

# Interactive Voice Response (IVR) System



1.866.289.6501 (TTY: 1.855.294.9889)

**IVR Information Accessed**

**Availability**

**Claim, Beneficiary, and Check Information** (Options 1-3)

**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)

**General Information** (Option 4)

**24 hours a day, 7 days a week** (with exception to routine maintenance or system upgrades)

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**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 requested information or enter the requested information correctly before you will be **requested to call back and then disconnected**.
- To assist with entry of beneficiary information, we strongly encourage use of our MBI Converter and IVR Beneficiary Name to Number Converter Tools ([https://www.cgsmedicare.com/ivr\\_converter.html](https://www.cgsmedicare.com/ivr_converter.html)).

**Introduction**

The CGS Jurisdiction 15 (J15) Part A Voice Response (IVR) System (**1.866.289.6501**) is designed to assist Medicare Part A providers in obtaining answers to numerous inquiries through this self-service option. In addition to retrieving status and details of submitted claims and appeals, you may review beneficiary eligibility information and check information via the CGS J15B IVR system. You can also obtain the following:

- Medicare deductible status and therapy limitations;
- Medicare Secondary Payer information;
- Home Health and Hospice information;
- Hospital and Skilled Nursing Facility (SNF) days information;
- ESRD and Hepatitis B screening information;
- 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 Jurisdiction 15 (J15) Part A 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.

The CGS IVR System offers claim status and redetermination status, beneficiary information for eligibility, deductible information, check information, and general information. The following options can be accessed from the IVR Main Menu by pressing the corresponding key selection as shown below:

Key Selection	Menu Option
1	<a href="#">Claim Status and Redetermination Status</a>
2	<a href="#">Beneficiary Information</a>
3	<a href="#">Check Information</a>
4	<a href="#">General Information</a>
7	Repeat Choices
*	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:
<ul style="list-style-type: none"> <li>National Provider Identifier (NPI)</li> <li>Provider Transaction Access Number (PTAN) <i>(formerly known as the Legacy or OSCAR provider number)</i></li> <li>Provider Tax Identification Number (TIN) <i>(last 5-digits)</i></li> </ul>	<ul style="list-style-type: none"> <li>Beneficiary Name</li> <li>Beneficiary Date of Birth</li> <li>Beneficiary Medicare Number <i>(Medicare Beneficiary Identifier (MBI) or Health Insurance Claim Number (HICN))</i></li> <li>Date of Service <i>(if applicable)</i></li> </ul>

### 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.

The IVR will repeat the NPI. If the NPI is correct, press 1. If you would like to re-enter the NPI, press 2.

**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.*

After entry of PTAN letters, enter the numbers followed by the # key.

**3rd TIN**

Enter the last five digits of your tax ID followed by the # key.

**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		

**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.



## Entering the Beneficiary's Medicare Number

If Entering the MBI (Medicare Beneficiary Number)	If Entering the HICN (Health Insurance Claim Number)															
<p><b>Enter enter the MBI.</b></p> <p>Refer to our <b>MBI Converter Tool</b> (<a href="https://www.cgsmedicare.com/ivr_converter.html">https://www.cgsmedicare.com/ivr_converter.html</a>) for the characters needed to enter for the MBI.</p>	<p>If the HICN begins with a letter press 1, otherwise press 2.</p> <p>Enter the <b>first 9-digits of the HICN.</b></p> <p>If the HICN is followed by:</p> <table border="0"> <tr> <td>A - Press 1</td> <td>D - Press 4</td> <td>W - Press 7</td> </tr> <tr> <td>B - Press 2</td> <td>M - Press 5</td> <td>Any Other Letter - Press 8</td> </tr> <tr> <td>C - Press 3</td> <td>T - Press 6</td> <td></td> </tr> </table> <p>If following this letter is:</p> <table border="0"> <tr> <td>• a number - Press 1</td> <td>• Press * to return to the previous menu</td> </tr> <tr> <td>• another letter - Press 2</td> <td>• Press 7 to repeat above</td> </tr> <tr> <td>• nothing - Press #</td> <td></td> </tr> </table>	A - Press 1	D - Press 4	W - Press 7	B - Press 2	M - Press 5	Any Other Letter - Press 8	C - Press 3	T - Press 6		• a number - Press 1	• Press * to return to the previous menu	• another letter - Press 2	• Press 7 to repeat above	• nothing - Press #	
A - Press 1	D - Press 4	W - Press 7														
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C - Press 3	T - Press 6															
• a number - Press 1	• Press * to return to the previous menu															
• another letter - Press 2	• Press 7 to repeat above															
• nothing - Press #																

