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## Medicare Interactive Voice Response (IVR) Touch-Tone Instructions 866-518-3291

### It's your claim status, eligibility and reimbursement information system!

We want you to be familiar with the Medicare Interactive Voice Response (IVR) as soon as possible, so you can put it right to work for you.

The system is available:

Mon - Thurs 7:00 am - 6:30 pm\*

Fri 7:00 am - 10:00 pm\*

\*All times are Central Standard/Central Daylight time

In the event the telephone system would not be available, a message would be placed on the system.

The IVR system can be accessed toll free with a touch-tone phone.

### Dial 866-518-3291

You will first be asked to enter your Provider Transaction Access Number (PTAN). You will then be asked to enter your 10-digit National Provider Identification (NPI) number. Effective April 6, 2009, you will be required to enter the last 5 digits of your Tax Identification Number (TIN).

- If your provider number is exactly six numeric characters, you will be prompted to enter them. You will then be taken to the main menu.
- If your provider number contains both letters and numbers, you will be prompted to press the star (\*) key and given the following instructions:

Letters are entered using pairs of keys. The first key identifies the set of three letters that you will select from. The set of letters corresponds to the letters printed on the phone keypad. For example, the number **2** would mean **ABC**, the number **3** would mean **DEF**.

The second key is always the **\***, **0**, or **#** key. It selects the specific letter from the set of three. The **\*** key indicates the first or left letter. The **0** key selects the second, or middle, letter. The **#** key selects the third, or rightmost, letter. For example, the sequence **2\*** is the letter **A**, **20** is **B**, and **2#** is **C**.

Numbers are entered by pressing the desired number twice. For example, the number **4** is entered by pressing the **4** key twice – **44**.

After each pair of keys, the system will speak back the character it recognized.

When you have completed your entry, press the **#** key twice - **##**.

Example: The provider number 88-C123 would be entered as: 88 88 2# 11 22 33 ##



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For easy reference, write how your provider number is entered into IVR:

### Checking Claim Status Or Eligibility

If you choose the claim status or eligibility function, you will be prompted to enter the patient's HIC#. If the HIC# is nine numbers and one letter, please enter the numbers. You will then be prompted to enter the letter. Enter the corresponding letter key and complete your entry by pressing the \*, 0, or # key to identify the specific letter. For example, if the letter is **D**, you would enter **3\***, for **E** enter **30**, and for **F** enter **3#**. If the HIC# is any other letter/number combination other than nine numbers followed by one letter, press the \* key and refer to the instructions for entering alpha/numeric provider numbers.

For Claim Status, after you have entered the HIC# you will be prompted to enter the claim from and through dates. The date should be entered as month, day, and year (including the century). For example, January 1, 1997 would be entered as 01011997. You may experience a brief pause while the system searches for the information. You will receive information on claims for your provider number with the dates of service that you enter into the IVR. This information will include the claim status and last transaction date for claims that are not in a paid status. The claim status, provider payment amount and the beneficiary responsibility amount will be given for paid claims (claims in PB 9997) that are current through 12 months old (from the paid date of the claim). On paid claims that are older than 12 months, you will only get the claim status. You will not receive the provider payment or beneficiary responsibility amount because these claims are purged off of the system.

When the IVR reads back claim status information it will provide you with the current status of the claim (paid, denied, returned for correction, etc...). For claims that require a correction, or that have been denied, the FISS reason code will be provided. For claims that have been denied or that require provider correction the FISS reason code narrative list should be used to determine the correction the provider needs to make. The reason code listing can be viewed under direct data entry selection that is located in the provider self-service section of our Website.

After you have received your information, you will be taken back to the main menu.

To obtain eligibility information you will be asked to also provide the patient's date of birth, sex, first six letters of their last name, and first initial. Letters are entered using pairs of keys. The first key identifies the set of three letters that you will select from. The set of letters corresponds to the letters printed on the phone keypad. For example, the number **2** would mean **ABC**, the number **3** would mean **DEF**.

The second key is always the \*, 0, or # key. It selects the specific letter from the set of three. The \* key indicates the first or left letter. The 0 key selects the second, or middle, letter. The # key selects the third, or rightmost, letter. For example, the sequence **2\*** is the letter **A**, **20** is **B**, and **2#** is **C**. Numbers 7 and 9 on the keypad have 4 possible letters. For number 7 (PQRS), 7\* would be P, 77 would be Q, 70 would be R and 7# would be S. For number 9, 9\* would be W, 99 would be X, 90 would be Y and 9# would be Z.



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If the last name has less than 6 letters, press the # key twice after you have entered all the letters in the last name.

