

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
IVR-CS-1			How can I help you today? If Claim Status = Yes, Go to IVR-CS-3a If Claim Status = No, Go to IVR-CS-2	P1003
IVR-CS-2		If Caller does not say Claim Status, provide message and option to go back to the main menu.	All right. If you're finished, feel free to hang up. Otherwise, just hang on and I'll take you back to the Main Menu.	P1021
IVR-CS-3a			To continue press{\$.Attributes.randomNumber}, or say the code. If Valid, go to IVR-CS-3e If Invalid, go to IVR-CS-3c If Trouble understanding/no input, go to IVR-CS-3b	P0096
IVR-CS-3b			Sorry, I did not understand. Please enter or say the code. If Valid, go to IVR-CS-3e If Invalid or trouble understanding/no input, go to IVR-CS-3d	P0097
IVR-CS3c			You have entered the wrong code. Please try again. If Valid, go to IVR-CS-3e If Invalid or trouble understanding/no input, go to IVR-CS-3d	P0098
IVR-CS-3d	Disconnect		Sorry, we cannot confirm your call, please try again. Goodbye.	P0099

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IVR-CS-3e			If you are calling about the status of a disability application, our average processing time for disability applications is between 200 to 230 days to review your information and medical records. After our review, you will get a letter in the mail with the decision. If you are calling about a submitted retirement or Medicare application, you will get a letter in the mail within 30 days with the decision or a request for more information. If you asked for your benefits to start in a future month, you will receive the letter 30days before the start date. Go to IVR-CS-3f	P0007
IVR-CS-3f			Would you still like to get the status of an application or appeal ?. If Yes, go to IVR-CS-3i If No, go to IVR-CS-2 If Trouble Understanding/No input/No match, go to IVR-CS-3g	P1573
IVR-CS-3g		Trouble Understanding/No input/No match – Application or Appeal – 2 nd attempt	Lets try again. Would you still like to get the status of an application or appeal ? If Yes, go to IVR-CS-3i If No, go to IVR-CS-2 If Trouble Understanding/No input/No match, go to IVR-CS-3h	P1573a

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IVR- CS- 3h			Sorry. Would you still like to get the status of an application or appeal? Say yes or press 1. Say no or press 2 If Yes, go to IVR-CS-3i If No, go to IVR-CS-2 If Trouble Understanding/No input/No match – Application or Appeal – after 3rd attempt transfer to agent - - P1041(Agent drop)	P1573b
IVR- CS-3i		Play online marketing prompt	Okay, claim or application status. One moment. You may be able to request the status of a claim or appeal by going online and using your My SSA account. Go to, w w w, dot, socialsecurity, dot, g o v, and select Sign In. Go to IVR-CS-4	P1217
IVR- CS-4		OMB, Privacy Act, Paperwork Act	All right. Before I can access your records, I'll need to ask a question or two to verify who you are. Social Security is allowed to collect this information under the Social Security Act, and the collection meets the requirements of the Paperwork Reduction Act under OMB number 09600763. The whole process should take about four minutes. To hear detailed information about the Privacy Act or Paperwork Reduction Act, say, more information. Otherwise, say, continue. If Continue go to IVR-CS-5 If Trouble Understanding/No Input/No match, go to IVR-CS-4a	P1218
IVR- CS-4a		Trouble Understanding/No Input/No match– OMB 2 nd attempt	Let's try again. Before I can access your records, I'll need to ask a question or two to verify who you are. or Paperwork Reduction Act, say, more information. Otherwise, say, continue. If Continue go to IVR-CS-5	1218a

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			If Trouble Understanding/No Input/No match, go to IVR-CS-4b	
IVR-CS-4b		Trouble Understanding/No Input/No match– OMB 3 rd attempt	Sorry. Before I can access your records, I'll need to ask a question or two to verify who you are. or Paperwork Reduction Act, say more information, or press 1. Otherwise, say continue, or press 2. If Continue go to IVR-CS-5 If Trouble Understanding/No Input/No match - OMB after 3rd attempt transfer to agent - P1041(Agent drop)	P1218b
IVR-CS-5			Be advised, to complete this process you'll need to have a mobile phone available to receive a verification code. Text and data rates may apply. Would you like to continue? If Yes, go to IVR-CS-6 If No "Hold on while I get someone to help you." If Trouble Understanding/No Input/No match, go to IVR-CS-5a	P1422
IVR-CS-5a		Trouble Understanding/No Input/No match– Mobile Phone Notification 2nd attempt	Let's try again. Be advised, to complete this process you'll need to have a mobile phone available to receive a verification code. Text and data rates may apply. Would you like to continue? If Yes, go to IVR-CS-6 If No "Hold on while I get someone to help you." If Trouble Understanding/No Input/No match, go to IVR-CS-5b	P1422a
IVR-CS-5b		Trouble Understanding/No Input/No match– Mobile Phone Notification 3rd attempt	Sorry. Be advised, to complete this process you'll need to have a mobile phone available to receive a verification code. Text and data rates may apply. To continue say yes or press 1, otherwise say no or press 2	P1422b

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			If Yes, go to IVR-CS-6 If No “Hold on while I get someone to help you.” If Trouble Understanding/No Input/No match Mobile Phone Notification after 3rd attempt transfer to agent - P1041(Agent drop)	
IVR-CS-6			We need your verbal consent to access your consumer credit profile and consent for your wireless carrier to share information about your account and/or wireless device. We will use this information to identify you and your wireless device. This added layer of protection is used to identify you and prevent fraud. Do you agree to this verification process?" Please say Yes or No. If Yes, go to IVR-CS-7 If No, go to IVR-CS-8 If Trouble Understanding/No Input/No match, go to IVR-CS-6a	P1423
IVR-CS-6a		Trouble Understanding/No Input/No match– Verbal Consent 2 nd attempt	Let's try again. Do you agree with giving your authorization to access your credit profile and mobile data for authentication purposes? Please say Yes or No If Yes, go to IVR-CS-7 If No, go to IVR-CS-8 If Trouble Understanding/No Input/No match, go to IVR-CS-6b	P1423a
IVR-CS-6b		Trouble Understanding/No Input/No match– Verbal Consent 3 rd attempt	Sorry. If you agree to giving authorization to access your credit profile, and mobile data for authentication purposes. Please say yes, or press 1,otherwise, say no, or press 2. If Yes, go to IVR-CS-7	P1423b

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			If No, go to IVR-CS-8 If Trouble Understanding/No Input/No match Verbal Consent after 3rd attempt transfer to agent - P1041(Agent drop)	
IVR-CS-7		Attestation=Yes	Please note that any person who makes a false representation in an effort to alter or obtain information from the Social Security Administration may be punished by a fine or imprisonment or both. Do you understand and agree to these terms? If yes, go to IVR-CS-9 If no, go to IVR-CS-8 If Trouble Understanding/No Input/No match, go to IVR-CS-7a	P1010
IVR-CS-7a		Trouble Understanding/No Input/No match– False Representation 2nd attempt	Let's try again. Please note that any person who makes a false representation in an effort to alter or obtain information from the Social Security Administration may be punished by a fine or imprisonment or both. Do you understand and agree to these terms? If yes, go to IVR-CS-9 If no, go to IVR-CS-8 If Trouble Understanding/No Input/No match, go to IVR-CS-7b	P1010a
IVR-CS-7b		Trouble Understanding/No Input/No match– False representation 3rd attempt	Sorry. Please note that any person who makes a false representation in an effort to alter or obtain information from the Social Security Administration may be punished by a fine or imprisonment or both. If you DO understand and agree to these terms, say yes or press 1. If you DON'T understand or agree to these terms, say no or press 2. If yes, go to IVR-CS-9 If no, go to IVR-CS-8 If Trouble Understanding/No Input/No match False representation after 3rd	P1010b

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			attempt transfer to agent - P1041(Agent drop)	
IVR-CS-8		Attestation = No	Without your agreement, I won't be able to help you with anything that requires access to personal information. Hold on while I get someone to help you.	P1022
IVR-CS-9		Attestation=Yes Asks caller for PII to be authenticated.	All right. Thanks. Let's keep going. First, please say your Social Security number one digit at a time. If Valid SSN then Go to IVR-CS-13, If Invalid/Trouble Understanding/No Input then IVR-CS-10, If 'Do not have it' then IVR-CS-12 Note: Use existing language to authenticate the caller by collecting their SSN, DOB and Mobile phone number.	P1011
IVR-CS-10		Invalid/Trouble Understanding/No Input – SSN 2 nd attempt	Let's try again. Please say or enter your nine-digit Social Security number, one digit at a time. If Invalid/Trouble Understanding/No Input, then IVR-CS-11 If Valid SSN then Go to IVR-CS-13	P1011a
IVR-CS-11		Invalid/Trouble Understanding/No Input – SSN 3 rd attempt	Sorry. Please say or enter the nine digits of your Social Security number on your keypad now. If Invalid/Trouble Understanding/No Input SSN after 3rd attempt transfer to agent - P1041(Agent drop) If Valid SSN then Go to IVR-CS-13	P1011b
IVR-CS-12		Do not have it – SSN	If you don't know the Social Security number, you will need to speak with an agent. Hold on while I get someone to help you.	P1128

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IVR-CS-13		SSN confirmation (Valid)	Just to make sure, your social security number is 123456789, Right? If yes, go to IVR-CS-17, If no, go to IVR-CS-16 If there is Trouble Understanding/No Input, then IVR-CS-14	P1012
IVR-CS-14		Trouble Understanding/No Input – SSN Confirmation 2 nd attempt	Let's try again. The Social Security number is {xxx-xx-xxxx}. Right? If Trouble Understanding/No Input, then IVR-CS-15 If yes, go to IVR-CS-17, If no, go to IVR-CS-16	P1012a
IVR-CS-15		Trouble Understanding/No Input – SSN Confirmation 3 rd attempt	Sorry. The Social Security number is {xxx-xx-xxxx}. Please say yes or press 1. or say no or press 2. If Invalid/Trouble Understanding/No Input SSN after 3rd attempt transfer to agent - P1041(agent drop) If yes, go to IVR-CS-17, If no, go to IVR-CS-16	P1012b
IVR-CS-16		SSN Re ask	My mistake. Please say or enter your nine-digit Social Security number, one digit at a time. Go to IVR-CS-13 If no input or no match go to IVR-CS-10	P1011d
IVR-CS-17		DOB	Thanks. Now, what's your date of birth? If Valid then go to IVR-CS-21 If Invalid/Trouble Understanding/No Input, then IVR-CS-18	P1030
IVR-CS-18		Invalid/Trouble Understanding/No Input – DOB 2 nd Attempt	Let's try again. Please say the month, day, and year that you were born, or enter it on your keypad. For example, if you were born on June eighth, 1945, you'd enter zero 6 zero 8, 1 9 4 5. If Valid then go to IVR-CS-21	P1030a

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			If Invalid/Trouble Understanding/No Input, then IVR-CS-19	
IVR-CS-19		Invalid/Trouble Understanding/No Input – DOB 3 rd Attempt	Sorry. Please enter your birth date using two digits for the month, two digits for the day, and four digits for the year. For example, if you were born on June eighth, 1945, you'd enter zero 6 zero 8, 1 9 4 5.' If Valid then go to IVR-CS-21 If Invalid/Trouble Understanding/No Input DOB after 3rd attempt transfer to agent - P1041(agent drop)	P1030b
IVR-CS-20		DOB Re ask	My mistake. Please say or enter the month, day and year you were born. For example, say June 8th 1945 or enter 06081945. Go to IVR-CS-21 If no input or no match go to IVR-CS-18	P1030d
IVR-CS-21		DOB Confirm (Valid)	That was ----- Right? If yes go to IVR-CS-24, If no go to IVR-CS-20 If Trouble Understanding/No Input, then IVR-CS-22	P1031
IVR-CS-22		Trouble Understanding/No Input – DOB Confirm 2 nd Attempt	Let's try again. Your date of birth is {April 29,1953}. Right? If yes go to IVR-CS-24, If no go to IVR-CS-20 If Trouble Understanding/No Input, then IVR-CS-23	P1031a
IVR-CS-23		Trouble Understanding/No Input – DOB Confirm 3 rd Attempt	Sorry. Your date of birth is {April 29, 1953}.Right? Please say yes or press 1. or say no or press 2 If yes go to IVR-CS-24, If no go to IVR-CS-20 If Invalid/Trouble Understanding/No Input DOB Confirm after 3rd attempt transfer to agent - P1041 (agent drop)	P1031b

