

## Part A Provider Interactive Voice Response User Guide

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### Tips for Success

- Speak naturally and clearly in a quiet environment.
- Use mute when you are not speaking.
- Avoid the use of cellular phones or speaker phones.
- Have all of the information available and organized before you call.
- Use touch-tone if an element is not recognized by your voice.
- There is no need to wait for a prompt to try touch-tone; it is available throughout the interactive voice response (IVR) system. You can say “main menu” or “repeat that” throughout the application, as needed. You can press “9” to move to the next topic within each option. You can also use the “#” to repeat information.
- You cannot combine speech and touch-tone when providing a single element (e.g., you cannot speak the numbers in a Health Insurance Claim Number (HICN) or Medicare number and then enter the suffix via touch-tone). However, you can switch between speech and touch-tone throughout the call (e.g., speech for HICN or Medicare number and touch-tone for beneficiary name).

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### Main Menu Options

The main menu and subsequent menus can be navigated by using your voice or using touch-tone on your telephone keypad. You can also use touch-tone entry for provider numbers, Medicare numbers, dates of service, dates of birth, and beneficiary names. Touch-tone instructions and examples are also included in this guide.

Select the option for a complete list of elements required from the caller and the information that the caller will hear back from the IVR.

Voice Eligibility	Touch-Tone Entry
Eligibility (available 24 hours)*	1
Claim Status*	2
Checks	3
Remittance Statements	4
Provider Enrollment Status	5
Patient Status	6
Appeal Status	7
General Information (available 24 hours)	8

\*Users are able to barge to the next topic within Eligibility and Claim Status by pressing the **9** on the keypad.

### Additional Information

Once you supply the Provider Transaction Access Number (PTAN), National Provider Identifier (NPI), and Tax Identification Number (TIN) for the first selection, you will not have to provide this information again for any of the other options for the duration of your call.

A termed provider will be able to access all IVR menu options **EXCEPT** Eligibility.

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### Eligibility <1>

- The date of service must equal today's date, a date within the past four years, or a future date of no more than four months. Historical deductible information (Part B, physical, occupational) is unavailable for date of services beyond two years from today's date. This option is not available for terminated providers.
- The IVR will allow you to obtain lifetime reserve (LTR) days remaining in all eligibility hospitals even if the date of service inquiry does not fall within an inpatient benefit period.
- The IVR will indicate the lifetime psychiatric days remaining even if the date of service inquiry does not fall within an inpatient benefit period. Lifetime psychiatric days are only available to psychiatric provider types with a Provider Transaction Access Number (PTAN) within xx4000–xx4499.

When the **Eligibility** option is selected, the IVR will request and collect the following elements:

- NPI
- PTAN
- Last five (5) digits of the TIN
- Beneficiary Medicare number
  - Health Insurance Claim Number (HICN), select touchtone 1 or
  - Medicare Beneficiary Identifier (MBI), select touchtone 2
- Beneficiary first and last name (last name and first initial if using touch-tone)
- Beneficiary date of birth
- Date of service

Once the authentication elements have been verified, the IVR will supply the following, if applicable:

- Railroad Medicare
  - If the beneficiary has coverage via Railroad Medicare, information will be provided on who to contact for additional information.
- MBI

- The IVR will play a message indicating a new Medicare card containing the new MBI has been mailed. A mail date will not be provided.
- If the MBI has been terminated, you must contact the beneficiary or use the MBI Lookup Tool located in NGSCConnex to obtain the new MBI. If the date of service entered is after the termination date, eligibility information will not be provided.
- Part A and Part B effective/termination dates
  - If there is no Part A and B coverage, no additional eligibility information will be provided
- Medicare inactive dates
  - Medicare is not responsible for coverage for the dates provided due to inactive status. Check with the beneficiary for the responsible party for coverage.
- Qualified Medicare Beneficiary (QMB) program effective/termination dates
  - Beneficiaries that are in the QMB program are not responsible for deductibles or co-payments
- Corrected HICN
- Date of Death

The following sub-menus must be selected in order to hear the applicable components of eligibility. You may speak or enter the touchtone. After one sub-menu plays, you are able to select other sub-menu.

