

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)

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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).

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, Hepatitis B screening information, Covid-19, Cognitive Assessment, 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

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"> National Provider Identifier (NPI) Provider Transaction Access Number (PTAN) <i>(formerly known as the Legacy or OSCAR provider number)</i> Provider Tax Identification Number (TIN) <i>(last 5-digits)</i> 	<ul style="list-style-type: none"> Beneficiary Name Beneficiary Date of Birth Beneficiary Medicare Number <i>(Medicare Beneficiary Identifier (MBI) or Health Insurance Claim Number (HICN))</i> Date of Service <i>(if applicable)</i>

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			
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)	If Entering the HICN (Health Insurance Claim Number)
<p>Enter the MBI.</p> <p>Refer to our MBI Converter Tool (https://www.cgsmedicare.com/ivr_converter.html) for the characters needed to enter for the MBI.</p>	<p>If the HICN begins with a letter press 1, otherwise press 2 (i.e. HICN begins with a number).</p>
<p>The system will repeat back to the MBI you entered and ask if it is correct:</p> <ul style="list-style-type: none"> • Press 1 - Yes (Correct) • Press 2 - No (You will re-enter the MBI). 	<p>Enter the first 9-digits of the HICN.</p>
	<p>If the HICN is followed by:</p> <p>A - Press 1 C - Press 3 M - Press 5 W - Press 7 B - Press 2 D - Press 4 T - Press 6 Repeat Choices - Press *</p>
	<p>If following this letter is:</p> <ul style="list-style-type: none"> • a number - Press 1 • another letter - Press 2 • nothing - Press # • Press * to return to the previous menu • Press 7 to repeat above

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

Entering the Beneficiary's Name

First Initial of First Name	<p>Enter just the first initial of the beneficiary's first name using the number for the letter on your phone keypad.</p> <ul style="list-style-type: none"> • For the name Susan, enter 7 for the first initial S.
Last Name	<p>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 #).</p> <ul style="list-style-type: none"> • 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 #).
<p>For additional assistance, refer to our IVR Beneficiary Name to Number Converter Tool at https://www.cgsmedicare.com/ivr_converter.html.</p>	

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

Beneficiary's Date of Birth	<ul style="list-style-type: none"> • Enter the 8-digit date of birth (MM-DD-CCYY) • Example: January 3, 1932 should be entered as 01031932 	<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>
Beneficiary's Date of Service	<ul style="list-style-type: none"> • Enter the 6-digit "from" date of service in a MM-DD-YY format. • Example: January 3, 2019 should be entered as 010319 	<p>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.</p>



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

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
 - Date of service (MM-DD-YY)
 - Beneficiary’s Medicare Number
 - Beneficiary’s First Name (initial)
 - Beneficiary’s Last Name (First 6 letters)

See [page 6](#).

Constant IVR Prompts:

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

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
- Further claim details will be available after the remittance date.*

- 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)
- * If the entire amount allowed and paid went towards the beneficiary’s deductible, the IVR will return: “No Check Issued.”*

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

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

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

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)

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



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 and Entitlement Reason Code
- 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.

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

Press 2 – Deductible Information

- 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

Press 3 – Physical Therapy Limitation

- Press 1 - Smoking Cessation**
- Next Eligible Date-Or-Number of Base & Remaining Sessions

Press 4 – Occupational Therapy Limitation

- Press 2 - Acupuncture**
- Benefit Dates and Professional/Technical Eligible Date

Press 5 – General HCPCS Code Information

- Press 3 - Cognitive Therapy**
- Cognitive Therapy Information

Press 6 – Preventive HCPCS Code Information

- Press 1 - COVID-19**
- COVID-19 Immunization Data

- Press 2 - Hepatitis B Screening in Adults (Refers to HCPCS code G0499)**
- Zero Co-Insurance & Deductible
 - Next Eligible Date

- Press 3 - Preventive HCPCS Code Information**
- Service Date(s)
 - CPT/HCPCS Code
 - Provider of Service

Eligibility Submenu

Press 1 – Medicare Advantage Plan Information

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

Press 2 – MSP Information for Current or Specified Date

- Verifies if Medicare May Be Secondary
- MSP Type (Working Aged, Disability, ESRD) if Applicable
- ICD-10 Diagnosis Codes May Return. Contact Insurer for ICD-9.