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IVR-CS-24		Calling from mobile phone?	Are you calling from your mobile phone? If yes, go to IVR-CS-32, if no, go to IVR-CS-25 If Trouble Understanding/No Input, then IVR-CS-24a Note: This question will be bypassed if an ANI is not obtainable.	P1424 Refer to the appendix (section 6.1) for the logic for collecting the mobile phone number.
IVR-CS-24a		Trouble Understanding/No Input – Mobile Phone 2nd Attempt	Let's try again. Are you calling from your mobile phone? If yes, go to IVR-CS-32, if no, go to IVR-CS-25 If Trouble Understanding/No Input, then IVR-CS-24b	P1424a
IVR-CS-24b		Trouble Understanding/No Input – Mobile Phone 3rd Attempt	Sorry. If you are calling from your mobile phone, say yes, or press 1, otherwise say no. or press 2 If yes, go to IVR-CS-32, if no, go to IVR-CS-25 If Trouble Understanding/No Input Mobile Phone after 3rd attempt transfer to agent - P1041 (agent drop)	P1424b
IVR-CS-25		Mobile phone number	All right. Please say your 10-digit mobile phone number starting with the area code or use your keypad to enter the digits, followed by the pound key If valid then go to IVR-CS-28 If Invalid/Trouble Understanding/No Input, then IVR-CS-26	P1425

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IVR-CS-26		Trouble Understanding/No Input – Mobile Number 2 nd Attempt	Let's try again. Please say your 10-digit mobile phone number starting with the area code or use your keypad to enter the digits, followed by the pound key If Valid then go to IVR-CS-IVR-CS-28 If Invalid/Trouble Understanding/No Input, then go to IVR-CS-27	P1425a
IVR-CS-27		Trouble Understanding/No Input – Mobile Number 3 rd Attempt	Sorry. Please say your 10-digit mobile phone number starting with the area code or use your keypad to enter the digits, followed by the pound key If Valid then go to IVR-CS-28 If Invalid/Trouble Understanding/No Input Mobile Number after 3rd attempt transfer to agent - P1041 (agent drop)	P1425b
IVR-CS-28		Mobile phone confirmation	Your mobile phone number is 123-456-7890 right? If no go to IVR-CS-31 if yes go to IVR-CS-32 If Invalid/Trouble Understanding/No Input, then go to IVR-CS-29	P1426
IVR-CS-29		Trouble Understanding/No Input – Mobile Number Confirm 2 nd Attempt	Let's try again. Your mobile phone number is {cellphone} right? If no go to IVR-CS-31 if yes go to IVR-CS-32 If Invalid/Trouble Understanding/No Input, then go to IVR-CS-30	P1426a
IVR-CS-30		Trouble Understanding/No Input – Mobile Number Confirm 3 rd Attempt	Sorry. If your mobile phone number is {cellphone}, say yes or press 1, otherwise, say no, or press 2. If no go to IVR-CS-31 if yes go to IVR-CS-32 If Invalid/Trouble Understanding/No Input Mobile Number Confirm after 3rd attempt transfer to agent - P1041 (agent drop)	P1426b
IVR-CS-31		Mobile Phone Number = NO	Please say your 10-digit mobile phone number starting with the area code or use your keypad to enter the digits, followed by the pound key	P1427

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			If valid then go to IVR-CS-28 If no input or no match go to IVR-CS-26	
IVR-CS-32		Ask if caller received ACC code	All right. We have sent a verification code to your mobile phone number. Did you receive your verification code? If yes, go to IVR-CS-33 If no, go IVR-CS-40 If Trouble Understanding/No Input, then go to IVR-CS-32a	P1428
IVR-CS-32a		Trouble Understanding/No Input – Verification Code 2 nd Attempt	Let's try again. Did you receive your verification code? If yes, go to IVR-CS-33 If no, go IVR-CS-40 If Trouble Understanding/No Input, then go to IVR-CS-32b	P1428a
IVR-CS-32b		Trouble Understanding/No Input – Verification Code 3 rd Attempt	Sorry. If you received your verification code, say yes or press 1, otherwise, say no, or press 2. If yes, go to IVR-CS-33 If no, go IVR-CS-40 If Trouble Understanding/No Input Verification Code after 3rd attempt transfer to agent - P1041 (agent drop)	P1428b
IVR-CS-33		Yes=User provides ACC code	All right. Please say the 8 digit verification code or use your phone's keypad to enter it. If valid then go to IVR-CS-36 If Invalid/Trouble Understanding/No Input, then go to IVR-CS-34	P1429
IVR-CS-34		Trouble Understanding/No Input	Let's try again. Please say the 8 digit verification code or use your phone's keypad to enter it.	P1429a

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		– Verification Code 2 nd Attempt	If Valid Go to IVR-CS-36 If Invalid/Trouble Understanding/No Input, then go to IVR-CS-35	
IVR-CS-35		Trouble Understanding/No Input – Verification Code 3rd Attempt	Sorry. Say the 8 digit verification code or use your phone's keypad to enter it. If Valid Go to IVR-CS-36 If Invalid/Trouble Understanding/No Input Verification Code after 3rd attempt transfer to agent - P1041 (agent drop)	P1429b
IVR-CS-36		ACC code confirmation	Your 8 digit verification code is... right? If yes, go to IVR-CS-42 If no, go to IVR-CS-41 If less than 8 digits/Invalid code, go to IVR-CS-39 If Invalid/Trouble Understanding/No Input, then go to IVR-CS-37	P1430
IVR-CS-37		Trouble Understanding/No Input – Confirm Verification Code 2nd Attempt	Let's try again. Your 8 digit verification code is {verCode} right? If Valid Go to IVR-CS-42 If Invalid/Trouble Understanding/No Input, then go to IVR-CS-38	1430a
IVR-CS-38		Trouble Understanding/No Input – confirm Verification Code 3rd Attempt	Sorry. If Your 8 digit verification code is {verCode}, say yes or press 1, otherwise, say no or press 2. If Valid Go to IVR-CS-42 If Invalid/Trouble Understanding/No Input Verification Code confirm after 3rd attempt transfer to agent - P1041 (agent drop)	1430b

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IVR-CS-39		Invalid verification code	That is an invalid verification code. Let's try again please tell me your verification code now. Go to IVR-CS-36	P1430C
IVR-CS-40		ACC Verification = Fail	Sorry, I am having trouble processing this request. Hold on while I get someone to help you.	P9011
IVR-CS-41		ACC Verification = No	My mistake. Please say the 8 digit verification code or use your phone's keypad to enter it. Go to IVR-CS-36	P1431
IVR-CS-42		ACC Verification = Pass, Note: Date of last access (If the date of last access is NULL, do not read out verbiage, Move to next step)	All right, we're all set. Just so you know, the last time you accessed your account was on <Date>. Go to IVR-CS-42a	P1432
IVR-CS-42a			Thank you. Please hold on while I look this up. It may take a few seconds. Go to IVR-CS-42b	P1219
IVR-CS-42b		Request for Claim Status	If Count = 0, go to IVR-CS-43 OR If Count = 1 go to IVR-CS-44 OR If Count >1 go to IVR-CS-45	
IVR-CS-43	Count = 0	If no claims were returned:	Sorry, I'm having trouble processing this request. Hold on while I get someone to help you. <i>Note: Transfer to Agent.</i>	P9011
IVR-CS-44	Count = 1	Always	All right. We are all set. I found one claim for {\$.ClaimType}. As of Today Go to Claim Status (IVR-CS-57 to IVR-CS-136)	P1223
IVR-CS-45	Count > 1	Always	I found {\$.ClaimCount} claims. I will read them one at a time. Go to IVR-CS-46	P1221

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IVR-CS-46			The {\$.ClaimSequence} claim is for {\$.ClaimType}. Go to IVR-CS-47	P1222
IVR-CS-47			Is that the claim you'd like to hear the status of? Yes – Read Claim Status (IVR-CS-57 to IVR-CS-136) No go to IVR-CS-50 - More Claims? If Trouble Understanding/No Input, then IVR-CS-48	P1224
IVR-CS-48		Trouble Understanding/No Input – Claim Confirmation 2 nd attempt	Let's try again. The {\$.ClaimSequence} claim is for {\$.ClaimType}. Is that the claim you'd like to hear the status of? Yes – Read Claim Status (IVR-CS-57 to IVR-CS-136) No go to IVR-CS-50 - More Claims? If Trouble Understanding/No Input, then IVR-CS-49	P1224a
IVR-CS-49		Trouble Understanding/No Input – Claim Confirmation 3 rd Attempt	Sorry. The {\$.ClaimSequence} claim is for {\$.ClaimType}. Is that the claim you'd like to hear the status of? Say yes or press 1. Otherwise say no or press 2 Yes – Read Claim Status (IVR-CS-57 to IVR-CS-136) No go to IVR-CS-50 - More Claims? If Invalid/Trouble Understanding/No Input Claim Confirmation after 3rd attempt transfer to agent - P1041 (agent drop)	P1224b
IVR-CS-50	More Claims?		Yes – Next Claim go to IVR-CS-51 No - Last Claim go to IVR-CS-53	

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IVR-CS-51	Next > Last Claim ?		Yes , go to IVR-CS-52 No go to IVR-CS-46	
IVR-CS-52			P1225: The last claim is for {\$.ClaimType}. Go to IVR-CS-47	P1225
IVR-CS-53	Last		All right. That was the last claim Go to IVR-CS-54	P1237
IVR-CS-54			If you'd like to speak to someone about this claim, say 'Agent.' Or if you're finished just say I'm finished, and I'll take you back to the main menu If Finished, go to step IVR-CS-147 Finished If Agent, then transfer to Agent. If no input or trouble understanding, go to IVR-CS-55	P1238
IVR-CS-55		Trouble understanding/No Input – 2 nd Attempt	Let's try again...If you'd like to speak to someone about this claim, say 'Agent.' Or if you're finished just say I'm finished, and I'll take you back to the main menu. If Finished, go to step IVR-CS-147 Finished If Agent, then transfer to Agent. If no input or trouble understanding, go to IVR-CS-56	P1238a
IVR-CS-56		Trouble understanding/No Input – 3 rd Attempt	Sorry. To speak with someone about these claims, press 0. Otherwise, if you're finished, press 2 and I'll will take you back to the main menu. If Finished, go to step IVR-CS-147 Finished If Agent, then transfer to Agent. If Invalid/Trouble Understanding/No Input after 3 rd attempt transfer to agent - P1041 (agent drop)	P1238b

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Final Adjudication Date				
IVR- CS- 57	decisionDt = Present AND decisionType = A Note: This applies to Initial Claim, Disability and Non-Disability	Allowance - Initial Claim	We decided to approve your application on <Final Adjudication Date> . We have sent a detailed notice to you with your benefit information. You should receive your notice within 10 to 15 days . Go to IVR-CS-137	INC_ND _ADJ_D T_0001 INC_D_ ADJ_DT _0001
IVR- CS- 58	decisionDt = Present AND decisionType = A Note: This applies to Reconsideration, Hearing, Disability and Non-Disability	Allowance - Appeal	We decided to approve your appeal on <Final Adjudication Date> . We have sent a detailed notice to you with your benefit information. You should receive your notice within 10 to 15 days . Go to IVR-CS-137	REC_D_ ADJ_DT _0001 REC_ND _ADJ_D T_0001 HRG_M _ADJ_D T_0001 HRG_N M_ADJ_ DT_000 1
IVR- CS- 59	decisionDt = Present AND decisionType = D AND Denial Type = N or M Note: This applies to Hearing, Disability and Non-Disability	Denial - Appeal – Hearing	We decided to deny your appeal on <Final Adjudication Date> . We have sent a detailed notice to you with your benefit information. You should receive your notice within 10 to 15 days . If you disagree with the decision, you may request an appeal within 60 days of the date of your decision notice. Go to IVR-CS-137	HRG_M _ADJ_D T_0002 HRG_N M_ADJ_ DT_000 2
IVR- CS- 60	decisionDt = Present AND decisionType = D AND	Non-Medical Denial – Initial Claim	We decided to deny your application on <Final Adjudication Date> . We have sent a detailed notice to you with your benefit information. You should receive your notice within 10 to 15 days.	INC_ND _ADJ_D T_0002 INC_D_ ADJ_DT _0002