## Entering the Beneficiary's Name

<b>First Initial of First Name</b>	<p><b>Enter just the first initial of the beneficiary's first name using the number for the letter on your phone keypad.</b></p> <ul style="list-style-type: none"> <li>For the name Susan, enter 7 for the first initial S.</li> </ul>
<b>Last Name</b>	<p><b>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 #).</b></p> <ul style="list-style-type: none"> <li>For a last name less than 6 letters, enter all letters and follow with # (e.g. for Angel, enter 2-6-4-3-5 #).</li> <li>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 #).</li> <li>Ignore spaces or hyphens between last names (e.g. for Smith Davis, see it as smithd and enter 7-6-4-8-4-3 #).</li> </ul>
<p>For additional assistance, refer to our <b>IVR Beneficiary Name to Number Converter Tool</b> at <a href="https://www.cgsmedicare.com/ivr_converter.html">https://www.cgsmedicare.com/ivr_converter.html</a>.</p>	

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

<b>Beneficiary's Date of Birth</b>	<ul style="list-style-type: none"> <li>Enter the <b>8-digit date of birth (MM-DD-CCYY)</b></li> <li>Example: January 3, 1932 should be entered as 01031932</li> </ul>	<p>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.</p> <p>If inquiring about claim status or redetermination status, the IVR will ask for the beneficiary's dates of service before releasing data. These dates are also validated before proceeding.</p>
<b>Beneficiary's "From" Date of Service</b>	<ul style="list-style-type: none"> <li>Enter the <b>6-digit "from" date of service in a MM-DD-YY format.</b></li> <li>Example: January 3, 2019 should be entered as 010319</li> </ul>	
<b>Beneficiary's "Through" Date of Service</b>	<ul style="list-style-type: none"> <li>Enter the <b>6-digit "through" date of service in a MM-DD-YY format.</b></li> <li>Example: January 6, 2019 should be entered as 010619</li> </ul>	



**Navigating the IVR Menu Options – Option 1**

**Option 1: Claim Status and Redetermination**

**Claim Status (Press 1)**

**Key in Required Information:**

- NPI
- PTAN
- Last 5 digits of Tax ID
- Dates of Service (MM-DD-YY)
- Beneficiary's Medicare Number
- Beneficiary's First Name (initial)
- Beneficiary's Last Name (First 6 letters)

**Information Released:**  
 Claim Status (Processed, Pending, Suspended, Rejected, Returned to Provider with Detail Info)

- Receipt Date of Claim
- Dates of Service on Claim
- Bill Type
- Submitted Charges
- Claim Location

**Press 1- Next Claim**

**Press 2 - Detailed Info on the Claim:**

- Date (Received, Processed, Suspended, Rejected, Returned)
- If Medicare Paid Primary or Secondary
- Reason Code
- Provider Reimbursement Amount
- Amount Applied to Deductible
- Amount Applied to Coinsurance
- Beneficiary or Provider Responsibility
- 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 3](#)
- **Press 9** - Enter a Different NPI

**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)
- Beneficiary's Date of Birth (MM-DD-CCYY)
- "From" and "To" Dates of Service (MM-DD-YY)

**One of the Following Responses Will Return:**

**Pending Redetermination:**  
 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.

**Request 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 1.866.590.6703.**

**Completed Redetermination will include:**

- Date of receipt
- Decision made (Upheld or Reversed)
- Completion date

**After the appropriate message is provided, the following options will be offered:**

- **Press 1** - Redetermination Information for a Different Medicare Number
- **Press 7** - Repeat Information
- **Press 8** - Return to Main Menu, [page 3](#)



Navigating the IVR Menu Options – Option 2

**Option 2: Beneficiary Information**

**Key in Required Information:**

- NPI
- PTAN
- Last 5 digits of Tax ID
- Medicare Number
- Beneficiary’s First Name Initial
- Beneficiary’s Last Name (First 6 Letters)
- Beneficiary’s Date of Birth (MM-DD-CCYY)

**Eligibility for a Specific Date Range (Press 1)**

**Current Eligibility as of Date of Call (Press 2)**

**Key in Required Information:**

- Specific Date (less than 3-years prior to date of call in MMDDYY format and followed by #)