#### **Full Eligibility (touchtone 1)**

- All eligibility components (listed below) will be advised

#### **Basic Eligibility (touchtone 2)**

- Current year Part B deductible applied amount
- Previous year Part B deductible applied amount
- Physical therapy used amount
- Occupational therapy amount

#### **Hospital and SNF Billing (touchtone 3)**

- Last bill date
- Inpatient hospital benefit days
- Inpatient skilled nursing benefit days
- Psychiatric benefit days available (only supplied to psychiatric providers)
- Lifetime Reserve (LTR) days

#### **Other Insurance (Touchtone 4)**

- Medicare Secondary Payer (MSP) type, insurer name, diagnosis code(s), and effective/termination dates
  - If the primary payer is limiting coverage to specific diagnosis codes, the diagnosis codes will be provided.
  - If the beneficiary has an MSP, you must bill the MSP first, then Medicare.
  - If the beneficiary has an MSP and a MA plan, you need to speak with the MA plan to determine correct billing (MSP first then MA plan or MA plan first).
- Medicare Advantage plan number, name, option code, administering insurance company, and effective/termination dates
  - The option code will provide more details in regards to who is responsible for the services rendered
  - The administering insurance company, if available, is the company administering the MA Plan.
  - If the beneficiary has an MA plan, you must contact the plan to determine billing and coverage

#### **ESRD (touchtone 5)**

- End-stage renal disease coverage dates, dialysis dates and transplant date

### **Home Health and Hospice (touchtone 6)**

- Home health name, NPI, address, and effective/termination dates
- Hospice name, NPI, address and effective/termination dates

### **Special Services (touchtone 7)**

- Last pneumococcal vaccine HCPCS code, vaccine date or date eligible for vaccine
- Smoking cessation counseling date and number of sessions remaining
- Pulmonary rehabilitation number of sessions remaining
- Cardiac rehabilitation number of sessions used
- Intensive cardiac rehabilitation number of sessions used

After Eligibility playback, the caller will be able to:

- access additional sub-menus,
  - You may say “additional eligibility information” or the sub-menu you would like to hear
- say “repeat that” in order to hear the information again
- change date of service,
- change the beneficiary’s Medicare number,
  - If you entered a MBI, you will be able to change to another MBI. If you entered a HICN you will be able to change to another HICN. If you entered a MBI and need to change to HICN, you will need to return to Main Menu.
- return to the main menu,
- barge to the next topic within eligibility by pressing the 9 on the keypad and
- say “goodbye” to end call.

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### **Claim Status <2>**

- If you are part of a group, remember to use the group NPI, PTAN and TIN for authentication purposes.

When **Claim Status** is selected, the IVR will request and collect the following elements:

- NPI
- PTAN
- Last five (5) digits of the TIN

Once the provider authentication elements have been verified, the IVR will offer the option to hear information about claims on the payment floor.

If yes, the IVR will advise if there are claims pending on payment floor, the total number of claims and the total pay amount for those claims.

If no, or you have already received requested payment floor information, the IVR will request the following:

- Beneficiary Medicare number (HICN or MBI)
- Beneficiary first and last name (last name and first initial if using touch-tone)
- Dates of service – starting and ending date

Once the authentication elements have been verified, the IVR will supply the following, if applicable:

