

Medicaid Automated Inquiry System (AIS) User Guide

1-800-925-9126

The Automated Inquiry System (AIS) is the contact for prompt answers to Primary Care Case Management (PCCM) and Medicaid client eligibility, appeals, claim status inquiries, benefit limitations, and check amounts.

Main Menu Options

- 1- For all AIS automated inquiries, including claims status and client eligibility. Caller is required to enter the provider's National Provider Identifier/Atypical Provider Identifier (NPI/API) and if necessary the Texas Provider Identifier (TPI) number when prompted. Number will be repeated back for verification:
 - 1- Entered correctly
 - 2- Entered incorrectly (asked to reenter)

The complete AIS Menu Options are listed in the next section.

- 2- Provider enrollment
- 3- Electronic Data Interchange (EDI)
- 4- NPI Questions

AIS Menu

AIS Main Menu Options	
1	Claim status
2	Eligibility
3	Benefit limitations
4	Current check amount
5	Medically needy case status (provider)
6	Fax-back
7	AIS Appeals
8	To enter a new NPI/API and or TPI
9	Customer service representative
99	To repeat AIS main menu

Option 1—Claim status

Choose the client's search criteria:

- 1- Medicaid claim status (Title XIX)
- 2- Title V, X, XX Family Planning claim status

Enter the following information when prompted for either option 1 or 2:

- Client's Medicaid or Family Planning number
- First Date of Service (DOS)

- 1- Entered correctly
- 2- Entered incorrectly (asked to reenter)
- Enter the exact billed amount

AIS will provide the status of the claim and the following details, when applicable:

- Status date
- Payment amount

Claim status response menu options:

- 1- Explanation of Benefit (EOB) messages
- 2- Research another claim status
- 3- Customer service representative

Option 2—Eligibility

Choose the client's search criteria:

- 1- Client's Medicaid number—Enter the client's Medicaid number when prompted.
- 2- Social Security/Date of Birth (DOB)—Enter the Social Security number and DOB (8 digit) when prompted.

The caller is then prompted to enter the DOS:

- 1- For current date
- 2- Enter a prior DOS—enter the DOS in MM/DD/YYYY format

AIS will provide the Medicaid eligibility status for the client on the dates of service given, and any of the following details, if they are applicable and available:

- Medicaid number
- Eligibility Add Date
- Managed Care information
- Medicare information
- Lock-in status
- Other insurance information
- Primary Care Physician (PCP) name and phone number

Eligibility response menu options:

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- 1- Research another client's eligibility
- 2- Customer service representative

Option 3—Benefit limitations

Enter the Medicaid number when prompted. Verify the correct Medicaid number was entered:

- 1- Entered correctly
- 2- Entered incorrectly (asked to reenter)

Choose from the following benefit options:

- 1- Texas Health Steps (THSteps) Medical
- 2- Family Planning
- 3- THSteps Dental
- 4- Vision
- 5- Hearing aid

AIS will provide the most recent date of service filed for the client, when applicable.

Benefit limitations response menu options:

- 1- Research another benefit limitation
- 2- Customer service representative

Option 4—Current payment amount

The system immediately searches the payment information for the current week for the TPI entered on Main Menu Option 1.

AIS will provide the payment date and amount (if applicable) for the current week under the TPI entered into the system at the beginning of AIS.

Current payment amount response menu option:

- 1- Enter a different TPI

Option 5—Medically Needy case status

Enter the client's potential eligibility month (6 digit MM/YYYY) when prompted.

Choose criteria for search:

- 1- Case number—enter the case number (9 digit) and DOB (8 digit) when prompted.
- 2- Social Security number—enter the Social Security number when prompted.

3- Medicaid number—enter the client's Medicaid number when prompted. AIS will repeat the search criteria entered and the requested eligibility month for confirmation.

- 1- Criteria is correct
- 2- Criteria is not correct (asked to reenter)

Medically needy case status response menu options:

- 1- Research another case
- 2- Customer service representative

Option 6—Fax-back

Choose from the following menu options:

- 1- Listing of fax-back document numbers
- 2- Enter a specific document number
 - Enter fax number—enter the fax number, area code included. The document will be faxed after a document number has been entered.
 - Enter document number—enter the specific 3-digit document number and then choose from the following menu options:
 - 1 No additional documents needed.
 - 2 Additional document still needed (the caller will be asked to enter additional 3 digit document codes; up to 3 allowed per call).

All document numbers are listed by category below:

Fax-back Instructions

100	Fax-back Instructions
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General Customer Service Documents

101	Instructions for Appealing a Claim on the AIS
102	Active Provider List
103	Provider Information Change form (Traditional Medicaid/PCCM)
104	Medicaid Bulletin Request Form
105	Hysterectomy Acknowledgment form
107	Electronic Funds Transfer (EFT)
108	Electronic Remittance & Status (ER&S) Agreement
109	Fee Schedule Request Form
110	Manual Request Form

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111	Texas Medicaid Provider Enrollment Application
112	Quick Codes THSteps
113	Quick Reference Guide
115	Refund Information form
116	Remittance & Status (R&S) Report
140	Sterilization Consent Form Instructions
141	Sterilization Consent Form (English)
142	Sterilization Consent Form (Spanish)
150	Private Pay Agreement
151	Sample Letter – XUB Computer Billing Service Inc.
152	Vision Care Eyeglass Patient (Medicaid Client) Certification Form
153	Vision Care Eyeglass Patient (Medicaid Client) Certification Form (Spanish)