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	hoTransferDt = Not Present AND Denial Type = N Note: This applies to Initial Claim, Non-Disability and Disability		If you disagree with the decision, you may request an appeal within 60 days of the date of your decision notice. A written request of appeal is required. You can submit a Request for Consideration Form ssa-561 by going online to ssa.gov and selecting Appeal a Decision We Made. You may mail your request of appeal to your local Social Security office at the following address: <Field Office Name & Address> If you need assistance with your appeal, just say Agent. Go to IVR-CS-137	
IVR-CS-61	decisionDt = Present AND decisionType = D AND hoTransferDt = Not Present AND Denial Type = N Note: This applies to Reconsideration, Non-Disability and Disability	Non-Medical Denial – Appeal Reconsideration	We decided to deny your appeal on <Final Adjudication Date>. We have sent a detailed notice to you with your benefit information. You should receive your notice within 10 to 15 days. If you disagree with the decision, you may request an appeal within 60 days of the date of your decision notice. A written request of appeal is required. You can submit a Request for Consideration Form ssa-561 by going online to ssa.gov and selecting Appeal a Decision We Made. You may mail your request of appeal to your local Social Security office at the following address: <Field Office Name & Address> If you need assistance with your appeal, just say Agent. Go to IVR-CS-137	REC_D_ADJ_DT_0002 REC_ND_ADJ_DT_0002

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
IVR- CS- 62	decisionDt = Present AND decisionType = D AND hoTransferDt = Not Present AND Denial Type = M Note: This applies to Initial Claim, Disability	Medical Denial - Initial Claim Disability	We decided to deny your application on <Final Adjudication Date>. We have sent a detailed notice to you with your benefit information. You should receive your notice within 10 to 15 days. If you disagree with the decision, you may request an appeal within 60 days of the date of your decision notice. If you wish to appeal your medical denial. You can start a new appeal by going online to SSA.gov and selecting Appeal a Decision We Made. If you need assistance with your appeal, just say Agent. Go to IVR-CS-137	INC_D_ ADJ_DT _0003
IVR- CS- 63	decisionDt = Present AND decisionType = D AND hoTransferDt = Not Present AND Denial Type = M Note: This applies to Reconsideration, Disability	Medical Denial - Appeal Reconsideration Disability	We decided to deny your appeal on <Final Adjudication Date>. We have sent a detailed notice to you with your benefit information. You should receive your notice within 10 to 15 days. If you disagree with the decision, you may request an appeal within 60 days of the date of your decision notice. If you wish to appeal your medical denial. You can start a new appeal by going online to SSA.gov and selecting Appeal a Decision We Made. If you need assistance with your appeal, just say Agent. Go to IVR-CS-137	REC_D_ ADJ_DT _0003
IVR- CS- 64	decisionDt = Present AND decisionType = W Note: Same for Withdraw/Abatement,	Withdrawal – Initial Claim	We stopped processing and closed your application on <Final Adjudication Date>. We have sent a notice to you with a detailed explanation of the decision. You should receive your notice within 10 to 15 days.	INC_ND _ADJ_D T_0003 INC_D_ ADJ_DT _0004

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
	Withdraw and Abatement		If you decide you want to apply for <Claim Type>, you must file a new application. If you voluntarily withdrew your application, you may send us a written request to cancel your request up to 60 days after receiving your withdrawal notice. You may mail your request to your local Social Security office at: <Field Office Name & Address> If you need assistance with your appeal, just say Agent. Go to IVR-CS-137	
IVR-CS-65	decisionDt = Present AND decisionType = W Note: Same for Withdraw/Abatement, Withdraw and Abatement	Withdrawal - Appeal	We stopped processing and closed your appeal on <Final Adjudication Date>. We have sent a notice to you with a detailed explanation of the decision. You should receive your notice within 10 to 15 days. If you decide you want to apply for <Claim Type>, you must file a new appeal. If you voluntarily withdrew your appeal, you may send us a written request to cancel your request up to 60 days after receiving your withdrawal notice. You may mail your request to your local Social Security office at: <Field Office Name & Address> If you need assistance with your appeal, just say Agent. Go to IVR-CS-137	REC_D_ ADJ_DT_0004 REC_ND_ ADJ_DT_0003 HRG_M_ ADJ_DT_0003 HRG_NM_ ADJ_DT_0003
IVR-CS-66	decisionDt = Present AND decisionType = N	Dismissal – Initial Claim	We stopped processing and closed your application on <Final Adjudication Date>. We have sent a notice to you with a detailed explanation of the decision. You should receive your notice within 10 to 15 days.	INC_ND_ ADJ_DT_0004 INC_D_ ADJ_DT_0005

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
	Note: This applies Initial Claim, Disability and Non-Disability		If you decide you want to apply for <Claim Type>, you must file a new application. Go to IVR-CS-137	
IVR-CS-67	decisionDt = Present AND decisionType = N Note: This applies to Reconsideration, Hearing, Disability and Non-Disability	Dismissal - Appeal	We stopped processing and closed your appeal on <Final Adjudication Date>. We have sent a notice to you with a detailed explanation of the decision. You should receive your notice within 10 to 15 days. If you decide you want to apply for <Claim Type>, you must file a new appeal. Go to IVR-CS-137	REC_D_ADJ_DT_0005 REC_ND_ADJ_DT_0004 HRG_M_ADJ_DT_0004 HRG_NM_ADJ_DT_0004
IVR-CS-68	decisionDt = Present AND decisionType = U Note: This applies to Initial Claim, Disability and Non-Disability	Unknown – Initial Claim	We made a decision on your application on <Final Adjudication Date>. We have sent a notice to you with a detailed explanation of the decision. You should receive your notice within 10 to 15 days. If you disagree with the decision, you may request an appeal within 60 days of the date of your decision notice. Go to IVR-CS-137	INC_ND_ADJ_DT_0005 INC_D_ADJ_DT_0006
IVR-CS-69	decisionDt = Present AND decisionType = U Note: This applies Reconsideration, Hearing, Disability and Non-Disability	Unknown - Appeal	We made a decision on your appeal on <Final Adjudication Date>. We have sent a notice to you with a detailed explanation of the decision. You should receive your notice within 10 to 15 days. If you disagree with the decision, you may request an appeal within 60 days of the date of your decision notice. Go to IVR-CS-137	REC_D_ADJ_DT_0006 REC_ND_ADJ_DT_0005 HRG_M_ADJ_DT_0005 HRG_NM_ADJ_DT_0005

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
IVR- CS- 70	decisionDt = Present AND decisionType = U AND hoTransferDt = Not Present Note: This applies Initial Claim, Disability and Non-Disability	Unknown – No HO Transfer Date – Initial Claim	We made a decision on your application on <Final Adjudication Date>. We have sent a notice to you with a detailed explanation of the decision. You should receive your notice within 10 to 15 days. If you disagree with the decision, you may request an appeal within 60 days of the date of your decision notice. A written request of appeal is required. You can submit a Request for Consideration form ssa-561 by going online to ssa.gov and selecting Appeal a Decision We Made. You may mail your request of appeal to your local Social Security office at the following address: <Field Office Name & Address> If you need assistance with your appeal, just say Agent. Go to IVR-CS-137	INC_ND _ADJ_D T_0006 INC_D_ ADJ_DT _0007
IVR- CS- 71	decisionDt = Present AND decisionType = U AND hoTransferDt = Not Present Note: This applies Reconsideration, Disability and Non-Disability	Unknown – No HO Transfer Date – Appeal Reconsideration	We made a decision on your appeal on <Final Adjudication Date>. We have sent a notice to you with a detailed explanation of the decision. You should receive your notice within 10 to 15 days. If you disagree with the decision, you may request an appeal within 60 days of the date of your decision notice. A written request of appeal is required. You can submit a Request for Consideration form ssa-561 by going online to ssa.gov and selecting Appeal a Decision We Made. You may mail your request of appeal to your local Social Security office at the following address: <Field Office Name & Address>	REC_D_ ADJ_DT _0007 REC_ND _ADJ_D T_0006

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
			If you need assistance with your appeal, just say Agent. Go to IVR-CS-137	
Processing Center Transfer Date				
IVR-CS-72	processingCenterTransferDate = Present Note: This applies to Initial Claim, Disability and Non-Disability	Processing Center Transfer Date – Initial Claim	We started processing the decision of your benefit application on <Processing Center Transfer Date>. When this process is complete, we will send you a notice with a detailed explanation of the decision. You should receive a letter within 2 to 3 weeks. A Social Security Representative may contact you directly if we need any additional documents or information. Notify us whenever a change occurs that could affect your benefits. Not reporting changes timely may delay the processing of your application. Go to IVR-CS-137	INC_ND_PC_TRA_DT_0001 INC_D_PC_TRA_DT_0001
IVR-CS-73	processingCenterTransferDate = Present Note: This applies to Reconsideration, Hearing, Disability and Non-Disability	Processing Center Transfer Date - Appeal	We started processing the decision of your appeal request on <Processing Center Transfer Date>. When this process is complete, we will send you a notice with a detailed explanation of the decision. You should receive a letter within 2 to 3 weeks. A Social Security Representative may contact you directly if we need any additional documents or information. Notify us whenever a change occurs that could affect your benefits. Not reporting changes timely may delay the processing of your appeal. Go to IVR-CS-137	REC_D_PC_TRA_DT_0001 REC_ND_PC_TRA_DT_0001 HRG_M_PC_TRA_DT_0001 HRG_NM_PC_TRA_DT_0001
Disability Case Closure Date				

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
IVR- CS- 74	disabilityCaseClosureDt = Present Note: This applies to Initial Claim, Disability	Disability Case Closure Date – Initial Claim Disability	On <Disability Case Closure Date>, a Social Security representative in <Office Location> started a final review to make sure that you still meet the non-medical requirements for <Claim Type>. A Social Security Representative may contact you directly if we need any additional documents or information to help determine if you are eligible. Notify us whenever a change occurs that could affect your benefits. Not reporting changes timely may delay the processing of your application. You may upload any evidence by logging into your My Social Security via SSA.gov or you may mail any evidence you have to: <Field Office Name & Address> Go to IVR-CS-137	INC_D_ DC_CLO _DT_00 01
IVR- CS- 75	disabilityCaseClosureDt = Present Note: This applies to Reconsideration, Hearing, Disability	Disability Case Closure Date – Appeal Disability	On <Disability Case Closure Date>, a Social Security representative in <Office Location> started a final review to make sure that you still meet the non-medical requirements for <Claim Type>. A Social Security Representative may contact you directly if we need any additional documents or information to help determine if you are eligible. Notify us whenever a change occurs that could affect your benefits. Not reporting changes timely may delay the processing of your appeal. You may upload any evidence by logging into your My Social Security via SSA.gov or you may mail any evidence you have to: <Field Office Name & Address> Go to IVR-CS-137	REC_D_ DC_CLO _DT_00 01 HRG_M _DC_CL O_DT_0 001
Appeals Council Transfer Date				