- Total number of claims located for the specified Medicare number/dates of service
- Status (processed, denied, pending, etc.)
- Received date
- Claim dates of service
- Bill type
- Total charges submitted
- Claim status and location
- Advises if claim was adjusted or cancelled
- Overlap Information (reason code starts with 38), if applicable
  - Facility Type
  - NPI
  - Claim From Date
  - Claim to Date
  - Overlapping Claim DCN
  - Overlapping Claim Cancelled Date
- CWF Overlap Information (reason codes C7010, C7050, C7080, C7595, 10416, 10422, U5390), if applicable:
  - Facility Type
  - NPI
  - Claim From Date
  - Claim To Date
- CWF Adjustment Overlap Information (TOB XXG or XXH and DCN ending in N, U or Z), if applicable:
  - Facility Type
  - Claim From Date
  - Claim To Date
  - NPI

For additional claim information, say **Claim Details (touch-tone 1)** to obtain the following, if applicable:

- Claim process date
- Whether claim processed as Medicare primary or secondary
- Claim level reason code and narrative
- Provider reimbursement amount
- Deductible and coinsurance amount applied
- Patient responsibility amount for MSP claims
- Total noncovered charges
  - If the claim contains claim lines that have denied, the provider has the option to hear details on the lines that have denied. The additional claim line information will be:
    - Revenue code
    - Procedure code, if applicable
    - Total line item charged
    - Noncovered charge
    - Liability of noncovered charge
    - Denial reason code and description
- Check number
- Document control number (DCN)
- Claim level liability on denied claims
- Retrieval of offline claims
- Advises if claim is suppressed

- Additional development request (ADR) dates

If multiple claims are located, say **Next Claim (touch-tone 2)** to move to the next claim and say **Previous Claim (touch-tone 3)** to move back to the previous claim. For additional claims navigation options, please refer to the following chart.

### Claims Navigation

Claims Navigation Voice	Touch-Tone Entry
Repeat That	#
Claim Details	1
Next Claim	2
Previous Claim	3
Change Dates	4
Change Medicare Number	5
Change NPI	6
Change PTAN	7
Help	*

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### Checks <3>

- If you are part of a group, remember to use the group NPI, PTAN and TIN for authentication purposes.

Upon selecting **Checks**, the provider will need to authenticate the following information:

- NPI
- PTAN
- Last five (5) digits of the TIN

Next, a submenu will offer information about the **Last Three Checks (touch-tone 1)** or a **Specific Check (touch-tone 2)** and then will request and collect the following elements:

- Check date (for Specific Check only)

Once the authentication elements have been verified, the IVR will supply the following:

- Issue date
- Check amount
- Check number

For check navigation options, refer to the following chart.

Checks Navigation Voice	Touch-Tone Entry
Repeat That	#
Change Check Number	3
Change PTAN	4
Change NPI	5
Help	*

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## Remittance Statements <4>

Upon selecting Remittance Statements, the provider will need to authenticate the following information:

- NPI
- PTAN
- Last five (5) digits of the TIN

When a remittance statement is selected, a submenu will ask if you want information about **Remittance Statements (touch-tone 1)** or **Remittance Remark Codes (touch-tone 2)**.

In the Remittance Statements selection, the IVR will supply:

- Remittance number
- Total check amount
- Payment breakdown
- Withholding breakdown

Remittance Statement Navigation Voice	Touch-Tone Entry
Repeat That	#
Get Another Remittance	1
Change NPI	2
Change PTAN	3
Help	*

In the Remittance Remark Codes selection, the IVR will supply:

- Definition of the remittance remark codes

Remittance Remark Codes Navigation Voice	Touch-Tone Entry
Get Another Code	1
Help	*

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## Provider Enrollment <5>

When Provider Enrollment is selected, the IVR will request and collect the following information:

- Case number (If case number is unavailable, you must provide the NPI, complete TIN (group), or the Social Security Number (SSN) (individual))

Once the authentication elements have been verified, the IVR will supply the following:

- Case number
- The number of applications found
- The application type
- The receipt date
- The status of the application
  - PECOS
  - Verification
  - Development
  - Screening
  - Indexing

