

CSHCN Services Program Automated Inquiry System (AIS) User Guide 1-800-568-2413

The Children with Special Health Care Needs (CSHCN) Services Program Automated Inquiry System (AIS) provides prompt answers to questions about enrollment, eligibility, claim status inquiries, and check amounts for CSHCN Services Program-enrolled clients and providers.

It is recommended that you prepare for your call by having the information you will need readily accessible before you dial. Depending upon the option selected, AIS may prompt you to enter the CSHCN Services Program National Provider Identifier (NPI), Atypical Provider Identifier (API), and if necessary the CSHCN Services Program Texas Provider Identifier (TPI), the client's nine-digit CSHCN Services Program client number, or the 24-digit claim number.

Main Menu Options

The following options are available on the AIS Main Menu:

- To choose the CSHCN Services Program AIS, press **1**.
- For enrollment, press **2**.
- For authorization inquiries, press **3**.

If you are calling from a rotary phone, please hold.

When choosing Option 1 (the CSHCN Services Program AIS) from the main menu, the caller will hear the following:

- Press **1** to enter your National Provider Identifier. Press **2** to enter your atypical provider identifier. (Enter the CSHCN provider identifier number when prompted.) If not available, please wait on the line and you will be transferred to an agent. Please wait while the requested information is being retrieved. (The number will be repeated back for verification.)

Important Note: If the NPI has been attested to multiple CSHCN or Traditional Medicaid numbers AIS will request the providers CSHCN legacy provider identifier number.

- If this is correct, press **1**.
- If this is not correct, press **2**. The caller is asked to reenter the provider's ten-digit National Provider Identifier (CSHCN provider identifier).

Once AIS has verified the ten-digit NPI that was entered, the caller will hear "Thank you for calling the TMHP CSHCN Automated Inquiry System." The caller will then be prompted to choose from the AIS Menu options listed below.

AIS Menu Options

Option	AIS Response
1	Claim status
2	Eligibility
3	Current check amount
4	Fax-back service
5	AIS appeals
6	To enter another provider number (CSHCN Services Program provider identifier number)
7	Customer service representative
8	To repeat the AIS main menu

Option 1: (CSHCN) Claim Status

When choosing Option 1 (Claim Status) from the AIS Menu, the caller will hear the following:

- For claim status information, please enter client's nine-digit CSHCN number followed by the # button.
- Please enter the date of service in an eight-digit MM/DD/YYYY format followed by the # button. (The date of service will be repeated for verification.)
 - If this is correct, press **1**.
 - If this is not correct, press **2** (The caller is asked to reenter the date of service).
- Please enter the total billed amount in a dollar and cents format excluding the decimal followed by the # button. Please wait while the requested information is being retrieved.

The CSHCN Services Program client number, date of service, and claim billed amount is given. The status of the claim is provided and any of the applicable details, such as status date and payment amount.

Claim status response menu:

- For an explanation of benefit messages, press **1**.
- To research another claim status, press **2**.
- To receive a ticket number, press **3**.
- To speak with a customer service representative, press **4**.
- To complete the call, please disconnect.

Option 2: Eligibility

When choosing Option 2 (Eligibility) the caller will hear the following:

- To enter the client's CSHCN number, press **1**. (Please enter the nine-digit CSHCN Services Program client number when prompted.) Please wait while the requested information is being retrieved.
- To enter the client's nine-digit Social Security number, press **2**. (Please enter the client's nine-digit Social Security number when prompted.) Please wait while the requested information is being retrieved.

Choose the date of service:

- For current eligibility, press **1**.
- For a prior date of service, press **2**. (Please enter the date of service in an eight-digit MM/DD/YYYY format.)

AIS will provide the CSHCN Services Program eligibility status for the client on the dates of service given.

Eligibility response menu:

- To research another client's eligibility, press **1**.
- To receive a ticket number, press **2**.
- To speak with a customer service representative, press **3**.
- To complete the call, please disconnect.