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
IVR- CS- 76	appealsCouncilTransferDt = Present Note: This applies Initial Claim, Reconsideration, Hearing, Disability	Appeals Council Transfer Date	Initial Claim or Appeal: The Appeals Council is reviewing the decision issued by the Administrative Law Judge (ALJ) on <Appeals Council Transfer Date>. The Administrative Law Judge (ALJ) decision is currently under review by the Appeals Council. If the Appeals Council decides to take action on your case, it will send you a notice within 60 days of the date of the ALJ decision. If the Appeals Council does not take any action on your case and you did not file an appeal, we will continue processing your case. An Appeals Council representative may request additional information. Please respond timely to any requests from SSA. Go to IVR-CS-137	INC_D_ AC_TRA _DT_00 01 REC_D_ AC_TRA _DT_00 01 HRG_M _AC_TR A_DT_0 001
Hearing Held Date				
IVR- CS- 77	hearingDates.hearingHeldDt.hearingDate = Present AND hearingDates.plannedHearingDt.hearingPhone = Present Note: This applies Initial Claim, Reconsideration, Hearing, Disability	Hearing Held Date – Phone Number	Initial Claim or Appeal: An Administrative Law Judge (ALJ) held your hearing on <Held Date>. The Administrative Law Judge (ALJ) is now reviewing your case and will issue a written decision. Hearing office staff may contact you, or your appointed representative, directly if we need any additional information. Please respond timely to any requests from SSA. If you have any questions, you may contact the Hearing Office at <HO Telephone>. Go to IVR-CS-137	INC_D_ HH_DT_ 0001 REC_D_ HH_DT_ 0001 HRG_M _HH_DT _0001
IVR- CS- 78	hearingDates.hearingHeldDt.hearingDate = Present AND	Hearing Held Date – No Phone Number	Initial Claim or Appeal: An Administrative Law Judge (ALJ) held your hearing on <Held Date>. The Administrative Law Judge (ALJ) is now	INC_D_ HH_DT_ 0002

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
	hearingDates.plannedHearingDt.hearingPhone = Not Present Note: This applies Initial Claim, Reconsideration, Hearing, Disability		reviewing your case and will issue a written decision. Hearing office staff may contact you, or your appointed representative, directly if we need any additional information. Please respond timely to any requests from SSA. Please contact your local servicing hearing office if you have any questions Go to IVR-CS-137	REC_D_HH_DT_0002 HRG_M_HH_DT_0002
Hearing Postponed Date				
IVR-CS-79	hearingDates.hearingPostponedDt.hearingDate= Present AND hearingDates.plannedHearingDt.hearingPhone = Present Note: This applies Initial Claim, Reconsideration, Hearing, Disability	Hearing Postponed Date – Phone Number	Initial Claim or Appeal: On <Postponed Date>, the Administrative Law Judge (ALJ) postponed or cancelled your hearing scheduled for <Planned Date>. We sent you a notice with additional information about the postponement. If a hearing is still required, we will let you know the manner of appearance and the new date, time, and, if applicable, place of your rescheduled hearing. Hearing office staff may contact you, or your appointed representative, directly if we need any additional information. Please respond timely to any requests from SSA. If you have any questions, you may contact the Hearing Office at <HO Telephone>. Go to IVR-CS-137	INC_D_HP_DT_0001 REC_D_HP_DT_0001 HRG_M_HP_DT_0001
IVR-CS-80	hearingDates.hearingPostponedDt.hearingDate= Present AND hearingDates.plannedHearingDt.hearingPhone = Not Present Note: This applies Initial Claim, Reconsideration, Hearing, Disability	Hearing Postponed Date – No Phone Number	Initial Claim or Appeal: On <Postponed Date>, the Administrative Law Judge (ALJ) postponed or cancelled your hearing scheduled for <Planned Date>. We sent you a notice with additional information about the postponement. If a hearing is still required, we will let you know the manner of appearance and the new date, time, and, if applicable, place of your rescheduled hearing.	INC_D_HP_DT_0002 REC_D_HP_DT_0002 HRG_M_HP_DT_0002

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
			Hearing office staff may contact you, or your appointed representative, directly if we need any additional information. Please respond timely to any requests from SSA. Please contact your local servicing hearing office if you have any questions. Go to IVR-CS-137	
Hearing Scheduled Date – Online Video				
IVR-CS-81	hearingDates.hearingScheduledDt.hearingDate = Present AND hearingModality = OV or O AND hearingDates.plannedHearingDt.hearingPhone = Present Note: This applies Initial Claim, Reconsideration, Hearing, Disability	Hearing Scheduled Date – Online Video - Phone Number	Initial Claim or Appeal: You are scheduled to appear by online video at a hearing with an Administrative Law Judge (ALJ) on <Planned Date>, at <Planned Time>. The hearing office mailed you a notice and sent you an invitation email with detailed information about your scheduled hearing. Refer to your Notice of Hearing for detailed information about how to prepare for and participate in your scheduled hearing. If you do not receive an email with a link to access the online video hearing at least one day before the scheduled hearing, please call the hearing office <HO Telephone> immediately. Hearing office staff may contact you, or your appointed representative, directly if we need any additional information. Please respond timely to any requests from SSA. If you have any questions, you may contact the Hearings Office at <HO Telephone>. Go to IVR-CS-137	INC_D_HS_DT_OV_0001 REC_D_HS_DT_OV_0001 HRG_M_HS_DT_OV_0001
IVR-CS-82	hearingDates.hearingScheduledDt.hearingDate = Present AND hearingModality = OV or O	Hearing Scheduled Date – Online Video – No Phone Number	Initial Claim or Appeal: You are scheduled to appear by online video at a hearing with an Administrative Law Judge (ALJ) on <Planned Date>, at <Planned Time>. The hearing office mailed you a notice and sent you an invitation	INC_D_HS_DT_OV_0002 REC_D_HS_DT_

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
	AND hearingDates.plannedHearingDt.hearingPhone = Not Present Note: This applies Initial Claim, Reconsideration, Hearing, Disability		email with detailed information about your scheduled hearing. Refer to your Notice of Hearing for detailed information about how to prepare for and participate in your scheduled hearing. If you do not receive an email with a link to access the online video hearing at least one day before the scheduled hearing, please contact your local servicing hearing office immediately. Hearing office staff may contact you, or your appointed representative, directly if we need any additional information. Please respond timely to any requests from SSA. Please contact your local servicing hearing office if you have any questions. Go to IVR-CS-137	OV_0002 HRG_M_HS_DT_OV_0002
Hearing Scheduled Date – Agency Audio				
IVR-CS-83	hearingDates.hearingScheduledDt.hearingDate = Present AND hearingModality = T AND hearingDates.plannedHearingDt.hearingPhone = Present Note: This applies Initial Claim, Reconsideration, Hearing, Disability	Hearing Scheduled Date – Agency Audio - Phone Number	Initial Claim or Appeal: You are scheduled to appear using a telephone at a hearing with an Administrative Law Judge (ALJ) on <plannedDate>, at <plannedTime>. The hearing office mailed you a notice with detailed information about your scheduled hearing. Please be prepared to receive an audio call at the phone number listed in the Notice of Hearing from the hearing office at the scheduled time of your audio hearing. If your phone number listed on the Notice of Hearing is incorrect, please contact the hearing office as soon as possible. Hearing office staff may contact you, or your appointed representative, directly if we need any additional information. Please respond timely to any requests from SSA. If you have any questions, you may contact the Hearing Office at <HO Telephone>.	INC_D_HS_DT_AA_0001 REC_D_HS_DT_AA_0001 HRG_M_HS_DT_AA_0001

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
			Go to IVR-CS-137	
IVR- CS- 84	hearingDates.hearingScheduledDt.hearingDate = Present AND hearingModality = T AND hearingDates.plannedHearingDt.hearingPhone = Not Present Note: This applies Initial, Reconsideration, Hearing, Disability	Hearing Scheduled Date – Agency Audio - No Phone Number	Initial Claim or Appeal: You are scheduled to appear using a telephone at a hearing with an Administrative Law Judge (ALJ) on <plannedDate>, at <plannedTime>. The hearing office mailed you a notice with detailed information about your scheduled hearing. Please be prepared to receive an audio call at the phone number listed in the Notice of Hearing from the hearing office at the scheduled time of your audio hearing. If your phone number listed on the Notice of Hearing is incorrect, please contact the hearing office as soon as possible. Hearing office staff may contact you, or your appointed representative, directly if we need any additional information. Please respond timely to any requests from SSA. Please contact your local servicing hearing office if you have any questions. Go to IVR-CS-137	INC_D_ HS_DT_ AA_000 2 REC_D_ HS_DT_ AA_000 2 HRG_M _HS_DT _AA_00 02
Hearing Scheduled Date – Agency Video				
IVR- CS- 85	hearingDates.hearingScheduledDt.hearingDate = Present AND hearingModality = V AND hearingDates.plannedHearingDt.hearingPhone = Present	Hearing Scheduled Date – Agency Video - Phone Number	Initial Claim or Appeal: You are scheduled to appear by agency video at a hearing with an Administrative Law Judge (ALJ) on <Planned Date>, at <Planned Time>. You are scheduled to appear at: <Hearing Address> The hearing office mailed you a notice with detailed information about your scheduled hearing. Hearing office staff may contact you, or your appointed representative, directly if we need any additional information. Please	INC_D_ HS_DT_ AV_000 1 REC_D_ HS_DT_ AV_000 1 HRG_M _HS_DT _AV_00 01

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
	Note: This applies Initial Claim, Reconsideration, Hearing, Disability		respond timely to any requests from SSA. If you have any questions, you may contact the Hearing Office at <HO Telephone>. Go to IVR-CS-137	
IVR-CS-85b	hearingDates.hearingScheduledDt.hearingDate = Present AND hearingModality = V AND hearingDates.plannedHearingDt.hearingPhone = Not Present Note: This applies Initial Claim, Reconsideration, Hearing, Disability	Hearing Scheduled Date – Agency Video - No Phone Number	Initial Claim or Appeal: You are scheduled to appear by agency video at a hearing with an Administrative Law Judge (ALJ) on <Planned Date>, at <Planned Time>. You are scheduled to appear at: <Hearing Address> The hearing office mailed you a notice with detailed information about your scheduled hearing. Hearing office staff may contact you, or your appointed representative, directly if we need any additional information. Please respond timely to any requests from SSA. Please contact your local servicing hearing office if you have any questions. Go to IVR-CS-137	INC_D_HS_DT_AV_0002 REC_D_HS_DT_AV_0002 HRG_M_HS_DT_AV_0002
Hearing Scheduled Date – In Person				
IVR-CS-86	hearingDates.hearingScheduledDt.hearingDate = Present AND hearingModality = I AND hearingDates.plannedHearingDt.hearingPhone = Present Note: This applies Initial Claim, Reconsideration, Hearing, Disability	Hearing Scheduled Date – In Person - Phone Number	Initial Claim or Appeal: You are scheduled to appear in-person at a hearing with an Administrative Law Judge (ALJ) on <Planned Date>, at <Planned Time>. Your hearing is scheduled to be held at: <Hearing Address> The hearing office mailed you a notice with detailed information about your scheduled hearing. Hearing office staff may contact you, or your appointed representative, directly if we need any additional information. Please respond timely to any requests from SSA. If	INC_D_HS_DT_IP_0001 REC_D_HS_DT_IP_0001 HRG_M_HS_DT_IP_0001

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
			you have any questions, you may contact the Hearings Office at <HO Telephone>. Go to IVR-CS-137	
IVR-CS-86b	hearingDates.hearingScheduledDt.hearingDate = Present AND hearingModality = I AND hearingDates.plannedHearingDt.hearingPhone = Not Present Note: This applies Initial Claim, Reconsideration, Hearing, Disability	Hearing Scheduled Date – In Person - No Phone Number	Initial Claim or Appeal: You are scheduled to appear in-person at a hearing with an Administrative Law Judge (ALJ) on <Planned Date>, at <Planned Time>. Your hearing is scheduled to be held at: <Hearing Address> The hearing office mailed you a notice with detailed information about your scheduled hearing. Hearing office staff may contact you, or your appointed representative, directly if we need any additional information. Please respond timely to any requests from SSA. Please contact your local servicing hearing office if you have any questions. Go to IVR-CS-137	INC_D_HS_DT_IP_0002 REC_D_HS_DT_IP_0002 HRG_M_HS_DT_IP_0002
HO Transfer Date				
IVR-CS-87	hoTransferDt = Present Note: This applies Initial Claim, Disability	HO Transfer Date – Initial Claim Disability	We referred your benefit application for a review by an Administrative Law Judge (ALJ). An Administrative Law Judge (ALJ) will decide your claim under the Social Security law and regulations and may schedule a hearing for you. The hearing office will mail you a notice to acknowledge receipt of your request for hearing, explain the process and the options available for attending your hearing. Be sure to read all the material thoroughly as you may need to respond back within 30 days of receipt.	INC_D_HO_TRA_DT_0001