Press 3 – ESRD Information

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

Press 4 – Home Health and Hospice (HHH) Episode Dates (most recent)
If applicable, the following will be returned:

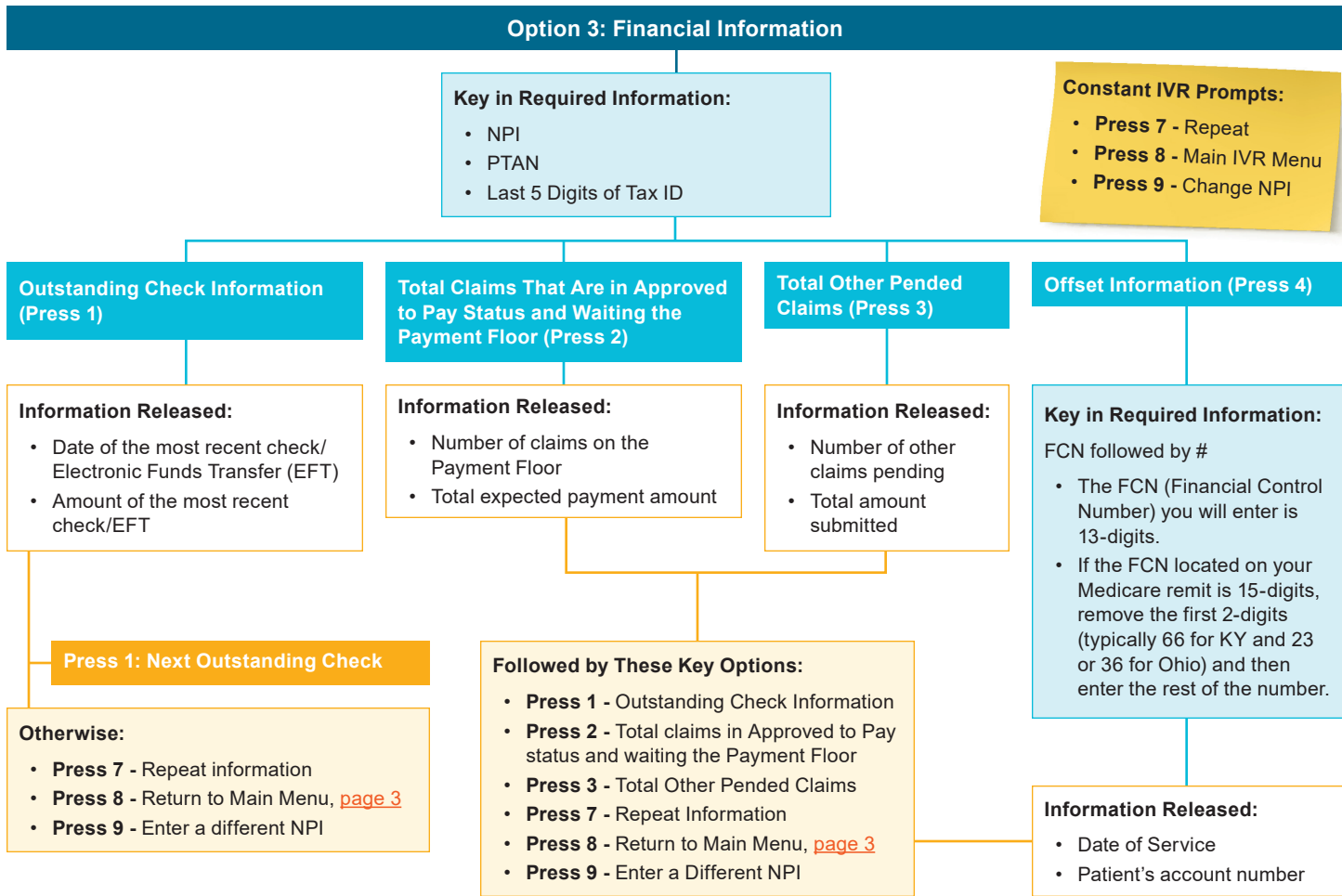
- Days Used
- Current and Previous benefit period start/end dates
- Date of Earliest and Latest Billing
- Current Patient Status

