Interactive Voice Response (IVR) System

1.866.290.4036

IVR Information Accessed

<table>
<thead>
<tr>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Options 1-5 and 7</td>
</tr>
<tr>
<td>Monday – Friday: 5:00 a.m. – 8:00 p.m. Central Time (CT)</td>
</tr>
<tr>
<td>Saturday: 5:00 a.m. – 5:00 p.m. Central Time (CT)</td>
</tr>
<tr>
<td>Option 6</td>
</tr>
<tr>
<td>24 hours a day, 7 days a week (with exception to routine maintenance or system upgrades)</td>
</tr>
</tbody>
</table>

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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/medicare_dynamic/j15/ivr_mbi_converters.asp).

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 self-service 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, and Hepatitis B screening information;
- 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:

<table>
<thead>
<tr>
<th>Key Selection</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kentucky</td>
</tr>
<tr>
<td>2</td>
<td>Ohio</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Key Selection</th>
<th>Menu Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Claim Status and Redetermination Status</td>
</tr>
<tr>
<td>2</td>
<td>Eligibility and Deductible Information (including Therapy Limitations)</td>
</tr>
<tr>
<td>3</td>
<td>Financial Information</td>
</tr>
<tr>
<td>4</td>
<td>Other Inquiries</td>
</tr>
<tr>
<td>5</td>
<td>Validate NPI Information</td>
</tr>
<tr>
<td>6</td>
<td>General Medicare Information</td>
</tr>
<tr>
<td>7</td>
<td>Telephone Reopenings</td>
</tr>
<tr>
<td>8</td>
<td>Repeat Above Choices</td>
</tr>
<tr>
<td>0</td>
<td>Customer Service Line Phone Number</td>
</tr>
</tbody>
</table>

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:
- National Provider Identifier (NPI)
- Provider Transaction Access Number (PTAN) (formerly known as the Legacy or OSCAR provider number)
- Provider Tax Identification Number (TIN) (last 5-digits)

If calling on a specific beneficiary or claim, you will need the following:
- Beneficiary Name
- Beneficiary Date of Birth
- Beneficiary Medicare Number (Medicare Beneficiary Identifier (MBI) or Health 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.

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

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

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

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

For additional assistance, refer to our IVR Beneficiary Name to Number Converter Tool at https://www.cgsmedicare.com/medicare_dynamic/j15/ivr_mbi_converters.asp.
Navigating the IVR Menu Options – Option 1 (Status – Claim)

Option 1: Claim Status and Redetermination

Claim Status (Press 1)

Key in Required Information:
- NPI
- PTAN
- Last 5 digits of Tax ID
- Date of service (MM-DD-YY)
- Beneficiary’s Medicare Number
- Beneficiary’s First Name (initial)
- Beneficiary’s Last Name (First 6 letters)

The Following Claim Status and Details will be Released:

Claim Pending or Completed But Pending the Payment Floor:
- Date(s) of Service
- Claim Number (ICN)
- Submitted/Billed Amount
- Amount Applied to Deductible
- 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
- Medicare Allowed Amount
- Denial Reason (if applicable)

Press 1 – Next Line

Claim Processed:
- Date(s) of Service
- Claim Number (ICN)
- Submitted/Billed Amount
- Allowed Amounts
- Amount Applied to Deductible
- EFT/Check Number*
- Payment Amount
- Payment Issue Date (i.e. Medicare Remittance Notice date)

Claim Denied:
- Date(s) of Service
- Claim Number (ICN)
- Submitted Amount
- Amount Applied to Deductible (i.e. none)
- Date of Non-Payment

Press 2 - Continue

- Press 1 - Claim Data for Same Date of Service
- Press 2 - Claim Data for a Different Date of Service
- 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

Press 7 - Repeat

Press 8 - Main IVR Menu

Press 9 - Change NPI

Note: Payment information for unassigned claims will not be released on the IVR.
Navigating the IVR Menu Options – Option 1 (Status – Redetermination)

**Option 1: Claim Status and Redetermination**

**Claim Status (Press 1)**

**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

**No Request Recieved 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)

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

- Press 1 - Redetermination information on a different Medicare Number
- Press 6 - Hepatitis B Screening Information or Preventative HCPCS Code information
  - Press 1 - Hepatitis B Information
  - Press 2 - Preventive HCPCS Code Information
- 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
Navigating the IVR Menu Options - Option 2