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
			Hearing office staff may contact you, or your appointed representative, directly if we need additional information. Please respond timely to requests from SSA. Notify us when a change occurs that could affect your benefits. Not reporting changes timely may delay the processing of your application. Go to IVR-CS-137	
IVR-CS-88	hoTransferDt = Present Note: This applies Reconsideration, Hearing, Disability	HO Transfer Date – Appeal Disability	We referred your appeal request for a review by an Administrative Law Judge (ALJ). An Administrative Law Judge (ALJ) will decide your claim under the Social Security law and regulations and may schedule a hearing for you. The hearing office will mail you a notice to acknowledge receipt of your request for hearing, explain the process and the options available for attending your hearing. Be sure to read all the material thoroughly as you may need to respond back within 30 days of receipt. Hearing office staff may contact you, or your appointed representative, directly if we need additional information. Please respond timely to requests from SSA. Notify us when a change occurs that could affect your benefits. Not reporting changes timely may delay the processing of your appeal. Go to IVR-CS-137	REC_D_HO_TRA_DT_0001 HRG_M_HO_TRA_DT_0001
DDS Transfer Date				
IVR-CS-89	ddsTransferDt = Present AND	DDS Transfer Date with DDS Processing Time – Initial Claim Disability	A representative in <FO City> <FO State Name> transferred your application to the Disability Determination Service (DDS) for a medical review on <DDS Transfer Date>.	INC_D_DDS_TRA_DT_0002

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
	DDS Data = Empty (Data Elements not available) AND qualityReviewTransferDt = Not Present AND processingTime.ddsProcessingTime = Present AND stateOrNationalCode = present Note: This applies Initial Claim, Disability		In <State Name>, the average medical review takes <DDS Processing Time> days. The DDS is a State agency that will determine whether you are medically disabled or blind under the Social Security law. A DDS representative may contact you directly if we need any additional information, or to schedule a medical exam. Notify us whenever a change occurs that could affect your benefits. Not reporting changes timely may delay the processing of your application. You may upload any evidence by logging into your My Social Security via SSA.gov or you may mail any evidence you have to: <Field Office Name & Address> Go to IVR-CS-137	
IVR-CS-90	ddsTransferDt = Present AND DDS Data = Empty (Data Elements not available) AND qualityReviewTransferDt = Not Present AND processingTime.ddsProcessingTime = Present AND stateOrNationalCode = present Note: This applies Reconsideration, Disability	DDS Transfer Date with DDS Processing Time – Appeal Reconsideration Disability	A representative in <FO City> <FO State Name> transferred your appeal to the Disability Determination Service (DDS) for a medical review on <DDS Transfer Date>. In <State Name>, the average medical review takes <DDS Processing Time> days. The DDS is a State agency that will determine whether you are medically disabled or blind under the Social Security law. A DDS representative may contact you directly if we need any additional information, or to schedule a medical exam. Notify us whenever a change occurs that could affect your benefits. Not reporting changes timely may delay the processing of your appeal. You may upload any evidence by logging into your My Social Security via SSA.gov or you may mail any evidence you have to: <Field Office Name & Address>	REC_D_DDS_TR A_DT_001

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
			Go to IVR-CS-137	
IVR- CS- 91	ddsTransferDt = Present AND DDS Data = Empty (Data Elements not available) AND qualityReviewTransferDt = Not Present AND processingTime.ddsProce ssingTime = Not Present OR stateOrNationalCode = Empty Note: This applies Initial Claim, Disability	DDS Transfer Date - No DDS Processing Time – Initial Claim Disability	A representative in <FO City> <FO State Name> transferred your application to the Disability Determination Service (DDS) for a medical review on <DDS Transfer Date>. The DDS is a State agency that will determine whether you are medically disabled or blind under the Social Security law. A DDS representative may contact you directly if we need any additional information, or to schedule a medical exam. Notify us whenever a change occurs that could affect your benefits. Not reporting changes timely may delay the processing of your application. You may upload any evidence by logging into your My Social Security via SSA.gov or you may mail any evidence you have to: <Field Office Name & Address> Go to IVR-CS-137	INC_D_ DDS_TR A_DT_0 001
IVR- CS- 92	ddsTransferDt = Present AND DDS Data = Empty (Data Elements not available) AND qualityReviewTransferDt = Not Present AND processingTime.ddsProce ssingTime = Not Present OR stateOrNationalCode = Empty	DDS Transfer Date - No DDS Processing Time – Appeal Reconsideration Disability	A representative in <FO City> <FO State Name> transferred your appeal to the Disability Determination Service (DDS) for a medical review on <DDS Transfer Date>. The DDS is a State agency that will determine whether you are medically disabled or blind under the Social Security law. A DDS representative may contact you directly if we need any additional information, or to schedule a medical exam. Notify us whenever a change occurs that could affect your benefits. Not reporting changes timely may delay the processing of your appeal.	REC_D_ DDS_TR A_DT_0 002

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
	Note: This applies Reconsideration, Disability		You may upload any evidence by logging into your My Social Security via SSA.gov or you may mail any evidence you have to: <Field Office Name & Address> Go to IVR-CS-137	
	DDS Case Receipt Date			
IVR-CS-93	ddsTransferDt = Present AND prioritizedDdsStatus = ddsCaseReceiptDate AND processingTime.ddsProcessingTime = Present AND stateOrNationalCode = present Note: This applies Initial Claim, Disability	DDS Transfer Date - DDS Processing Time – Initial Claim Disability	The Disability Determination Service (DDS) received your application from your local office on <DDS Case Receipt Date >. The DDS will make a medical determination on your application/. This is not the final decision on your claim, and no benefits will be awarded at the completion of the medical determination. In <State Name>, the average medical review takes <DDS Processing Time> days. A disability examiner or DDS representative may contact you directly if additional information is needed, or if we need to schedule a medical exam. Notify us whenever a change occurs that could affect your benefits. Not reporting changes timely may delay the processing of your Application. You may upload any evidence by logging into your My Social Security via SSA.gov or you may mail any evidence you have to: <Field Office Name & Address> Go to IVR-CS-137	INC_D_DDS_RPT_DT_0002
IVR-CS-94	ddsTransferDt = Present AND prioritizedDdsStatus = ddsCaseReceiptDate AND	DDS Transfer Date - DDS Processing Time – Appeal Reconsideration Disability	The Disability Determination Service (DDS) received your appeal from your local office on <DDS Case Receipt Date >. The DDS will make a medical determination on your appeal. This is not the final decision on your claim, and no benefits will be awarded at the completion of the medical determination.	REC_D_DDS_RPT_DT_0001

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
	processingTime.ddsProcessingTime = Present AND stateOrNationalCode = present Note: This applies Reconsideration, Disability		In <State Name>, the average medical review takes <DDS Processing Time> days. A disability examiner or DDS representative may contact you directly if additional information is needed, or if we need to schedule a medical exam. Notify us whenever a change occurs that could affect your benefits. Not reporting changes timely may delay the processing for your appeal. You may upload any evidence by logging into your My Social Security via SSA.gov or you may mail any evidence you have to: <Field Office Name & Address> Go to IVR-CS-137	
IVR-CS-95	ddsTransferDt = Present AND prioritizedDdsStatus = ddsCaseReceiptDate AND processingTime.ddsProcessingTime = Not Present OR stateOrNationalCode = Empty Note: This applies Initial Claim, Disability	DDS Transfer Date - No DDS Processing Time – Initial Claim Disability	The Disability Determination Service (DDS) received your application from your local office on <DDS Case Receipt Date >. The DDS will make a medical determination on your application. This is not the final decision on your claim, and no benefits will be awarded at the completion of the medical determination. A disability examiner or DDS representative may contact you directly if additional information is needed, or if we need to schedule a medical exam. Notify us whenever a change occurs that could affect your benefits. Not reporting changes timely may delay the processing of your Application. You may upload any evidence by logging into your My Social Security via SSA.gov or you may mail any evidence you have to: <Field Office Name & Address> Go to IVR-CS-137	INC_D_DDS_RPT_DT_0001

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
IVR- CS- 96	ddsTransferDt = Present AND prioritizedDdsStatus = ddsCaseReceiptDate AND processingTime.ddsProce ssingTime = Not Present OR stateOrNationalCode = Empty Note: This applies Reconsideration, Disability	DDS Transfer Date - No DDS Processing Time – Appeal Reconsideration Disability	The Disability Determination Service (DDS) received your appeal from your local office on <DDS Case Receipt Date >. The DDS will make a medical determination on your appeal. This is not the final decision on your claim, and no benefits will be awarded at the completion of the medical determination. A disability examiner or DDS representative may contact you directly if additional information is needed, or if we need to schedule a medical exam. Notify us whenever a change occurs that could affect your benefits. Not reporting changes timely may delay the processing for your appeal. You may upload any evidence by logging into your My Social Security via SSA.gov or you may mail any evidence you have to: <Field Office Name & Address> Go to IVR-CS-137	REC_D_ DDS_RP T_DT_0 002
	DDS Case Assigned Date			
IVR- CS- 97	ddsTransferDt = Present AND prioritizedDdsStatus = ddsCaseAssignedDate AND processingTime.ddsProce ssingTime = Present AND stateOrNationalCode = present Note: This applies Initial Claim, Disability	DDS Transfer Date - DDS Processing Time – Initial Claim Disability	The Disability Determination Service (DDS) assigned your application to a disability examiner <on DDS Case Assigned Date>. The DDS is a State agency that will decide whether you are medically disabled or blind under the Social Security law. The examiner will begin reviewing your application and requesting medical records if necessary. The DDS examiner may also contact you (or your appointed representative) for additional information about your medical impairments, medical treatment, and daily activities. In <State Name>, the average medical review takes <DDS Processing Time> days. Notify us whenever a change occurs that could affect your benefits. Not reporting	INC_D_ DDS_AS G_DT_0 002

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
			changes timely may delay the processing of your application. While the DDS is reviewing your application, you may may mail any evidence you have to: <DDS Address> OR You may fax evidence directly to the DDS to add to your file using this number: <DDS Fax #> OR You may call the DDS at the following telephone number to speak with a clerical staff member or your assigned examiner: <DDS General Phone Number> Go to IVR-CS-137	
IVR-CS-98	ddsTransferDt = Present AND prioritizedDdsStatus = ddsCaseAssignedDate AND processingTime.ddsProcessingTime = Present AND stateOrNationalCode = present Note: This applies Reconsideration, Disability	DDS Transfer Date - DDS Processing Time – Appeal Reconsideration Disability	The Disability Determination Service (DDS) assigned your appeal to a disability examiner <on DDS Case Assigned Date>. The DDS is a State agency that will decide whether you are medically disabled or blind under the Social Security law. The examiner will begin reviewing your appeal and requesting medical records if necessary. The DDS examiner may also contact you (or your appointed representative) for additional information about your medical impairments, medical treatment, and daily activities. In <State Name>, the average medical review takes <DDS Processing Time> days. Notify us whenever a change occurs that could affect your benefits. Not reporting changes timely may delay the processing for your appeal. While the DDS is reviewing your appeal, you may may mail any evidence you have to: <DDS Address> OR You may fax evidence directly to the DDS to add to your file using this number: <DDS Fax #> OR	REC_D_DDS_ASSG_DT_001

