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Medicare Interactive Voice Response (IVR) Voice Input 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

When you say "Continue" to use the Voice system, you will be asked to say your Provider Transaction Number (PTAN). You will then be asked to say your 10-digit National Provider Identification (NPI) number. Effective April 6, 2009, you will be required to say the last 5 digits of your Tax Identification Number (TIN).

To provide any numbers or letters to the voice system, you must use the following instructions:

Say 1, 2, 3, 1, 2, 3. You cannot say 123123 or 12, 31, 23. If you state an invalid number or the system does not understand you, the system will tell you that it did not understand your response.

To provide an alpha input (letter), you would use the corresponding word from the list below that represents the letter you are trying to say. You can only use the words on the list below. The system does not recognize any other words or if you say just the letter itself. You must say Alpha for "A" instead of just saying "A", otherwise the system will not understand your input.

Words to use for Alphabets

ALPHA
DELTA
GOLF
JULIET
MIKE
PAPA
SIERRA
VICTOR

BRAVO
ECHO
HOTEL
KING
NOVEMBER
QUEEN
TANGO
WHISKEY

CHARLIE
FOXTROT
INDIA
LINCOLN
OSCAR
RABBIT
UNIFORM
XAVIER

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Once you have verified your PTAN, NPI, and TIN numbers, you will be taken to the main menu. It will ask you "What would you like to do? The following is the list of options available:

Say "Eligibility" to check beneficiary eligibility.

Say "Claim Status" to check claim status of a particular claim and date.

Say "Check Information" to check the amount received on a certain date.

Say "Last Three Checks" to have the system tell you the payment amounts and date of the last three checks.

Say "Reason Code" if you want to get a reason code explanation.

Say "Number of Pending Claims" to get your pending claim count.

Say "Change Provider Number" to enter a different provider number.

If at any point you have selected an option that you no longer require, you can say "Cancel" to be returned to the main menu.

If the system cannot recognize your voice input it will tell you it does not understand you and will ask you to try again. Please make sure you speak your response slow and clearly to avoid having this occur. After not understanding your voice input three consecutive times in a row the system will tell you that you are being defaulted to the touch tone system. If you are defaulted to the touch tone system you will continue from the same point you left the voice input system. Once you have been defaulted to the touch tone system you will not be able to return to the voice input selection during the call.

Checking Claim Status or Eligibility

For numeric and letter input the claim status or eligibility options work in the same manner as entering the provider number. You must use the words provided above for any letters and say all numbers in single digit format. However, please note the specific instructions provided below for providing the IVR a specific date (birth date or date of service) and when you are asked to provide the gender of the beneficiary.

DATE:

You can provide the date by saying the month, day, and the complete year or you can say it in all numerical format. For example, if you want the date of November 11, 2005, you can say "November eleventh 2005" or you can say "eleven eleven 2005."

GENDER:

You must say "Male" for male and "Female" for female.

After you have received back the system response, you will be given three choices. You can say "Another" to obtain another eligibility or claim status, you can say "Repeat" to hear the same information again, or you can say "Menu" to be returned to the main menu.

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



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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.

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 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)

Check Information

You must say the date of the check. You can obtain a specific date by saying the month, day, and the complete year or you can say it in all-numerical format. For example, if you want the date of November 11, 2005, you can say "November eleventh 2005," or you can say "eleven eleven 2005."

After you have received back the system response, you will be given three choices. You can say "Another" to obtain another check information request, you can say, "Repeat" to hear the same information again, or you can say "Menu" to be returned to the main menu.

Checking Provider Reimbursement-Last Three Checks

This option will automatically read back the last three checks for the provider number.

Once you received back the system response it will ask you if you would like the information repeated. If you say "Yes," it will repeat, but if you say "No," it will return you to the main menu.

Remittance Advice Reason Codes

Adjustment reason codes
Remark codes
Group
Claim category
Claim status

For all reason code entries, except the claim status reason code, state the letter/number combination. Reason codes are entered using the same format as the number/letter instructions provided at the beginning of this document.

The same entry procedure holds true for claim status reason codes except you must say a four-digit number. If the number on your Remittance Advice is 1, then you would have to say "0, 0, 0, 1." If the number is 495, then you would say "0, 4, 9, 5."

After you have received back the system response, you will be given three choices. You can say "Another" to obtain another remittance advice code, you can say "Repeat" to



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hear the same information again, or you can say "Menu" to be returned to the main menu.

Number of Pending Claims

This option will automatically read back the number of pending claims.

Once you received back the system response it will ask you if you would like the information repeated. If you say "Yes," it will repeat, but if you say "No," it will return you to the main menu.

Change Provider Number

This option will work exactly the same way as the entering of the initial provider number.