**Information Released:**

- Part A and Part B Entitlement Dates and Entitlement Reason Code

**Additional Beneficiary Information**

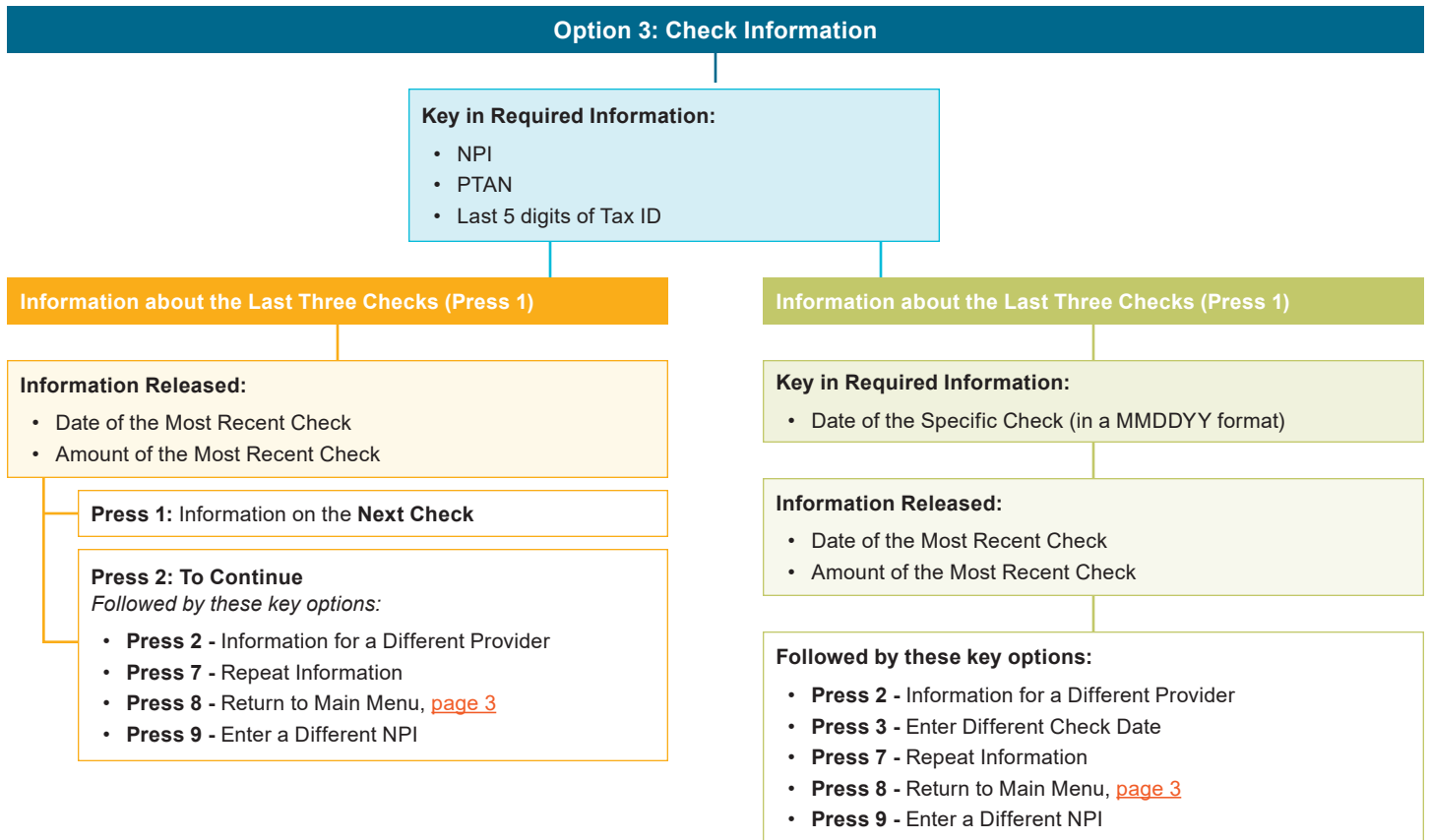
**Constant IVR Prompts:**

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

- Press 1:** Home Health, Medicare Advantage (MA) Plan, Medicare Secondary Payer (MSP), Hospice Information, or ESRD Information
  - Press 1** to Verify if Beneficiary is enrolled in **MA Plan**.
  - Press 2** to Verify if Beneficiary is in a **Home Health** Episode.
  - Press 3** to Verify MSP for the Beneficiary. *ICD-10 Diagnosis Codes May Return. For ICD-9 Diagnosis Codes, Contact Insurer.*
  - Press 4** to Verify if Beneficiary is in **Hospice**.  
If applicable, the following will be returned:
    - Days Used
    - Current and Previous benefit period start and end dates
    - Date of Earliest and Latest Billing
    - Current Patient Status
  - Press 5** for ESRD Information. *Date(s) of Coverage, Dialysis, and Transplant may return if applicable.*
- Press 2:** Deductible Information
  - Press 1** for **Current** Deductible.
  - Press 2** for **Previous** Deductible.
- Press 3:** Hospital or Skilled Nursing Facility (SNF) Information
  - Press 1** for **Hospital** Days.
  - Press 2** for **SNF** Days. *Stay information includes start/end date (if applicable) and associated billing NPI.*
- Press 4:** Therapy and General HCPCS
  - Press 1** for **Occupational** Therapy Limit.
  - Press 2** for **Physical** Therapy (including Speech Language Pathology) Limit.
  - Press 3** for **Acupuncture**
- Press 5:** Different Eligibility Information for a Different MBI
- Press 6:** Preventive HCPCS Code Information
  - Press 1** - Hepatitis B Information
  - Press 2** - Preventive HCPCS Code Information
- Press 7:** Repeat This Information
- Press 8:** Return to Previous or Main Menu, [page 3](#)
- Press 9:** Different NPI