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Template Id
			You may call the DDS at the following telephone number to speak with a clerical staff member or your assigned examiner: <DDS General Phone Number> Go to IVR-CS-137	
IVR-CS-99	ddsTransferDt = Present AND prioritizedDdsStatus = ddsCaseAssignedDate AND processingTime.ddsProcessingTime = Not Present OR stateOrNationalCode = Empty Note: This applies Initial Claim, Disability	DDS Transfer Date - No DDS Processing Time – Initial Claim Disability	The Disability Determination Service (DDS) assigned your application to a disability examiner <on DDS Case Assigned Date>. The DDS is a State agency that will decide whether you are medically disabled or blind under the Social Security law. The examiner will begin reviewing your application and requesting medical records if necessary. The DDS examiner may also contact you (or your appointed representative) for additional information about your medical impairments, medical treatment, and daily activities. Notify us whenever a change occurs that could affect your benefits. Not reporting changes timely may delay the processing of your application. While the DDS is reviewing your application, you may may mail any evidence you have to: <DDS Address> OR You may fax evidence directly to the DDS to add to your file using this number: <DDS Fax #> OR You may call the DDS at the following telephone number to speak with a clerical staff member or your assigned examiner: <DDS General Phone Number> Go to IVR-CS-137	INC_D_DDS_ASSG_DT_0001
IVR-CS-100	ddsTransferDt = Present AND prioritizedDdsStatus = ddsCaseAssignedDate	DDS Transfer Date - No DDS Processing Time – Appeal reconsideration Disability	The Disability Determination Service (DDS) assigned your appeal to a disability examiner <on DDS Case Assigned Date>. The DDS is a State agency that will decide whether you are medically disabled or blind under the Social Security law.	REC_D_DDS_ASSG_DT_0002

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Template Id
	AND processingTime.ddsProcessingTime = Not Present OR stateOrNationalCode = Empty Note: This applies Reconsideration, Disability		The examiner will begin reviewing your appeal and requesting medical records if necessary. The DDS examiner may also contact you (or your appointed representative) for additional information about your medical impairments, medical treatment, and daily activities. Notify us whenever a change occurs that could affect your benefits. Not reporting changes timely may delay the processing for your appeal. While the DDS is reviewing your appeal, you may may mail any evidence you have to: <DDS Address> OR You may fax evidence directly to the DDS to add to your file using this number: <DDS Fax #> OR You may call the DDS at the following telephone number to speak with a clerical staff member or your assigned examiner: <DDS General Phone Number> Go to IVR-CS-137	
Claimant Information Request Pending				
IVR-CS-101	ddsTransferDt = Present AND prioritizedDdsStatus = outStandingClaimantInfo Requests Note: This applies Initial Claim,Disability	DDS Transfer Date - Claimant Information Request Pending – Initial Claim Disability	The disability examiner at the State Disability Determination Service (DDS) requested additional information from you on <Notice Sent Date>. The Disability Determination Service (DDS) is a State agency that will decide whether you are medically disabled or blind under the Social Security law. The specialist reviewing your application needs additional information about your claim. Our records indicate we sent the <Form Name> to you and/or your representative. It is important that you respond to any requests for action or additional information from the DDS as soon as	INC_D_DDS_CLM_INFO_0001

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
			possible to prevent a delay in reviewing your application. Failure to respond to requests for additional information or contact may result in a medical denial of your application. While the DDS is reviewing your application, you may mail any evidence you have to: <DDS Address> OR You may fax evidence directly to the DDS to add to your file using this number: <DDS Fax #> OR You may call the DDS at the following telephone number to speak with a clerical staff member or your assigned examiner: <DDS General Phone Number> Go to IVR-CS-137	
IVR-CS-102	ddsTransferDt = Present AND prioritizedDdsStatus = outStandingClaimantInfo Requests Note: This applies Reconsideration, Disability	DDS Transfer Date - Claimant Information Request Pending – Appeal Reconsideration Disability	The disability examiner at the State Disability Determination Service (DDS) requested additional information from you on <Notice Sent Date>. The Disability Determination Service (DDS) is a State agency that will decide whether you are medically disabled or blind under the Social Security law. The specialist reviewing your appeal needs additional information about your claim. Our records indicate we sent the <Form Name> to you and/or your representative. It is important that you respond to any requests for action or additional information from the DDS as soon as possible to prevent a delay in reviewing your appeal. Failure to respond to requests for additional information or contact may result in a medical denial for your appeal. While the DDS is reviewing your appeal, you may mail any evidence you have to: <DDS Address> OR	REC_D_DDS_CLM_INFO_0001

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Template Id
			You may fax evidence directly to the DDS to add to your file using this number: <DDS Fax #> OR You may call the DDS at the following telephone number to speak with a clerical staff member or your assigned examiner: <DDS General Phone Number> Go to IVR-CS-137	
	Medical Records Requested			
IVR-CS-103	ddsTransferDt = Present AND prioritizedDdsStatus = merRequests Note: This applies Initial Claim, Disability	DDS Transfer Date - Medical Records Requested – Initial Disability	The Disability Determination Service (DDS) requested medical records from the sources noted in your medical records. Medical sources have 30 days to respond to the DDS’s requests for information. Once we receive your records, they will be reviewed and added to your file for consideration in the medical determination. While the DDS is reviewing your application, you may may mail any evidence you have to: <DDS Address> OR You may fax evidence directly to the DDS to add to your file using this number: <DDS Fax #> OR You may call the DDS at the following telephone number to speak with a clerical staff member or your assigned examiner: <DDS General Phone Number> Go to IVR-CS-137	INC_D_DDS_MER_0001
IVR-CS-104	ddsTransferDt = Present AND prioritizedDdsStatus = merRequests Note: This applies Reconsideration, Disability	DDS Transfer Date - Medical Records Requested – Appeal Reconsideration Disability	The Disability Determination Service (DDS) requested medical records from the sources noted in your medical records. Medical sources have 30 days to respond to the DDS’s requests for information. Once we receive your records, they will be reviewed and added to your file for	REC_D_DDS_MER_0001

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
			consideration in the medical determination. While the DDS is reviewing your appeal, you may may mail any evidence you have to: <DDS Address> OR You may fax evidence directly to the DDS to add to your file using this number: <DDS Fax #> OR You may call the DDS at the following telephone number to speak with a clerical staff member or your assigned examiner: <DDS General Phone Number> Go to IVR-CS-137	
	Consultative Exam Scheduled			
IVR-CS-105	ddsTransferDt = Present AND prioritizedDdsStatus = scheduledCeAppointments AND Single exam Note: This applies Initial Claim, Reconsideration, Disability	DDS Transfer Date - Consultative Exam Scheduled	Initial Claim or Appeal: The Disability Determination Service (DDS) requires additional information regarding your impairments to determine if you meet the Social Security rules for disability. We scheduled you for a Consultative Examination (CE) to obtain this necessary information. We schedule consultative examinations for a variety of reasons, ranging from a need for current imaging or testing to full medical and/or psychiatric evaluations. We appreciate your willingness to attend the following exam: <CE Appointment Information> Please contact the DDS immediately if you are unable to attend your scheduled CE, or if you have not received notification of this appointment at <DDS Office Phone Number>. Failure to attend your scheduled examination may result in a medical denial of your claim. Go to IVR-CS-137	INC_D_DDS_CES_0001 REC_D_DDS_CES_0001

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
IVR- CS- 106	ddsTransferDt = Present AND prioritizedDdsStatus = scheduledCeAppointmen ts AND Multiple exams Note: This applies Initial Claim, Reconsideration, Disability	DDS Transfer Date - Consultative Exam Scheduled	Initial Claim or Appeal: The Disability Determination Service (DDS) requires additional information regarding your impairments to determine if you meet the Social Security rules for disability. We scheduled you for Consultative Examinations (CE) to obtain this necessary information. We schedule consultative examinations for a variety of reasons, ranging from a need for current imaging or testing to full medical and/or psychiatric evaluations. We appreciate your willingness to attend the following exams: <CE Appointment Information> Do you want to hear that again? If Yes , Repeat Exam If No , Read Next Exam If Last Exam procced to following message Please contact the DDS immediately if you are unable to attend your scheduled CE, or if you have not received notification of this appointment at <DDS Office Phone Number>. Failure to attend your scheduled examination may result in a medical denial of your claim. Go to IVR-CS-137	INC_D_ DDS_CE S_0002 REC_D_ DDS_CE S_0002
	Consultive Exam Not Attended			
IVR- CS- 107	ddsTransferDt = Present AND prioritizedDdsStatus = missedCeAppointments AND Single exam	DDS Transfer Date - Consultive Exam Not Attended	Initial Claim or Appeal: You did not attend the consultative examination appointment scheduled for <Earliest Missed Exam Date> The DDS may be able to work with you to reschedule the examination you missed. However, we must speak with you before any possible reschedule will be considered.	INC_D_ DDS_CE M_0001 REC_D_ DDS_CE M_0001

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
	Note: This applies Initial Claim, Reconsideration, Disability		As soon as possible, you must contact the DDS at <DDS Office Phone Number>.or your assigned examiner, whose contact information may be found on notices sent to you by the DDS. Go to IVR-CS-137	
IVR-CS-108	ddsTransferDt = Present AND prioritizedDdsStatus = missedCeAppointments AND Multiple exams Note: This applies Initial Claim, Reconsideration, Disability	DDS Transfer Date - Consultive Exam Not Attended	Initial Claim or Appeal: You did not attend the consultative examination appointments scheduled for <Earliest Missed Exam Date> The DDS may be able to work with you to reschedule the examinations you missed. However, we must speak with you before any possible reschedule will be considered. As soon as possible, you must contact the DDS at <DDS Office Phone Number>.or your assigned examiner, whose contact information may be found on notices sent to you by the DDS. Go to IVR-CS-137	INC_D_DDS_CEM_0002 REC_D_DDS_CEM_0002
	Sent for Federal Quality Review			
IVR-CS-109	ddsTransferDt = Present AND DDS Data = Empty (Data Elements not available) AND qualityReviewTransferDt = Present Note: This applies Initial Claim, Disability	DDS Transfer Date - Sent for Federal Quality Review – Initial Claim Disability	Your application was selected for Federal Quality Review on <Quality Review Transfer date>. On average, it takes 7-10 days to complete the Federal Quality Review. Once the review is complete, you will be contacted by either the Disability Determination Service (DDS) or your local Social Security office to finish processing your application. In some instances, your assigned examiner may contact you after the quality review is complete to clarify information to ensure accuracy. Please respond to requests for information as soon as possible. For more information on the Federal Quality Review – say More information. (If caller says, “More Information”, then read the information below	INC_D_DDS_QRT_0001

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
			We are required by the Code of Federal Regulations to conduct random quality review checks of all medical and payment determinations. These reviews ensure quality customer service with accurate determinations. Selection for quality review is not a reflection of your application or of the DDS staff reviewing your application. Selection is a random process During this review, the examiner does not have access to your application. Please refrain from contacting the DDS or your examiner to check the status of the review during this time. The DDS will not know the results until after the review is complete. Go to IVR-CS-137	
IVR-CS-110	ddsTransferDt = Present AND DDS Data = Empty (Data Elements not available) AND qualityReviewTransferDt = Present Note: This applies Reconsideration, Disability	DDS Transfer Date - Sent for Federal Quality Review – Appeal Reconsideration Disability	Your appeal was selected for Federal Quality Review on <Quality Review Transfer date>. On average, it takes 7-10 days to complete the Federal Quality Review. Once the review is complete, you will be contacted by either the Disability Determination Service (DDS) or your local Social Security office to finish processing your appeal. In some instances, your assigned examiner may contact you after the quality review is complete to clarify information to ensure accuracy. Please respond to requests for information as soon as possible. For more information on the Federal Quality Review – say More information. (If caller says, “More Information”, then read the information below We are required by the Code of Federal Regulations to conduct random quality review checks of all medical and payment determinations. These reviews ensure quality customer service with accurate determinations.	REC_D_ DDS_QR _TRA_D T_0001

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
			Selection for quality review is not a reflection of your application or of the DDS staff reviewing your application. Selection is a random process. During this review, the examiner does not have access to your application. Please refrain from contacting the DDS or your examiner to check the status of the review during this time. The DDS will not know the results until after the review is complete. Go to IVR-CS-137	
	Receipt Date			
IVR-CS-111a	applicationReceiptDt = Present AND apsClaimStatus = Processing AND claimTypeCode = Retirement AND decisionDate = Empty or Null AND futureMonthOfElectionDt = Date Note: This applies Initial Claim – Pending Retirement	Initial Claim – Pending Retirement	Your claim has been approved but will continue to show pending until the month you elected to start your benefits. You elected <FMOE> to start your benefits. We will mail you a notice within 10-15 days of completing the application process. Go to IVR-CS-137	INC_FM OE_DT_ 0001
IVR-CS-111b	applicationReceiptDt = Present AND apsClaimStatus = Processing	Receipt Date – Initial Claim Non-Disability	We are working as quickly as possible to process your application. If we require additional information, we will contact you. Go to IVR-CS-137	INC_RPT _DT_00 01

