Interactive Voice Response Unit (IVR) Part B - [Eligibility]

* Jurisdiction L (JL)  (PA, NJ, MD, DCMA, DE): 1-877-235-8073
* Jurisdiction H (JH)  (AR, CO, LA, MS, NM, OK, TX): 1-855-252-8782

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Option #2: Patient Eligibility

Choose your Eligibility option:

| Say... | Press... | Description |
| --- | --- | --- |
| "Eligibility" | 1 | Full Eligibility Information |
| "Deductible" | 2 | Deductible Information |
| "Preventive Services" | 3 | Preventive Service information for a specific procedure code |

(1) Eligibility

* Say or enter your NPI number.
* Say or enter your PTAN.
* Say or enter the last 5 digits of your tax identification number (TIN).
* Say or enter the Patient’s Medicare Beneficiary ID Number.
* Say or enter the Patient’s name as it appears on their Medicare card. (If using touch tone, enter the first 6 letters of the last name and the first initial.)
\*\* If after core hours, see note below.
* Say or enter the Patient’s Date of Birth in MMDDYYYY format
* Say or enter the Date of Service in MMDDYYYY format so that MSP and HMO files can be verified.  The deductible and PT / OT amounts are also based on the year in the date of service you entered.

Please note: You cannot check future dates for entitlement as the information may change from the time you verified the information until the future date.

You will receive the following eligibility information if applicable:

* When a Health Insurance Claim number is provided, the IVR will advise caller if an MBI has been mailed to the beneficiary
* Enrolled in MDPP – If the beneficiary is eligible to receive MDPP services from an MDPP supplier
* Medicare Part A and B effective dates
* Qualified Medicare Beneficiary (QMB)
* Date of Death
* Part B deductible
* PT/OT amounts
* Medicare primary or secondary status (based on the date provided) - Reason Medicare is secondary, Name of Insurer, Effective and Termination Dates
* Medicare Advantage Information - Name and Contractor ID; Type of Plan; Address and Telephone Number; Effective and Termination Dates
* Home Health Information – Name and Address of the Home Health Provider
* Hospice Information – Name and Address of the Hospice Provider

After you receive your information, you can choose to:

| Say... | Description |
| --- | --- |
| "Repeat That" | Repeat the information you just heard. |
| "Change Date" | To enter a different date of service for the same Medicare Beneficiary ID Number |
| \* just start speaking a different Medicare Beneficiary ID Number | Enter another Medicare Beneficiary ID Number when you hear the prompt |
| "Main Menu"  |   |

(2)  Deductible

* Say or enter your NPI number.
* Say or enter your PTAN.
* Say or enter the last 5 digits of your tax identification number (TIN).
* Say or enter the Patient’s Medicare Beneficiary ID Number.
* Say or enter the Patient’s name as it appears on their Medicare card. (If using touch tone, enter the first 6 letters of the last name and the first initial.)
\*\* If after core hours, see note below.
* Say or enter the Patient’s Date of Birth in MMDDYYYY format
* Say or enter the Date of Service in MMDDYYYY format

You will receive the following information:

* When a Health Insurance Claim number is provided, the IVR will advise caller if an MBI has been mailed to the beneficiary
* Enrolled in MDPP – If the beneficiary is eligible to receive MDPP services from an MDPP supplier
* Medicare Part A and B effective dates
* Qualified Medicare Beneficiary (QMB)
* Date of Death
* Part B deductible

After you receive your information, you can choose to:

|  |  |
| --- | --- |
| Say | Description |
| Repeat That | Repeat the information that you just heard |
| Change Date | To enter a different date of service for the same Medicare Beneficiary ID Number |
| \* just start speaking another Medicare Beneficiary ID Number | Enter another Medicare Beneficiary ID Number when you hear the prompt |
| Main Menu |   |

(3)  Preventive Services

* Say or enter your NPI number.
* Say or enter your PTAN.
* Say or enter the last 5 digits of your tax identification number (TIN).
* Say or enter the Patient’s Medicare Beneficiary ID Number.
* Say or enter the Patient’s name as it appears on their Medicare card. (If using touch tone, enter the first 6 letters of the last name and the first initial.)
\*\* If after core hours, see note below.
* Say or enter the Patient’s Date of Birth in MMDDYYYY format
* Preventive Service  procedure code

You will receive the following information:

* The patient’s next eligible technical date
* The patient’s next eligible professional date
* Please note that you will receive a message that there is no preventive service information if any of the following conditions exist:
* The code entered is not a preventive service procedure code
* There is no information available for the preventive service code entered
* If the patient is not eligible for the preventive service (i.e. a male patient and a mammography code is entered)

After you receive your information, you can choose to:

|  |  |
| --- | --- |
| Say | Description |
| Repeat That | Repeat the information that you just heard |
| Change the Code | To enter a different preventive service code  for the same Medicare Beneficiary ID Number |
| \* just start speaking another Medicare Beneficiary ID Number | Enter another Medicare Beneficiary ID Number when you hear the prompt |
| Main Menu |   |

\*\* After Core Hours – to enter the patient’s name, you will be prompted to enter the first letter of the first name and the first 6 characters of the last name.

For example:

 To enter the name “John Williams” you can either

* Speak as individual letters: J and then W-I-L-L-I-A

or

* Key as \*51 and then \*91-\*43-\*53-\*53-\*43-\*21

[ Return to the Part B IVR Main Index ]