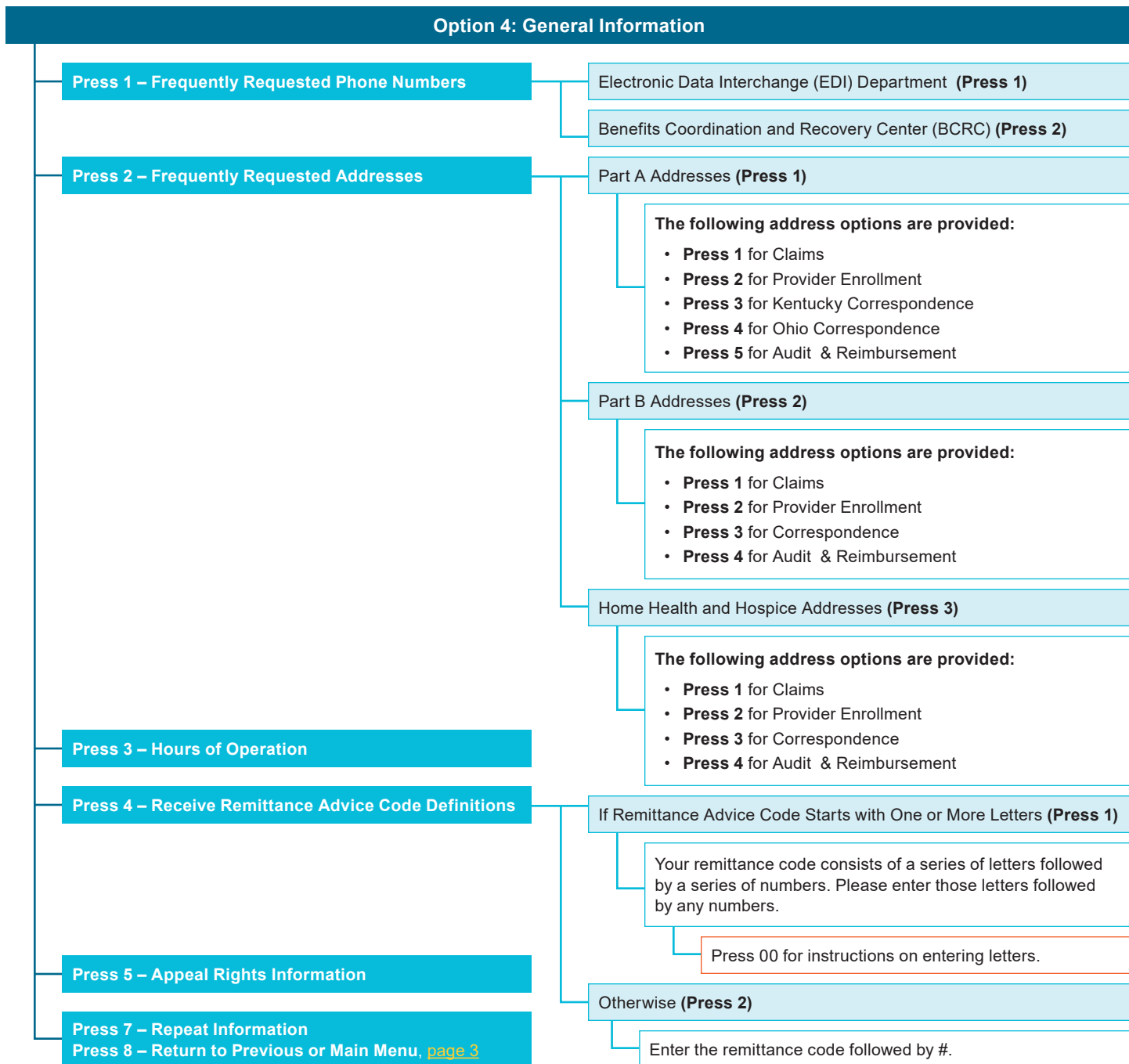


**Navigating the IVR Menu Options- Option 3**





**Navigating the IVR Menu Options – Option 4**



**Additional Guidance for Remittance Advice Codes:**

1. To enter a letter, press \* and then the key with the letter. Then press 1, 2, or 3 depending on the position of the letter on that key (e.g. for the letter A, press: \*21).
2. After you enter the first letter, immediately enter any additional letters.
3. Then enter the numbers.

For example, to key in MA18, press \*61 for M, then \*21 for A and followed by 1 and 8 (i.e. for MA18, press \*61 \*21 1 8).