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
	AND Current Date - receiptDate >= 45 days Note: This applies Initial Claim – Non- Disability			
IVR-CS-111c	applicationReceiptDt = Present AND apsClaimStatus = Processing AND overallProcessingTime - not Null or Empty AND Current Date - receiptDate (number of days) > # of days in overallProcessingTime Note: This applies Initial Claim – Disability	Receipt Date – Initial Claim Disability	We are working as quickly as possible to process your application. If we require additional information, we will contact you. Go to IVR-CS-137	INC_RPT_DT_0002
IVR-CS-112a	applicationReceiptDt = Present AND overallProcessingTime = Not Present Note: This applies Initial Claim - Disability	Receipt Date - No Overall Processing Time – Initial Claim Disability	A Social Security Representative in <Office Location> started reviewing your <Claim Type> application on <Receipt Date>. We are reviewing the information you submitted to make sure that you meet the basic requirements for <Claim Type>. For most people, this initial review takes 30 days. A Social Security Representative may contact you directly if we need any additional documents or information to help determine if you are eligible. Please respond timely to any requests from SSA. Notify us whenever a change occurs that could affect your benefits. Not reporting changes timely may delay the processing of your application.	INC_D_RPT_DT_0001

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
			You may upload any evidence by logging into your My Social Security via SSA.gov or you may mail any evidence you have to: <Field Office Name & Address> Go to IVR-CS-137	
IVR-CS-112b	applicationReceiptDt = Present AND overallProcessingTime = Present Note: This applies Initial Claim - Disability	Receipt Date - Overall Processing Time – Initial Claim Disability	Nationally, it takes an average of 200 to 230 days for a complete decision. In <State Name>, the average decision takes <Overall Processing Time> days. A Social Security Representative in <Office Location> started reviewing your <Claim Type> application on <Receipt Date>. We are reviewing the information you submitted to make sure that you meet the basic requirements for <Claim Type>. For most people, this initial review takes 30 days. A Social Security Representative may contact you directly if we need any additional documents or information to help determine if you are eligible. Please respond timely to any requests from SSA. Notify us whenever a change occurs that could affect your benefits. Not reporting changes timely may delay the processing of your application. You may upload any evidence by logging into your My Social Security via SSA.gov or you may mail any evidence you have to: <Field Office Name & Address> Go to IVR-CS-137	INC_D_RPT_DT_0002
IVR-CS-113	applicationReceiptDt = Present Note: This applies Initial Claim – Non-Disability	Receipt Date - Initial Claim Non-Disability	Typically, it takes 30 days for a decision. A Social Security Representative in <Office Location> started reviewing your <Claim Type> application on <Receipt Date>. We are reviewing the information you submitted to make sure that you meet the basic requirements for <Claim Type>. For most people, this initial review takes 30 days.	INC_ND_RPT_DT_0001

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
			A Social Security Representative may contact you directly if we need any additional documents or information to help determine if you are eligible. Please respond timely to any requests from SSA. Notify us whenever a change occurs that could affect your benefits. Not reporting changes timely may delay the processing of your application. You may upload any evidence by logging into your My Social Security account via SSA.gov or you may mail any evidence you have to: <Field Office Name & Address> Go to IVR-CS-137	
IVR-CS-114	applicationReceiptDt = Present Note: This applies to Appeal – Reconsideration – Disability, Non-Disability	Receipt Date - Appeal - Reconsideration	A Social Security Representative in <Office Location> started reviewing your <Claim Type> appeal request on <Receipt Date>. For most people, this initial review takes 15 to 30 days. A Social Security Representative may contact you directly if we need any additional documents or information. Please respond timely to any requests from SSA. Notify us whenever a change occurs that could affect your benefits. Not reporting changes timely may delay the processing of your appeal. You may upload any evidence by logging into your My Social Security account via SSA.gov or you may mail any evidence you have to: <Field Office Name & Address> Go to IVR-CS-137	REC_D_RPT_DT_0001 REC_ND_RPT_DT_0001
IVR-CS-115	applicationReceiptDt = Present Note: This applies to Appeal – Hearing – Disability, Non-Disability	Receipt Date - Appeal - Hearing	A Social Security Representative in <Office Location> started reviewing your <Claim Type> appeal request on <Receipt Date>. For most people, this initial review takes 15 to 30 days.	HRG_M_RPT_DT_0001 HRG_NM_RPT_

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Template Id
			A Social Security Representative may contact you or your appointed representative directly if we need any additional documents or information. Please respond timely to any requests from SSA. Notify us whenever a change occurs that could affect your benefits. Not reporting changes timely may delay the processing of your appeal. You may upload any evidence by logging into your My Social Security account via SSA.gov or you may mail any evidence you have to: <Field Office Name & Address> Go to IVR-CS-137	DT_0001
	Establishment Date			
IVR-CS-116	establishDt = Present AND thirdPartyIndicator = N Note: This applies to Initial Claim – Disability, Non-Disability	Establishment Date – Initial Claim - Internet	A Social Security representative in <Office Location> started reviewing your online <Claim Type> application which was submitted on <Internet Submit Date>. You will receive a copy of the application by mail. A representative may contact you directly if we need any additional information. If someone submitted an online application for you, you must review, sign, and return the application to us by the date shown on your letter. You may upload any evidence by logging into your My Social Security via SSA.gov or you may mail any evidence you have to: <Field Office Name & Address> Go to IVR-CS-137	INC_ND_EST_DT_0001 INC_D_EST_DT_0001
IVR-CS-118	establishDt = Present AND Non-internet Claim	Establishment Date – Non-internet Claim – Initial Claim	A Social Security representative in <Office Location> started reviewing your application submitted on <Earliest of Submit or Establishment Date>. The representative is making sure that the information and documents needed to process your application are included. A	INC_ND_EST_DT_0002 INC_D_EST_DT_0002

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
	Note: This applies to Initial Claim – Disability, Non-Disability		Social Security representative may contact you for additional information. If you have not already submitted a signed application, we may contact you by phone or mail. You may upload any evidence by logging into your My Social Security via SSA.gov or you may mail any evidence you have to: <Field Office Name & Address> Go to IVR-CS-137	
	Internet Submit Date			
IVR-CS-119	internetApplicationSubmitDt = Present AND thirdPartyIndicator = N Note: This applies to Initial Claim– Disability, Non-Disability	Internet Submit Date – First Party – Initial Claim	Thank you for submitting your <Claim Type> application. You submitted an online application on <Internet Submit Date>. An SSA representative will review it and contact you if we have any questions. We may request additional documents from you before we can process your <Claim Type> application. Go to IVR-CS-137	INC_ND_SUB_DT_0001 INC_D_SUB_DT_0001
IVR-CS-120	internetApplicationSubmitDt = Present AND thirdPartyIndicator = N Note: This applies to Appeal-Reconsideration, Hearing – Disability, Non-Disability	Internet Submit Date – First Party - Appeal	Thank you for submitting your <Claim Type> appeal. You submitted an online appeal on <Internet Submit Date>. An SSA representative will review it and contact you if we have any questions. We may request additional documents from you before we can process your <Claim Type> appeal. Go to IVR-CS-137	REC_D_SUB_DT_0001 REC_ND_SUB_DT_0001 HRG_M_SUB_DT_0001 HRG_NM_SUB_DT_0001
IVR-CS-121	internetApplicationSubmitDt = Present AND	Internet Submit Date – Third Party – Initial Claim	Thank you for submitting your <Claim Type> application. <Third party Name> submitted an online application on <Internet Submit Date>.	INC_ND_SUB_DT_0002

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
	thirdPartyIndicator = Y Note: This applies to Initial Claim– Disability, Non-Disability		An SSA representative will review it and contact <Third party Name> if we have any questions. We may request additional documents from <Third party Name> before we can process your <Claim Type> application. Go to IVR-CS-137	INC_D_ SUB_DT _0002
IVR-CS-122	internetApplicationSubmitDt = Present AND thirdPartyIndicator = Y Note: This applies to Appeal-Reconsideration, Hearing – Disability, Non-Disability	Internet Submit Date – Third Party - Appeal	Thank you for submitting your <Claim Type> appeal. <Third party Name> submitted an online appeal on <Internet Submit Date>. An SSA representative will review it and contact <Third party Name> if we have any questions. We may request additional documents from <Third party Name> before we can process your <Claim Type> appeal. Go to IVR-CS-137	REC_D_ SUB_DT _0002 REC_ND _SUB_D T_0002 HRG_M _SUB_D T_0002 HRG_N M_SUB_ DT_000 2
IVR-CS-123	internetApplicationSubmitDt = Present AND internetAppType = i3368 AND thirdPartyIndicator = N AND validReentryIndicator = Y AND validRestartIndicator = Y Note: This applies to Initial Claim– Disability	Internet Submit Date – i3368, First Party – Initial Claim Disability	Thank you for submitting your <Claim Type> application. You submitted an online application on <Internet Submit Date>. The first part of your application is complete, but we still need additional information for your disability report. Log into your My Social Security account via the SSA.gov website to finish your disability report. Go to IVR-CS-137	INC_D_ SUB_DT _0003
IVR-CS-124	internetApplicationSubmitDt = Present AND	Internet Submit Date – i3368, Third Party – Initial Claim Disability	Thank you for submitting your <Claim Type> application. <Third party Name> submitted an online application on <Internet Submit Date>.	INC_D_ SUB_DT _0004

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
	internetAppType = i3368 AND thirdPartyIndicator = Y AND validRestartIndicator = Y Note: This applies to Initial Claim– Disability		<i3368 Third party Name> started a disability report for you. If you want <i3368 Third Party Name> to continue on your behalf, you may work with <i3368 Third Party name> to complete your disability report. If you did not authorize <i3368 Third Party Name> to start your application, you should report potential fraud to the Social Security Fraud Hotline at 1-800-269-0271 immediately. To complete and submit a disability report on your own, you will need to start a new report. Log into your My Social Security account via the SSA.gov website to start a new report. Go to IVR-CS-137	
	Internet Start Date			
IVR-CS-125	internetApplicationStartDt = Present AND thirdPartyIndicator = N AND validReentryIndicator = Y Note: This applies to Initial Claim – Disability, Non-Disability	Internet Start Date – First Party – Initial Claim – Valid Re-Entry	It looks like you started your online <Claim Type> application on <Internet Start Date>. Our records show that you have not submitted your application. Log into your My Social Security account via the SSA.gov website to finish your application. You must submit your signed application by the following date(s) to avoid a loss of benefit payments: • <T2 Closeout Date> - For Social Security benefits. • <T16 Closeout Date> - If you intend to file for Supplemental Security Income (SSI). Go to IVR-CS-137	INC_ND_STR_DT_0001 INC_D_STR_DT_0001

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Template Id
IVR-CS-126	internetApplicationStartDt = Present AND thirdPartyIndicator = Y AND validReentryIndicator = Y Note: This applies to Initial Claim – Disability, Non-Disability	Internet Start Date – Third Party – Initial Claim – Valid Re-Entry	It looks like <Third Party Name> started your online <Claim Type> application on <Internet Start Date>. Our records show that <Third Party Name> has not submitted your application. We cannot begin processing your application until <Third Party Name> submits an application. If you want <Third Party Name> to continue this application on your behalf, you may work with <Third Party Name> to complete your application. If you did not authorize <Third Party Name> to start your application, you should report potential fraud to the Social Security Fraud Hotline at 1-800-269-0271 immediately. To complete and submit a benefit application on your own you will need to speak with an agent. If you'd like to speak to someone about this claim, just say Agent. Go to IVR-CS-137	INC_ND_STR_DT_0002 INC_D_STR_DT_0002
IVR-CS-127	internetApplicationStartDt = Present AND thirdPartyIndicator = N AND validReentryIndicator = N AND validRestartIndicator = N Note: This applies to Initial Claim – Disability, Non-Disability	Internet Start Date – First Party – Initial Claim – Invalid Re-Entry and Invalid Restart	It looks like you started your online <Claim Type> application on <Internet Start Date>. Our records show that you have not submitted your application. For your security, we have suspended access to your online application because you reached the limit on the number of failed attempts to return to your saved information. You will need to speak with an agent. Hold on while I get someone to help you.	INC_ND_STR_DT_0003 INC_D_STR_DT_0003
IVR-CS-128	internetApplicationStartDt = Present AND	Internet Start Date – Third Party – Initial Claim – Invalid Re-Entry and Invalid Restart	It looks like <Third Party Name> started your online <Claim Type> application on <Internet Start Date>. Our records show	INC_ND_STR_DT_0004