Press 5 – Other Eligibility for Same Medicare Number

Press 6 – Eligibility Information for Different Medicare Number

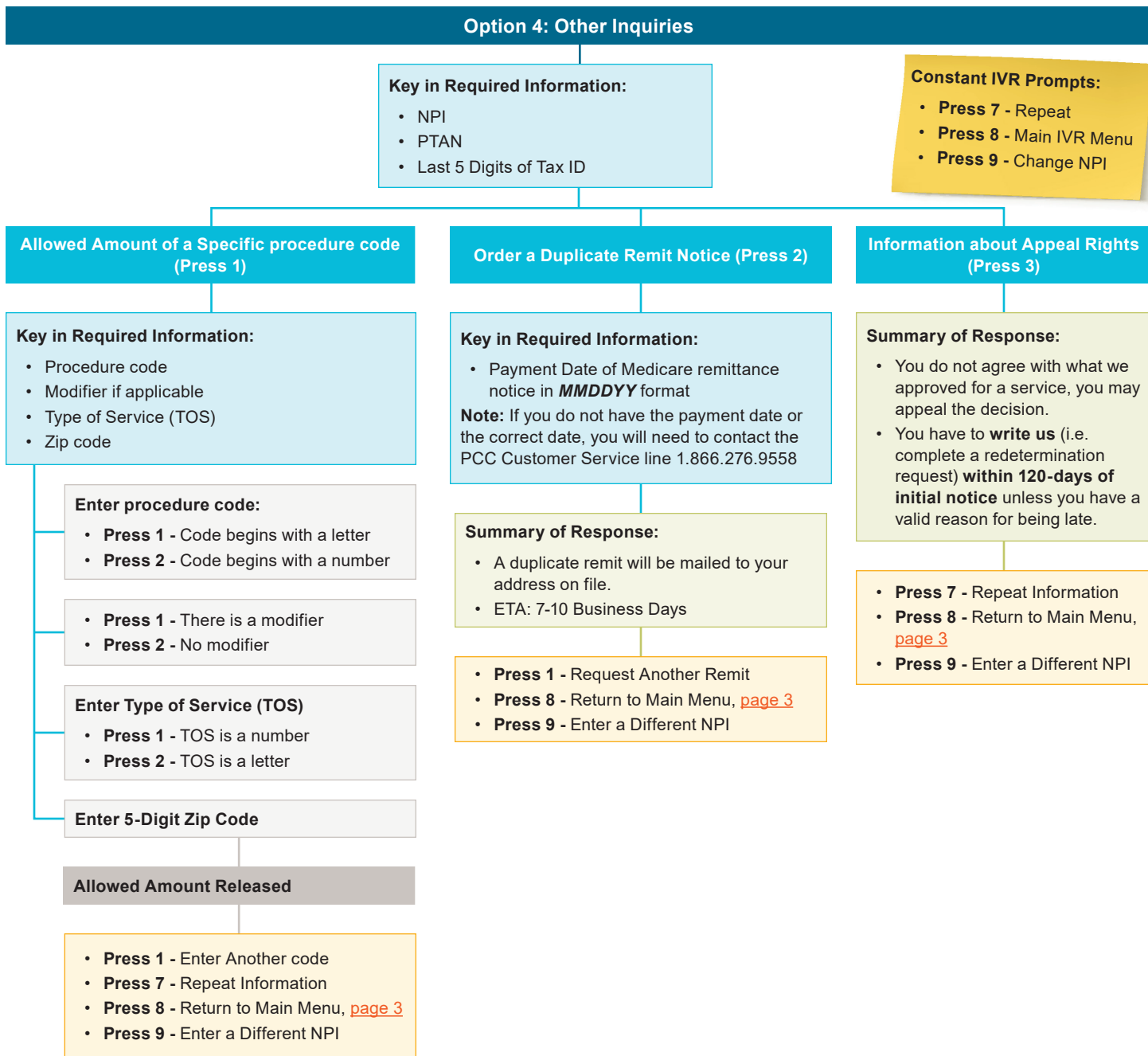