When the IVR reads back eligibility information it will provide various eligibility items (if found). If the IVR does not read back a certain item in the list below, it is because it does not apply to the beneficiary you are checking on. The following is a listing of eligibility the items the IVR can provide:

- The Current Part A Effective Date is: (if none, bypass)
- The Current Part A Termination Date is: (if none, bypass)
- The Current Part B Effective Date is: (if none, bypass)
- The Current Part B Termination Date is: (if none, bypass)
- The Prior Part A Effective Date is: (if none, bypass)
- The Prior Part A Termination Date is: (if none, bypass)
- The Prior Part B Effective Date is: (if none, bypass)
- The Prior Part B Termination Date is: (if none, bypass)
- The Part B deductible (current year, to be met)
- The Part B deductible (2) (prior year, to be met)
- The Blood Deductible is (1) : (current year, to be met. If none bypass)
- The Blood Deductible is (2) : (prior year, to be met. If none bypass)
- The Current HMO Option Code (if none, bypass)
- The Current HMO Effective Date (if none, bypass)
- The Current HMO Termination Date (if none, bypass)
- The Current HMO ID Code (if none, bypass)
- The Prior HMO Option Code (if none, bypass)
- The Prior HMO Effective Date (if none, bypass)
- The Prior HMO Termination Date (if none, bypass)
- The Prior HMO ID Code is (if none, bypass)
- The Hospice Start Date (if none, bypass)
- The Hospice Termination Date (if none, bypass)
- The Hospice First Billing Date (if none, bypass)
- The Hospice Last Billing Date (if none, bypass)
- The Hospice Second Start Date (if none, bypass)
- The Hospice Second Termination Date (if none, bypass)
- The Second Hospice First Billing Date (if none, bypass)
- The Second Hospice Last Billing Date (if none, bypass)
- The MSP Effective Date (1) (if none, bypass)
- The MSP Termination Date (1) (if none, bypass)
- The MSP Code (1) (if none, bypass)
- The MSP Effective Date (2) (if none, bypass)
- The MSP Termination Date (2) (if none, bypass)
- The MSP Code (2) (if none, bypass)
- The MSP Effective Date (3) (if none, bypass)
- The MSP Termination Date (3) (if none, bypass)
- The MSP Code (3) (if none, bypass)
- The MSP Effective Date (4) (if none, bypass)
- The MSP Termination Date(4) (if none, bypass)
- The MSP Code (4) (if none, bypass)
- The Latest Billing Date
- The Full Days



The Coinsurance Days  
The Full SNF Days  
The Coinsurance SNF Days  
The Latest Billing Date (2) (if none, bypass)  
The Full Days (2) (if none, bypass)  
The Coinsurance Days (2) (if none, bypass)  
The Full SNF Days (2) (if none, bypass)  
The Coinsurance SNF Days (2) (if none, bypass)  
The Lifetime Reserve Days  
The Inpatient Deductible  
The Inpatient Deductible (2) (if none, bypass)

After the IVR finishes reading back the eligibility information it will prompt you to repeat the information or return to the main menu where you can begin a new eligibility query.

### **Checking Provider Reimbursement**

If you choose to check your reimbursement information, you can be given the last three check payment dates and the amount of each payment. You can also choose to get the amount of payment on a past check by entering the check date.

After each transaction, the system will return you to the main menu. Once you become proficient at using the IVR system you will not need to wait for the prompts.

### **Remittance Advice Reason Codes**

The IVR will provide the following types of Remittance advise codes:

Adjustment reason codes  
Remark codes  
Group  
Claim category  
Claim status

For all reason code entries except the claim status, enter the letter/number combination. Letters are entered using pairs of keys. The first key identifies the set of three letters that you will select from. The set of letters corresponds to the letters printed on the phone keypad. For example, the number 2 would mean ABC, the number 3 would mean DEF.

The second key is always the \*, 0, or # key. It selects the specific letter from the set of three. The \* key indicates the first or left letter. The 0 key selects the second, or middle, letter. The # key selects the third, or rightmost, letter. For example, the sequence 2\* is the letter A, 20 is B, and 2# is C.

Numbers are entered by pressing the desired number twice. For example, the number 4 is entered by pressing the '4' key twice -- 44. If the combination is under 5 digits, press ## when you are done. Example: If you are entering remarks code MA08 you would enter the following: 6\* for M, 2\* for A, 00 for #0, 88 for #8, and then ## to show your are done.

The same entry procedure holds true for claim status, except you must enter a four digit number and then hit ##. If the number on your REMITTANCE ADVICE is 1 then you



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would have to enter 00000011 and ##. If the number is 495, then you would enter 00449955 and ##.

After each pair of keys, the system will speak back the character it recognized.

After the information is read back, the system should give you three choices.

Press 1 to enter another reason code.

Press 7 to repeat.

Press 9 to return to the main menu.