

Using the Interactive Voice Response (IVR) to Avoid Eligibility- and Entitlement-Related Claim Rejections and Return to Provider (RTP)

Some of the top claim submission errors causing Medicare claims to reject or RTP can be easily avoided by taking advantage of the Interactive Voice Response (IVR) application. Registration staff can quickly and accurately verify information provided by the beneficiary to determine Medicare eligibility and/or entitlement.

These reason codes identify some of the errors that a call to the IVR could avoid:

Rejection Reason Code T5052: The Centers for Medicare & Medicaid Services (CMS) records indicate the beneficiary is not in file.

Rejection Reason Code U5200: The Centers for Medicare & Medicaid Services (CMS) records indicate that the beneficiary is not entitled to Medicare coverage for the type of services billed on the claim.

Rejection Reason Code U5210: The beneficiary's entitlement for Medicare coverage was terminated prior to the first date for services provided on the claim.

RTP Reason Code N5052: CWF indicates the beneficiary's name and health insurance card number do not match.


Rejection Reason Code C7010: An inpatient, outpatient, or home health claim has service dates overlapping a hospice election period and condition code 07 is not present.

Rejection Reason Code U5233: The admission date on this inpatient PPS claim falls within the enrollment period of a risk HMO. This edit also applies to non-PPS inpatient, SNF inpatient, and all outpatient claims where the statement covered period falls within or overlaps an enrollment period in a risk HMO.


The IVR gathers data from the Common Working File (CWF), providing the same information that is available to Customer Care Representatives. By using this self-service tool, providers can verify the following beneficiary eligibility and entitlement information:

- Part A & Part B effective & termination dates
- Date of Death
- MSP type, insurer name & address, effective & termination dates
- Medicare Advantage Plan (MAO) plan number, name, address, telephone number, effective & termination dates
- Last inpatient billing date
- Full & coinsurance hospital, SNF days remaining
- LTR days remaining
- Current and prior year Part B deductible amount met
- Current and prior year physical & occupational therapy limit amount met
- Home health name, address, effective & termination dates
- Hospice name, address, effective & termination dates
- Corrected HIC number
- Remaining psychiatric days

For more information about the benefits of utilizing the IVR, visit www.NGSMedicare.com.



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Medicare Part A IVR ELIGIBILITY CHECK LIST

Please remember to have your provider number available!

Medicare Number: _____

Patient's Name: _____ DOB: _____

Part A: Effective: _____ Termed: _____

Part B: Effective: _____ Termed: _____

MSP Type: _____ Name: _____

Effective: _____ Termed: _____

HMO Plan #: _____ Name: _____

Address: _____

Phone: _____

Effective: _____ Termed: _____

Last Billing Date: _____

Hospital Full Days: _____ Coinsurance Days: _____

SNF Full Days: _____ Coinsurance Days: _____

Lifetime Reserve Days: _____

Part B Deductible:

This year: _____ Last year: _____

Physical Therapy Limits:

This year: _____ Last year: _____

Occupational Therapy Limits:

This year: _____ Last year: _____

Home Health Name: _____

Address: _____

Effective: _____ Termed: _____

Hospice Name: _____

Address: _____

Effective: _____ Termed: _____