Navigating the IVR Menu Options – Option 3



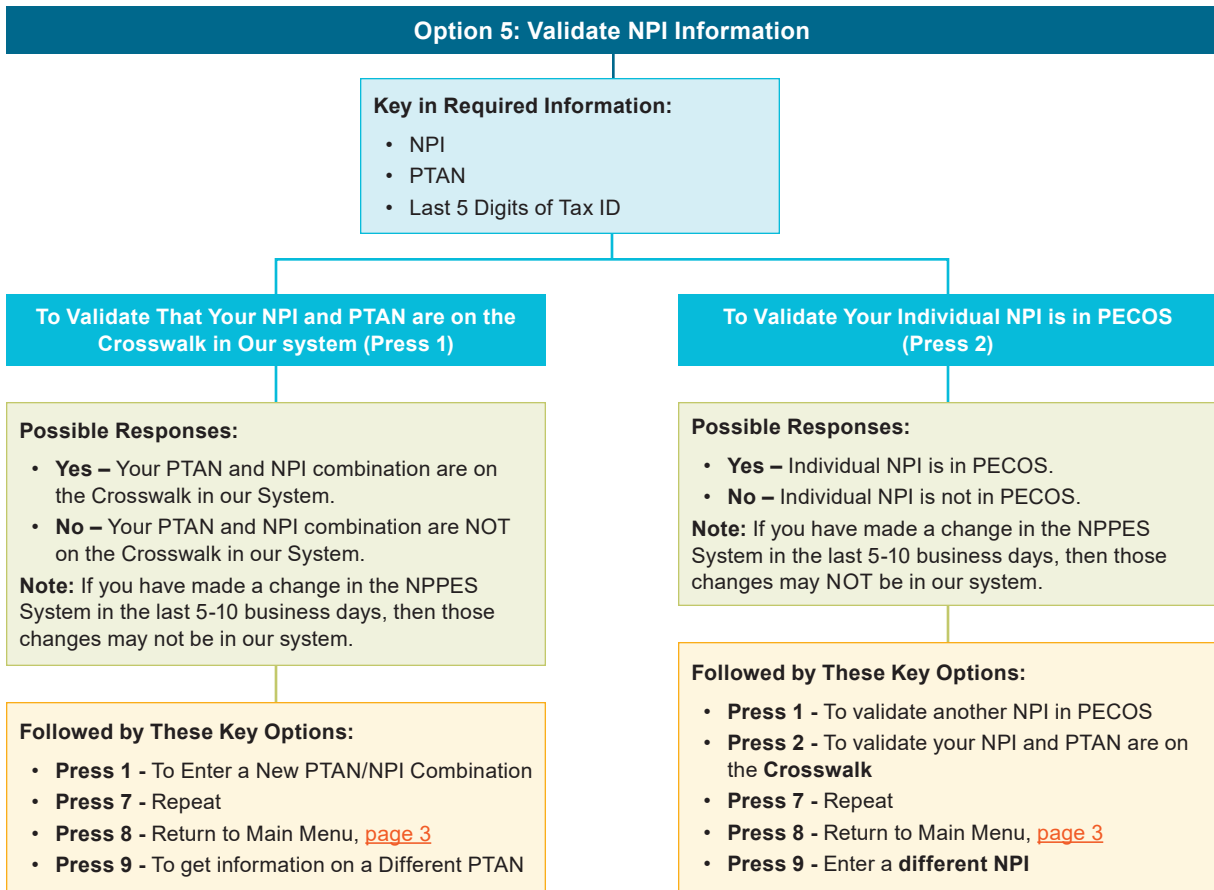


Navigating the IVR Menu Options – Option 4



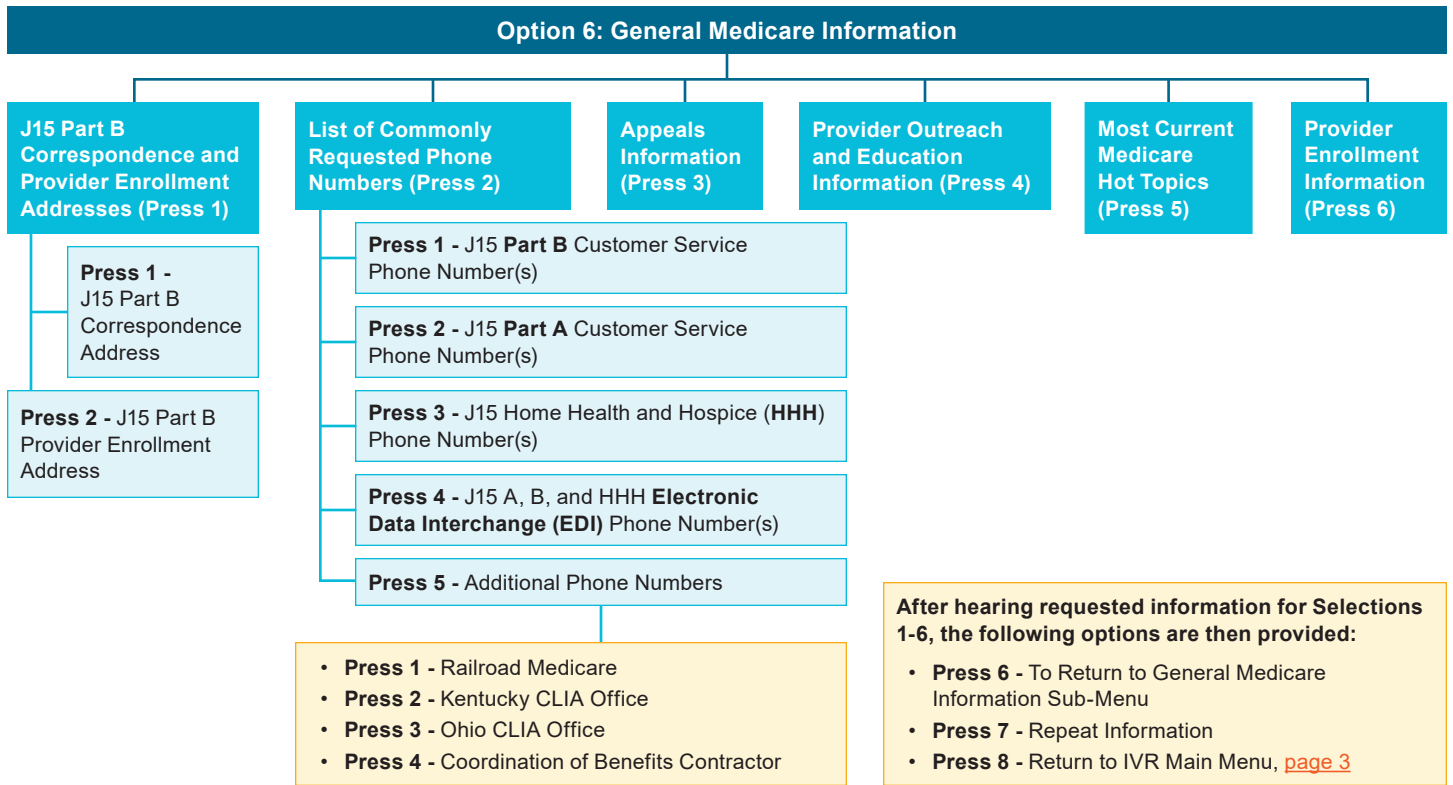


Navigating the IVR Menu Options – Option 5





Navigating the IVR Menu Options – Option 6





Navigating the IVR Menu Options – Option 7 TRO

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.

