

Medicare Provider Part B

IVR Quick Reference Guide

877-847-4992

HELPFUL TIPS WHEN USING THE IVR:

- Use a telephone with a handset or headset
- Avoid using a speakerphone or cell phone
- Avoid calling from areas with loud background noise.
- Speak the requested information clearly

AREAS WHERE VALIDATION IS REQUIRED:

- Status Items – National Provider Identifier (NPI), Provider Transaction Access Number (PTAN), Tax Identification Number (TIN), Beneficiary Medicare ID & Name as shown on the Medicare Card, Date of Service.
- Eligibility Items –NPI, TIN, and PTAN, Patient Medicare Number and Name as shown on the Medicare Card, Date of Birth
- Pending Provider Claims – NPI, TIN, and PTAN
- Provider Check Information – NPI, TIN, and PTAN

To enter the alphabetical portion of any name or number, you must indicate you are entering an alphabetical character, by pressing the * key. Second, press the key containing the letter you wish to enter. Third, press the number 1,2 or 3 depending on the position of the number of that key. (#) should be used at the very end.

For Example: To enter A, press *, 2, 1#
To enter B, press *, 2, 2#

Voice dates as March 31st, 2008. When keying required, enter the two-digit month, two-digit day, and the 4-digit year (Both 2 and 4 digit year accepted when using touchtone only.)

(END HELPFUL TIPS)

MAIN MENU

- For training and holiday closures, hot topics, upcoming events and frequently asked questions, press **1**
- To receive Claim and Correspondence Status or request a Telephone Reopening, press **2**
- For Eligibility, HMO, Deductible and physical and occupational limitation information, press **3**
- For pending and payment floor claims or to receive month – year dollar amounts currently on file, press **4**
- To receive check information, press **5**
- Remittance Code Definitions and Pricing definitions, press **6**
- For Enrollment information, press **7**

CHECK HISTORY BY CHECK NUMBER

- From the main menu, press **5**, then press **3**

CHECK HISTORY BY ISSUE DATE

- From the main menu, press **5**, then press **2**

CLAIM STATUS

- From the main menu, press **2**, then press **1**

CORRESPONDENCE STATUS

- From the main menu, press **2**, then press **2**
- Receive info on another claim, press **2**
- To receive info on a different control number, press **3**
- To receive info on a different provider number, press **6**

ELIGIBILITY, HMO, DEDUCTIBLE AND PHYSICAL AND OCCUPATIONAL LIMITATION INFORMATION

- From the main menu, press **3**
- For Current Eligibility and Deductible, press **1**
- For Eligibility on Previous Dates of Service press **2**
- For Physical and Occupational Therapy Information press **3**
- For Medicare Advantage Plan (formally HMO) information, press **4**

ENROLLMENT STATUS

- From main menu, press **7**

LAST 3 CHECKS

- From the main menu, press **5**, then press **1**

MEDICARE ADVANTAGE NAME AND ADDRESS

- From the main menu, press **3** then press **4**

TRAINING AND HOLIDAY CLOSURES, HOT TOPICS, UPCOMING EVENTS, AND FREQUENTLY ASKED QUESTIONS

- From the main menu, press **1**
- For Training and Holiday closures, press **1**
- For Hot Topics, press **2**
- For Provider Outreach and Education information, press **3**
- For Frequently Asked Questions, press **4**
- For Provider Customer Service Hours of Operation, press **5**
- To repeat this menu, press **7**
- To return to the main menu press **8**

MONTH OR YEAR TO DATE DOLLAR AMOUNT

- From the main menu, press **4**, then press **2**
- To receive information on different provider number, press **1**

PENDING CLAIMS

- From the main menu, press **4**, then press **1**
- To receive information on different provider number, press **1**

PRICING INFORMATION

- From the main menu, press **6**, then press **2**

REMITTANCE CODE DEFINITIONS

- From the main menu, press **6**, then press **1**

TELEPHONE REOPENING OF A CLAIM

- From the main menu, press **2**, then press **3**
- For changes to the date of service, press **1**
- To add, delete, or change a modifier, press **2**
- To change a diagnosis, press **3**
- To change a procedure code and billed amount, press **4**
- To change the quantity billed and billed amount, press **5**
- To update the ordering or referring provider information, press **6**

To better serve you, First Coast Service Options' interactive voice response (IVR) unit quick reference guides have been updated to include speech recognition. Our customer service hours of operation are Monday through Friday 8:00am - 4:00pm ET/CT. The hours of operation to receive patient eligibility and claim status information through the IVR are Monday through Friday 7:00am - 6:30pm ET and Saturday 6:00am - 3:00pm ET. The hours of operation to receive general Medicare information and current issues are available 24 hours a day. Our website address is medicare.fcso.com.