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
	thirdPartyIndicator = Y AND validReentryIndicator = N AND validRestartIndicator = N Note: This applies to Initial Claim – Disability, Non-Disability		that <Third Party Name> have not submitted your application. <Third Party Name> can no longer provide information online because they reached the limit on the number of failed attempts to return to the saved information they provided. You will need to speak with an agent. Hold on while I get someone to help you.	INC_D_STR_DT_0004
IVR-CS-129	internetApplicationStartDt = Present AND thirdPartyIndicator = N AND validRestartIndicator = Y Note: This applies to Initial Claim – Disability, Non-Disability	Internet Start Date – First Party – Initial Claim – Valid Restart	It looks like you started your online <Claim Type> application on <Internet Start Date>. Our records show that you have not submitted your application. To complete and submit a benefit application you will need to start a new application. Log into your My Social Security account via the SSA.gov website to start a new application. You must submit your signed application by the following date(s) to avoid a loss of benefit payments: • <T2 Closeout Date> - For Social Security benefits. • <T16 Closeout Date> - If you intend to file for Supplemental Security Income (SSI). Go to IVR-CS-137	INC_ND_STR_DT_0005 INC_D_STR_DT_0005
IVR-CS-130	internetApplicationStartDt = Present AND thirdPartyIndicator = Y AND validRestartIndicator = Y	Internet Start Date – Third Party – Initial Claim – Valid Restart	It looks like <Third Party Name> started your online <Claim Type> application on <Internet Start Date>. Our records show that <Third Party Name> has not submitted your application. We cannot begin processing your application until <Third Party Name> submits an application. If you want <Third Party Name> to continue this application on your behalf, you may work with <Third Party Name> to complete your application.	INC_ND_STR_DT_0006 INC_D_STR_DT_0006

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
	Note: This applies to Initial Claim – Disability, Non-Disability		If you did not authorize <Third Party Name> to start your application, you should report potential fraud to the Social Security Fraud Hotline at 1-800-269-0271 immediately. To complete and submit a benefit application on your own you will need to start a new application. Log into your My Social Security account via the SSA.gov website to start a new application. Go to IVR-CS-137	
IVR-CS-131	internetApplicationStartDt = Present AND thirdPartyIndicator = N AND validReentryIndicator = Y Note: This applies to Appeal – Reconsideration, Hearing – Disability, Non-Disability	Internet Start Date – First Party – Appeal – Valid Re-Entry	It looks like you started your online <Claim Type> appeal on <Internet Start Date>. We cannot begin processing your appeal until you submit an appeal. You must submit your appeal within 60 days of the date on the "Notice of Decision" you received. Log into your My Social Security account via the SSA.gov website to finish your appeal. If you need additional time to submit your appeal, just say Agent. Go to IVR-CS-137	REC_D_STR_DT_0001 REC_ND_STR_DT_0001 HRG_M_STR_DT_0001 HRG_N_M_STR_DT_0001
IVR-CS-132	internetApplicationStartDt = Present AND thirdPartyIndicator = Y AND validReentryIndicator = Y Note: This applies to Appeal – Reconsideration, Hearing – Disability, Non-Disability	Internet Start Date – Third Party – Appeal – Valid Re-Entry	<Third Party Name> started your online <Claim Type> appeal on <Internet Start Date>. We cannot begin processing your appeal until <Third Party Name> submits an appeal. If you want <Third Party Name> to continue this appeal on your behalf, you may work with <Third Party Name> to complete your appeal. <Third Party Name> must submit your appeal within 60 days of the date on the "Notice of Decision" you received. To request an appeal on your own you will need to speak with an agent.	REC_D_STR_DT_0002 REC_ND_STR_DT_0002 HRG_M_STR_DT_0002 HRG_N_M_STR_DT_0002

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
			If you'd like to speak to someone about this appeal, just say Agent. Go to IVR-CS-137	
IVR-CS-133	internetApplicationStartDt = Present AND thirdPartyIndicator = N AND validReentryIndicator = N AND validRestartIndicator = N Note: This applies to Appeal – Reconsideration, Hearing – Disability, Non-Disability	Internet Start Date – First Party – Appeal – Invalid Re-Entry and Invalid Restart	It looks like you started your online <Claim Type> appeal on <Internet Start Date >. For your security, we have suspended access to your online appeal because you reached the limit on the number of failed attempts to return to your saved information. You must submit your appeal within 60 days of the date on the "Notice of Decision" you received. You will need to speak with an agent. Hold on while I get someone to help you.	REC_D_STR_DT_0003 REC_ND_STR_DT_0003 HRG_M_STR_DT_0003 HRG_NM_STR_DT_0003
IVR-CS-134	internetApplicationStartDt = Present AND thirdPartyIndicator = Y AND validReentryIndicator = N AND validRestartIndicator = N Note: This applies to Appeal – Reconsideration, Hearing – Disability, Non-Disability	Internet Start Date – Third Party – Appeal – Invalid Re-Entry and Invalid Restart	< Third Party Name> started your online <Claim Type> appeal on <Internet Start Date>. <Third Party Name> can no longer provide information online because they reached the limit on the number of failed attempts to return to the saved information they provided. You must submit your appeal within 60 days of the date on the "Notice of Decision" you received. You will need to speak with an agent. Hold on while I get someone to help you.	REC_D_STR_DT_0004 REC_ND_STR_DT_0004 HRG_M_STR_DT_0004 HRG_NM_STR_DT_0004
IVR-CS-135	internetApplicationStartDt = Present AND	Internet Start Date – First Party – Appeal – Valid Restart	It looks like you started your online <Claim Type> appeal on <Internet Start Date>. We cannot begin processing your appeal until you submit an appeal.	REC_D_STR_DT_0005

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
	thirdPartyIndicator = N AND validRestartIndicator = Y Note: This applies to Appeal – Reconsideration, Hearing – Disability, Non-Disability		You must submit your appeal within 60 days of the date on the "Notice of Decision" you received. To complete and submit an appeal on your own will need to start a new appeal. Log into your My Social Security account via the SSA.gov website to start a new appeal. If you need additional time to submit your appeal, just say Agent. Go to IVR-CS-137	REC_ND_STR_DT_0005 HRG_M_STR_DT_0005 HRG_NM_STR_DT_0005
IVR-CS-136	internetApplicationStartDt = Present AND thirdPartyIndicator = Y AND validRestartIndicator = Y Note: This applies to Appeal – Reconsideration, Hearing – Disability, Non-Disability	Internet Start Date – Third Party – Appeal – Valid Restart	<Third Party Name> started your online <Claim Type> appeal on <Internet Start Date>. We cannot begin processing your appeal until <Third Party Name> submits an appeal. If you want <Third Party Name> to continue this appeal on your behalf, you may work with <Third Party Name> to complete your appeal. <Third Party Name> must submit your appeal within 60 days of the date on the "Notice of Decision" you received. If you did not authorize <Third Party Name> to start your appeal, you should report potential fraud to the Social Security Fraud Hotline at 1-800-269-0271 immediately. To complete and submit an appeal on your own, you will need to start a new appeal. Log into your My Social Security account via the SSA.gov website to start a new appeal. If you need additional time to submit your appeal, just say Agent. Go to IVR-CS-137	REC_D_STR_DT_0006 REC_ND_STR_DT_0006 HRG_M_STR_DT_0006 HRG_NM_STR_DT_0006

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
IVR-CS-137			Do you want to hear that again? If yes, then go to claim status (go to IVR-CS-57 to IVR-CS-136) or no, go IVR-CS-140 If Count = 1 or IVR-CS-143 if Count > 1 If Trouble Understanding/No Input, then IVR-CS-138	P1232
IVR-CS-138		Trouble Understanding/No Input – Repeat Confirmation 2 nd attempt	Let's try again. Do you want to hear that again? If yes, then go to claim status (go to IVR-CS-57 to IVR-CS-136) or no, go IVR-CS-140 If Count = 1 or IVR-CS-143 if Count > 1 If Trouble Understanding/No Input, then IVR-CS-139	P1232a
IVR-CS-139		Trouble Understanding/No Input – Repeat Confirmation Code 3rd Attempt	Sorry. To hear that again say yes or press 1, otherwise say no or press 2. If yes, then go to claim status (go to IVR-CS-57 to IVR-CS-136) or no, go IVR-CS-140 If Count = 1 or IVR-CS-143 if Count > 1 If Invalid/Trouble Understanding/No Input Repeat Confirmation after 3rd attempt transfer to agent - P1041 (agent drop)	P1232b
IVR-CS-140	C=1	<i>Count = 1</i>	If you'd like to speak to someone about this claim, say Agent Or, if you're finished, just say I'm Finished. If 'Finished' then go to IVR-CS-147 If 'Agent' then transfer to Agent If Trouble Understanding/No Input, then IVR-CS-141	P1233
IVR-CS-141		Trouble Understanding/No Input – Next Step Confirmation 2 nd attempt	Let's try again. If you'd like to speak to someone about this claim, say Agent or, if you're finished, just say I'm Finished. If 'Finished' then go to IVR-CS-147 If 'Agent' then transfer to Agent	P1233a

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Template Id
			If Trouble Understanding/No Input, then IVR-CS-142	
IVR-CS-142		Trouble Understanding/No Input – Next Step Confirmation 3rd Attempt	Sorry. If you'd like to speak to someone about this claim, say Agent or press 0, otherwise say I'm Finished or press 2. If 'Finished' then go to IVR-CS-147 If 'Agent' then transfer to Agent If Invalid/Trouble Understanding/No Input after 3rd attempt transfer to agent - P1041 (agent drop)	P1233b
IVR-CS-143	<i>Last Claim ? (The Last Claim)</i>	Count > 1	If Yes, go to IVR-CS-53, if No Go to IVR-CS-144	
IVR-CS-144			To hear the next claim on the list, say 'Next Claim.' If you'd like to speak to someone about this claim, say 'agent.' Or, if you're finished, just say 'I'm Finished. If 'Next Claim' go to IVR-CS-51 If 'Finished', then go to IVR-CS-147 Finished If 'Agent', then transfer to Agent If Trouble Understanding/No Input, then IVR-CS-145	P1236
IVR-CS-145		Trouble Understanding/No Input – Next Step Confirmation 2 nd attempt	Let's try again. To hear the next claim on the list, say Next Claim. If you'd like to speak to someone about this claim, say agent. Or, if you're finished, just say I'm Finished. If 'Next Claim' go to IVR-CS-51 If 'Finished', then go to IVR-CS-147 Finished If 'Agent', then transfer to Agent If Trouble Understanding/No Input, then IVR-CS-146	P1236a

ID	Mapping (Web Service)	Step/Condition	Language (IVR)	IVR ID/Tem plate Id
IVR- CS- 146		Trouble Understanding/No Input – Next Step Confirmation 3rd Attempt	Sorry. To hear the next claim on the list, say Next Claim or press 1. Otherwise say I'm Finished or press 2. To talk to an agent, press 0. If 'Next Claim' go to IVR-CS-51 If 'Finished', then go to IVR-CS-147 Finished If 'Agent', then transfer to Agent If Invalid/Trouble Understanding/No Input after 3rd attempt transfer to agent- P1041 (agent drop)	P1236b
IVR- CS- 147	Finished		Return to Main Menu	