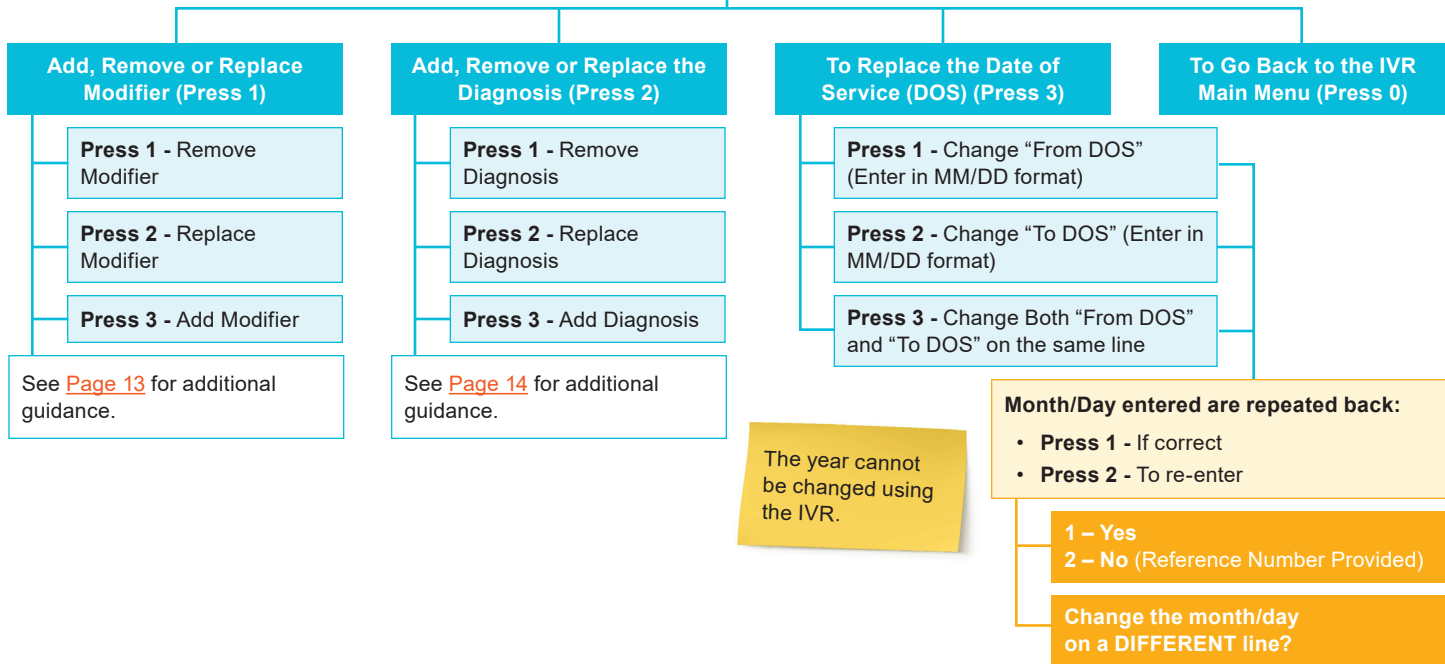
Key in Required Information:

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.)





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:

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:

Modifier	Key
Modifier 24	Press 1
Modifier 25	Press 2
Modifier 57	Press 3
Modifier 58	Press 4
Modifier 78	Press 5
Modifier 79	Press 6
Modifier 59	Press 7
Modifier 50	Press 8
Modifier 26	Press 9
Any Other Modifier	Press 0

- 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).

REPLACE/ADD another modifier on the **SAME** line?

Press 1 - Yes Press 2 - No

REPLACE/ADD another modifier on **ANOTHER** line?

Press 1 - Yes Press 2 - No

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