Option 2: Eligibility and Deductible 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)
- Date of Birth of Beneficiary (MM-DD-CCYY)

Press 1 – Eligibility Information

Press 1 – Eligibility for a Specific Date Range

Otherwise, Press Any Key – Current Eligibility

Key in Required Information:
- Specific Date (less than 3-years prior in MMDDYY format, followed by #)

- Part A and Part B Entitlement Dates
- Medicare Diabetes Prevention Program (MDPP) Information (released only for MDPP enrolled patients and inquiring MDPP Providers).

MDPP:
- Program Enrollment Dates
- HCPCS codes Previously Rendered:
  - No Prior MDPP Usage: Only HCPCS code G9873 (‘initiating payment’) returns
  - Actual MDPP Usage: Each HCPCS code used (G9873 – G9891) returns, including the biller NPI and DOS for each code. G9890 and G9891 can return multiple times based on prior usage; all others are once in a lifetime codes.

Need help with keying? See pages 3-4!

Press 2 – Deductible Information

Press 3 – Physical Therapy Limitation

Press 4 – Occupational Therapy Limitation

Press 5 – Smoking Cessation Information

Press 6 – Hepatitis B Screening in Adults (Refers to HCPCS code G0499)

Press 1 – Medicare Advantage Plan Information

Press 2 – MSP Information for Current or Specified Date

Press 3 – ESRD Information

Press 4 – Home Health and Hospice (HHH) Episode Dates (most recent)

Press 5 – Other Eligibility for Same Medicare Number

Press 6 – Eligibility Information for Different Medicare Number

- Deductible Remaining for Current and Previous Year(s)
- If enrolled in MDPP or QMB program, deductible information cannot be released. Federal law bars charging these patients for Part A/B deductibles, coinsurance, or copays.

Amount Applied to the Patient’s Limitation for the Current Year

- Next Eligible Date – OR –
- Number of Base & Remaining Sessions

- Zero Co-insurance & Deductible
- Next Eligible Date

- MA Plan Type
- Insurer & Insurer Website
- Contract Number
- MA Plan Number

- Verifies if Medicare May Be Secondary
- MSP Type (Working Aged, Disability, ESRD) if Applicable

- Date(s) of Coverage
- Applicable Dialysis Date(s)
- Transplant Date if Applicable

Constant IVR Prompts:
- Press 7 - Repeat
- Press 8 - Main IVR Menu
- Press 9 - Change NPI
Navigating the IVR Menu Options – Option 3

Option 3: Financial Information

Key in Required Information:
- NPI
- PTAN
- Last 5 Digits of Tax ID

Need help with keying? See pages 3-4!

Press 1: Next Outstanding Check

Information Released:
- Date of the most recent check/EFT
- Amount of the most recent check/EFT

Outstanding Check Information (Press 1)

Press 7 - Repeat
Press 8 - Return to Main Menu, page 3
Press 9 - Enter a different NPI

Otherwise:
- Press 7 - Repeat information
- Press 8 - Return to Main Menu, page 3
- Press 9 - Enter a different NPI

Press 2 - Total claims in Approved to Pay status and waiting the Payment Floor

Total Claims That Are in Approved to Pay Status and Waiting the Payment Floor (Press 2)

Press 1 - Outstanding Check Information
Press 2 - Total claims in Approved to Pay status and waiting the Payment Floor
Press 3 - Total Other Pended Claims
Press 7 - Repeat Information
Press 8 - Return to Main Menu, page 3
Press 9 - Enter a Different NPI

Followed by These Key Options:
- Press 1 - Outstanding Check Information
- Press 2 - Total claims in Approved to Pay status and waiting the Payment Floor
- Press 3 - Total Other Pended Claims
- Press 7 - Repeat Information
- Press 8 - Return to Main Menu, page 3
- Press 9 - Enter a Different NPI

Press 4 - Offset Information

Total Other Pended Claims (Press 3)