Home Health/CCP Medical/CCP Customer Service

119	THSteps Medical/Comprehensive Care Program (CCP) Prior Authorization Request form
120	Addendum to Home Health Title XIX form
130	Home Health Services Title XIX form
131	Private Duty Nurse (PDN) Plan of Care (POC)
132	Wheelchair Seating Evaluation form
160	DME (durable medical equipment) Certification and Receipt Form
161	Physician's Examination Report
303	Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form
304	Home Health Services POC Instructions
305	Home Health Services Prior Authorization Checklist
306	Medicaid Certificate of Medical Necessity for Chest Physiotherapy Devices Initial Request
307	Medicaid Certificate of Medical Necessity for Chest Physiotherapy

	Devices Extended Request
308	Medicaid Certificate of Medical Necessity for CPAP (continuous positive airway pressure)/BiPAP (bi-level positive airway pressure system) or Oxygen Therapy
317	Statement for Initial Wound Therapy System In-Home Use (2 Pages)
318	Statement for Recertification of Wound Therapy System In-Home Use

CCP

301	Donor Human Milk Request Form
310	Nursing Addendum to POC (THSteps-CCP)
312	Pulse Oximeter Form
314	Request for Initial Outpatient Therapy (Form TP-1)
315	Request for Extension of Outpatient Therapy (Form TP-2)
319	Texas Medicaid Palivizumab (Synagis) Prior Authorization Request Form
321	THSteps-CCP Prior Authorization Private Duty Nursing 4 or 6 Month Authorization
322	THSteps-CCP ECI (Early Childhood Intervention) Request for Initial/Renewal Outpatient Therapy

Dental

122	THSteps Dental Prior Authorization Request form
323	THSteps Dental Criteria for Dental Therapy Under General Anesthesia (2 Pages)

Ambulance

123	Ambulance Prior Authorization /Fax cover sheet
300	Ambulance Fax Cover Sheet

CCIP

124	Psychiatric Hospital Inpatient Admission form
125	Psychiatric Inpatient (Extended) Request form

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PCCM

170	PCCM Community Health Services Referral Request Form
171	PCCM Referral Form
172	PCCM Recredentialing Site and Medical Record Evaluation
311	PCCM Inpatient/Outpatient Authorization Form

Special Medical Prior Authorization (SMPA)

316	Request for Extended Outpatient Psychotherapy Counseling Form
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Third Party Resource (TPR)/Tort

126	Tort Response Form
127	TPR Informational Inquiry Form
180	Informational Inquiry Form

Other Prior Authorization

302	External Insulin Pump
309	Medicaid Certificate of Medical Necessity for Reduction Mammoplasty
313	Radiology Prior Authorization Request Form
320	Texas Medicaid Prior Authorization Request Form: Intrathecal Baclofen or Morphine Pump Section
324	Ventilator Service Agreement

Family Planning

400	Family Planning 2017 claim form
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Option 7—AIS Appeals

Providers may appeal specific claims through AIS. Detailed AIS appeals instructions are available through the fax-back service (Option 1 then 6), select document number 101.

AIS Appeals steps:

- 1- Press 1 to skip the instructions message, if desired.
- 2- Enter the 24-digit Internal Control Number (ICN) to be appealed. The ICN is located on the R&S report.
- 3- AIS will repeat the claim number entered.

- 1- Entered correctly
- 2- Entered incorrectly (asked to reenter)
- 4- AIS will determine if the claim can be appealed by the status of the claim. If the claim is not appealable, the caller will be given a list of available options. If the claim can be appealed, the call proceeds to the next step.
- 5- Listen to the message to determine the element(s) of the claim to be changed (options listed below).
- 6- Depending on the item(s) to be changed, the caller may be prompted to choose to correct the same information on all lines of the claim.
 - 1- Correct the same information on all lines
 - 2- Correct one line item.
- 7- Depending on the claim type, the caller may be prompted to enter the line-item number.
- 8- Listen carefully to the messages that follow. AIS guides the caller through the process of making corrections and finally submitting the appeal for review.
- 9- Be sure to write down the ICN of the new claim.

What fields can be changed through AIS Appeals?

Field	Enter
Place of service	11
Type of service	22
Authorization number	33
Quantity billed	44
Client number	55
Beginning DOS	66
Ending DOS	77
X-ray date	88
Date of onset	99
DOB	00

Remember AIS appeal limitations

- Only three fields per claim may be changed through AIS
- No more than 15 transactions (appeals) are allowed per call

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Option 8—To enter a new NPI/API and or TPI

The caller is taken back to the NPI/API and or TPI number prompt at the beginning of the main menu, so that the caller can enter a different NPI/API and or TPI number.

Option 9—Customer Service Representative

The caller can choose an appropriate line for their issue.

Available Lines	
1	General Inquiries/Family Planning
2	PCCM Provider
3	Provider Enrollment
4	CCP/Home Health
5	Telephone Appeals
6	THSteps Medical
7	THSteps Dental
8	TPR
9	Ambulance
#	Repeat Menu Options

Option 99—Repeat main menu

The AIS Menu options are repeated.

Acronym Glossary:

Acronym	Definition
AIS	Automated Inquiry System
API	Atypical Provider Identifier
BiPAP	Bi-level Positive Airway Pressure System
CCP	Comprehensive Care Program
CPAP	Continuous Positive Airway Pressure
DME	Durable Medical Equipment
DOB	Date of Birth
DOS	Date of Service
ECI	Early Childhood Intervention
EDI	Electronic Data Interchange
EFT	Electronic Funds Transfer
EOB	Explanation of Benefits
ER&S	Electronic Remittance & Status
ICN	Internal Control Number
NPI	National Provider Identifier
PCCM	Primary Care Case Management
PCP	Primary Care Physician
PDN	Private Duty Nurse
POC	Plan of Care
R&S	Remittance & Status
SMPA	Special Medical Prior Authorization
THSteps	Texas Health Steps
TPI	Texas Provider Identifier
TPR	Third Party Resource