- Prescreen
- Pending
- Closed
- Voluntary Withdrawal
- Duplicate
- Approved or Approved Late
- Denied or Denied Late
  - Returned
  - Rejected
  - Deleted

Provider Enrollment Voice	Touch-Tone Entry
Repeat That	#
Next Application	2
Previous Application	3
Change Case Number	4
Help	*

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### **Patient Status <6>**

When Patient Status is selected, the IVR will request and collect the following information:

- NPI
- PTAN
- TIN

Once the authentication elements have been verified, the IVR will request the following:

- Beneficiary Medicare number (HICN or MBI)
- Beneficiary first and last name
- Date of birth
- Ending date of service

Once the authentication elements have been verified, the IVR will supply the following:

- Inpatient status
  - Start date
  - Facility type
- Home health
  - Start date
- Hospice
  - Start date

If no information is found, the IVR will state no records found.

Patient Status Voice	Touch-Tone Entry
Repeat that	#
Change the date	5
Change the Medicare Number	6
Change the NPI	7
Change the PTAN	8
Help	*



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## Appeal Status <7>

When Appeal Status is selected, the IVR will request and collect the following information:

- NPI
- PTAN
- TIN
- Beneficiary Medicare number (HICN or MBI)
- Beneficiary first and last name (last name and first initial if using touch-tone)
- DCN of Appealed Claim

Once the authentication elements have been verified, the IVR will supply the following:

- No appeal in the system for that DCN
  - Wait a few days and try again. If appeal is still not located in the system after 10 days, please contact our Provider Contact Center using the information in the **Contact Us** section [our website](#).
- Appeals receipt date
- Appeal finalized on (date)
  - Letter regarding determination was sent on (date)
  - If no letter was mailed, refer to remittance advice for claim details
- Appeal pending
  - Refer to the website for contractor Appeal processing time frame requirements in the Centers for Medicare & Medicaid Services (CMS) Internet-Only Manual (IOM) 100-04, *Medicare Claims Processing Manual*, Chapter 29

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## General Information <8>

When General Information is selected, the IVR will present the caller with a submenu.

Voice	Touch-Tone Entry	IVR Supplies
Phone Numbers	1	Commonly requested telephone numbers
Addresses	2	Commonly requested addresses
Hours of operation	3	Customer Care and IVR hours
Appeal rights	4	Part A and Part B Appeal rights information
Medicare Advantage	5	Medicare Advantage plan name, address, and telephone number (if available) of plan number supplied by caller

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## Using Touch-Tone

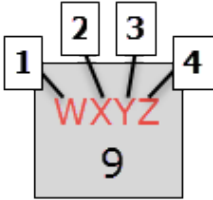
The IVR is programmed to allow for the entry of all data using touch-tone in the event the user is unable to successfully speak to the IVR. These instructions detail how to use touch-tone to enter various types of information requested by the IVR.

**Note:** You can switch between voice and touch-tone throughout the call (e.g., voice for Medicare number and touch-tone for beneficiary name); however, you cannot combine speech and touch-tone when providing a single element (e.g., voice for the numbers in a Medicare number and then touch-tone for suffix).

## Using Touch-Tone for Alpha-Numeric Elements

When a single touch-tone entry contains alpha and numeric information (e.g., Medicare number) utilize the following instructions.

Each button on the telephone keypad has a corresponding set of letters. Each letter is identified as a 1, 2 or 3 to indicate its position on that key.



Three keys are required to enter a letter. Example, to enter Medicare number 155-55-5555W, press the first nine digits of the Medicare number; \* (star key) to indicate that you are about to enter a letter; the key containing the letter W; and then the position of the letter on that key (1st position).

You are encouraged to utilize the Interactive Voice Response Conversion Tool that is located on [our website](#), from the Provider Resources menu, select Calculators & Tools, and then the Interactive Voice Response Conversion Tools. This tool will convert:

- Beneficiary name
- PTAN
- HICN
- MBI
- Document Control Number

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