Number (TIN).   |   |  |  |   |  |   |   |  |            |                   |  |
| 1  | <b>Beneficiary Eligibility</b><br>Enter MBI, beneficiary name, and date of birth.<br><b>Available Information:</b> <ul style="list-style-type: none"> <li>• Part A/B eligibility date</li> <li>• Most recent entitlement reason, if available</li> <li>• Deductible current year previous year</li> <li>• Medicare Advantage Plan information</li> <li>• MSP information</li> </ul> | 1  | <b>Claim Status</b><br>Enter MBI, beneficiary name, and date of service.<br><b>Available Information:</b> <ul style="list-style-type: none"> <li>• By-line information</li> <li>• Payment floor</li> <li>• Reason for denial</li> <li>• Appeal rights</li> </ul> | 1   | <b>Pricing Enter State, HCPCS, and Modifier</b><br><b>Available Information:</b><br>Medicare allowed amount  | 1 | <b>Information On Your Appeal Right</b> | To participate in the survey, return to the main menu after your inquiry, then press star. | *          | <b>IVR SURVEY</b> |  |
|  | Press 1 SNF/Inpatient Hospital Stay<br>• Enter date of service  |  | 2  |   | <b>Pending Claim Information</b><br><b>Available Information:</b> <ul style="list-style-type: none"> <li>• Claims on payment floor</li> <li>• Pending claims at CWF</li> <li>• Other pending claims</li> </ul> |   | 2                                       |  |            |                   | <b>Check Information</b><br><b>Available Information:</b> <ul style="list-style-type: none"> <li>• Outstanding checks within last 30 days</li> <li>• Last five checks</li> </ul>   |
|  | Press 2 Hospice Information<br>Press 3 Home Health Information  | 3  |  | <b>Redetermination Information</b><br><b>Available Information:</b><br>Redetermination Status | 3  |   |   |  |            |                   | <b>Offset Information Enter FCN</b><br><b>Available Information:</b> <ul style="list-style-type: none"> <li>• Claim details of original overpayment</li> <li>• Overpayment letter date and current offset balance</li> </ul> |
|  | <b>CMN Status</b> <ul style="list-style-type: none"> <li>• Same or similar inquiries</li> <li>• Enter HCPCS</li> </ul>  |  | 4  | <b>Order a Duplicate Remittance Notice</b><br>Enter payment date                              |  | 4 | <b>EFT Application Status</b>           | <b>Standard Functions</b><br>7 = Repeat<br>8 = Main Menu<br>9 = New NPI/PTAN               |            |                   |  |
| <b>Oxygen CMN Status</b> <ul style="list-style-type: none"> <li>• Most current stationary CMN information on file</li> <li>• Most current portable CMN information on file</li> <li>• Last paid date with modifier</li> <li>• Total number of paid claims per modality</li> <li>• Other oxygen CMNs on file</li> </ul>   | 5   | <b>Ordering/Referring Provider Information</b> <ul style="list-style-type: none"> <li>• Provider's NPI</li> <li>• Last name</li> </ul> |  | 5   | <b>Additional Feature!</b><br>May inquire on multiple NPI/PTANs within the same phone transaction.   |   |   |  |            |                   |  |
| <b>Diabetic Supplies and Diabetic Shoes Information</b> <ul style="list-style-type: none"> <li>• Claims for lancets and test strips billed within 90 days before and after the date of service entered</li> <li>• Claims for other diabetic supplies billed within 6 months before and after the date of service and procedure code entered</li> <li>• Claims for diabetic shoes billed within the calendar year entered</li> <li>• Claims for diabetic shoe inserts billed within the calendar year and procedure code entered</li> </ul> |   |  |  |   |  |   |   |  |            |                   |  |

To access a full script of the IVR System, go to:  
<http://www.cgsmedicare.com/jc/help/ivr.html>