Information Released:
- Number of other claims pending
- Total amount submitted

Press 1 - Outstanding Check Information
Press 2 - Total claims in Approved to Pay status and waiting the Payment Floor
Press 3 - Total Other Pended Claims
Press 7 - Repeat Information
Press 8 - Return to Main Menu, page 3
Press 9 - Enter a Different NPI

Followed by These Key Options:
- Press 1 - Outstanding Check Information
- Press 2 - Total claims in Approved to Pay status and waiting the Payment Floor
- Press 3 - Total Other Pended Claims
- Press 7 - Repeat Information
- Press 8 - Return to Main Menu, page 3
- Press 9 - Enter a Different NPI

Press 4 - Offset Information

Offset Information (Press 4)

Key in Required Information:
- FCN followed by #
  - The FCN (Financial Control Number) you will enter is 13-digits.
  - If the FCN located on your Medicare remit is 15-digits, remove the first 2-digits (typically 66 for KY and 23 or 36 for Ohio) and then enter the rest of the number.

Information Released:
- Number of other claims pending
- Total amount submitted

Press 1 - Outstanding Check Information
Press 2 - Total claims in Approved to Pay status and waiting the Payment Floor
Press 3 - Total Other Pended Claims
Press 7 - Repeat Information
Press 8 - Return to Main Menu, page 3
Press 9 - Enter a Different NPI

Followed by These Key Options:
- Press 1 - Outstanding Check Information
- Press 2 - Total claims in Approved to Pay status and waiting the Payment Floor
- Press 3 - Total Other Pended Claims
- Press 7 - Repeat Information
- Press 8 - Return to Main Menu, page 3
- Press 9 - Enter a Different NPI

Press 4 - Offset Information

Information Released:
- Number of other claims pending
- Total amount submitted
Navigating the IVR Menu Options – Option 4

**Option 4: Other Inquiries**

**Key in Required Information:**
- NPI
- PTAN
- Last 5 Digits of Tax ID

**Need help with keying? See pages 3-4!**

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

**Allowed Amount of a Specific procedure code (Press 1)**

- Enter procedure code:
  - Press 1 - Code begins with a letter
  - Press 2 - Code begins with a number
  - Press 1 - There is a modifier
  - Press 2 - No modifier

- Enter Type of Service (TOS)
  - Press 1 - TOS is a number
  - Press 2 - TOS is a letter

- Enter 5-Digit Zip Code

**Order a Duplicate Remit Notice (Press 2)**

- Key in Required Information:
  - Payment Date of Medicare remittance notice in **MMDDYY** format

  **Note:** If you do not have the payment date or the correct date, you will need to contact the PCC Customer Service line 1.866.276.9558

  **Summary of Response:**
  - A duplicate remit will be mailed to your address on file.
  - ETA: 7-10 Business Days

- Press 1 - Request Another Remit
- Press 8 - Return to Main Menu, page 3
- Press 9 - Enter a Different NPI

**Information about Appeal Rights (Press 3)**

- Key in Required Information:
  - You do not agree with what we approved for a service, you may appeal the decision.
  - You have to write us (i.e. complete a redetermination request) within 120-days of initial notice unless you have a valid reason for being late.

  **Summary of Response:**
  - Press 7 - Repeat Information
  - Press 8 - Return to Main Menu, page 3
  - Press 9 - Enter a Different NPI

**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
Navigating the IVR Menu Options – Option 5

**Option 5: Validate NPI Information**

**Key in Required Information:**
- NPI
- PTAN
- Last 5 Digits of Tax ID

**Need help with keying?** See pages 3-4!

**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
### Navigating the IVR Menu Options – Option 6

#### Option 6: General Medicare Information

<table>
<thead>
<tr>
<th>J15 Part B Correspondence and Provider Enrollment Addresses (Press 1)</th>
<th>List of Commonly Requested Phone Numbers (Press 2)</th>
<th>Appeals Information (Press 3)</th>
<th>Provider Outreach and Education Information (Press 4)</th>
<th>Most Current Medicare Hot Topics (Press 5)</th>
<th>Provider Enrollment Information (Press 6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Press 1 - J15 Part B Customer Service Phone Number(s)</td>
<td>Press 2 - J15 Part A Customer Service Phone Number(s)</td>
<td>Press 3 - J15 Home Health and Hospice (HHH) Phone Number(s)</td>
<td>Press 4 - J15 A, B, and HHH Electronic Data Interchange (EDI) Phone Number(s)</td>
<td>Press 5 - Additional Phone Numbers</td>
<td></td>
</tr>
</tbody>
</table>

After hearing requested information for Selections 1-6, the following options are then provided:

- Press 6 - To Return to General Medicare Information Sub-Menu
- Press 7 - Repeat Information
- Press 8 - Return to IVR Main Menu, page 3
Navigating the IVR Menu Options – Option 7 TRO

Option 7: Telephone Reopenings

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:
6. Medicare Number 
7. Initial of first name 
8. Last name (First 6 Letters), followed by 
9. 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.) 

Add, Remove or Replace Modifier (Press 1)

Press 1 - Remove Modifier 
Press 2 - Replace Modifier 
Press 3 - Add Modifier

See Page 13 for additional guidance.

Add, Remove or Replace the Diagnosis (Press 2)

Press 1 - Remove Diagnosis 
Press 2 - Replace Diagnosis 
Press 3 - Add Diagnosis

See Page 14 for additional guidance.

To Replace the Date of Service (DOS) (Press 3)

Press 1 - Change “From DOS” (Enter in MM/DD format) 
Press 2 - Change “To DOS” (Enter in MM/DD format) 
Press 3 - Change Both “From DOS” and “To DOS” on the same line

Month/Day entered are repeated back:
- Press 1 - If correct 
- Press 2 - To re-enter

The year cannot be changed using the IVR.

1 – Yes 
2 – No (Reference Number Provided)

Change the month/day on a DIFFERENT line?
Navigating the IVR Menu Options – Option 7 TRO

Option 7: Telephone Reopenings

Press 1 - To Add, Remove or Replace Modifier

Press 1 - Remove Modifier

Enter the **LINE Number** of the procedure code containing the modifier you want to remove.

To Remove the Modifier from:

- Position 1 – Press 1
- Position 2 – Press 2
- Position 3 – Press 3
- Position 4 – Press 4
- Return to TRO Menu – Press 5

Remove another modifier on the **SAME** line?

Press 1 - Yes
Press 2 - No

Remove another modifier on **ANOTHER** line?

Press 1 - Yes
Press 2 - No

Press 2 - Replace Modifier

Enter the **LINE Number** of the procedure code containing the modifier you want to replace.

To Replace the Modifier from:

- Position 1 – Press 1
- Position 2 – Press 2
- Position 3 – Press 3
- Position 4 – Press 4
- Return to TRO Menu – Press 5

Then press the key that corresponds to the replacement modifier that you would like to place in the selected position:

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modifier 24</td>
<td>Press 1</td>
</tr>
<tr>
<td>Modifier 25</td>
<td>Press 2</td>
</tr>
<tr>
<td>Modifier 57</td>
<td>Press 3</td>
</tr>
<tr>
<td>Modifier 58</td>
<td>Press 4</td>
</tr>
<tr>
<td>Modifier 78</td>
<td>Press 5</td>
</tr>
<tr>
<td>Modifier 79</td>
<td>Press 6</td>
</tr>
<tr>
<td>Modifier 59</td>
<td>Press 7</td>
</tr>
<tr>
<td>Modifier 50</td>
<td>Press 8</td>
</tr>
<tr>
<td>Modifier 26</td>
<td>Press 9</td>
</tr>
<tr>
<td>Any Other Modifier</td>
<td>Press 0</td>
</tr>
</tbody>
</table>

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).

Press 3 - Add Modifier

Enter the **LINE Number** of the procedure code to which you want to add a modifier.

Then press the key that corresponds to the modifier that you would like to add:

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
Navigating the IVR Menu Options – Option 7 TRO

**Option 7: Telephone Reopenings**

**Press 1 - Remove diagnosis code**

Enter the **LINE Number** of the procedure code containing the diagnosis **You Want to REMOVE**.

**Press 2 – Replace diagnosis code**

Enter the **LINE Number** of the procedure code containing the diagnosis **You Want to REPLACE**.

**Press 3 – Add diagnosis code**

Enter the **LINE Number** of the procedure code containing the diagnosis **You Want to ADD**.

When the reopening request is complete, a reference number is provided.

**Return to TRO Menu** ([page 12](#)).