Option 3: Current Check Amount- Available from 7am-7pm- Monday- Friday

When choosing Option 3 (Current Check Amount) the system immediately searches the current week's payment information for the CSHCN Services Program provider identifier number entered into AIS at the start of the call. The caller will hear the following:

- Please wait while the requested information is being retrieved. AIS will repeat the Texas (CSHCN Services Program) Provider Identifier, check amount (if applicable), and payment date.

Check amount response menu:

- To enter another provider identifier, press **1**. (Enter the CSHCN Services Program provider identifier).
- Press **1** to enter your National Provider Identifier. Press **2** to enter your atypical provider identifier. (Enter the CSHCN provider identifier number when prompted.) If not available, please wait on the line and you will be transferred to an agent. Please wait while the requested information is being retrieved. (The number will be repeated back for verification.)

Important Note: If the NPI has been attested to multiple CSHCN or Traditional Medicaid numbers AIS will request the providers CSHCN legacy provider identifier number.

- If this is correct, press **1**.
- If this is not correct, press **2**. The caller is asked to reenter the provider's ten-digit National Provider Identifier (CSHCN provider identifier).
- To complete the call, please disconnect.

Option 4: Fax-Back- Available from 7am-7pm- Monday- Friday

When choosing Option 4 (Fax-Back) the caller will hear the following:

- To obtain a faxed list of instructions and available documents, press **1**. Please enter a ten-digit fax number beginning with the area code and followed by the # button. (The fax number will be repeated for verification.)
 - If this is correct, press **1**.
 - If this is not correct, press **2** (asked to re-enter).
- If you know the document number, press **2**. Enter the document you would like faxed followed by the # button. You will be limited to a selection of four documents. (The document number will be repeated for verification.)
 - If this is correct, press **1**.
 - If this is not correct, press **2** (asked to re-enter).

Fax-back response menu:

- To request additional documents, press **1**.
- If no other documents are needed, press **2**. Please enter the ten-digit fax number, beginning with the area code, followed by the # button. (The fax number is repeated for verification.)
 - If this is correct, press **1**.
 - If this is not correct, press **2**.

AIS will end the call with the message, "Thank you for calling the fax-back service, your fax will be sent shortly."

CSHCN Services Program-specific document numbers are provided below:

CSHCN Services Program Document Numbers	
100	Instructions for Using the Fax-Back Server
201	Instructions for Appealing a Claim on the AIS
204	CSHCN Services Program Provider Enrollment Application
205	Provider Information Change Form
206	CSHCN Services Program Prior Authorization Request for Inpatient Surgery—For Surgeons Only
207	CSHCN Services Program Quick Reference Guide
208	CSHCN Services Program Authorization Request for Hemophilia Blood Factor Products
209	CSHCN Services Program Prior Authorization Request for Inpatient Hospital Admission—For Use by Facilities Only
211	CSHCN Services Program Wheelchair Seating Evaluation Form
213	CSHCN Services Program Prior Authorization Request for Inpatient Rehabilitation Admission
214	CSHCN Services Program Prior Authorization and Authorization Request for Durable Medical Equipment (DME)
215	CSHCN Services Program Prior Authorization Request for Dental or Orthodontia Services
216	CSHCN Services Program Authorization Request for Diapers, Pull-ups, Underpads, Briefs, and Liners
217	CSHCN Services Program Home Health (Skilled Nursing) Referral and Treatment Plan
218	CSHCN Services Program Documentation of Receipt
220	CSHCN Services Program Authorization Request for Initial Outpatient Therapy (TP1)
221	CSHCN Services Program Authorization Request for Extension of Outpatient Therapy (TP2)
222	CSHCN Services Program Physician/Dentist Assessment Form
223	CSHCN Services Program Prior Authorization Request for Bone Marrow/Stem Cell or Renal Transplant
224	CSHCN Services Program Prior Authorization Request for Augmentative Communication Devices
225	CSHCN Services Program Prior Authorization Request for Renal Dialysis Treatment

CSHCN Services Program Document Numbers

226	CSHCN Services Program Authorization Request for Apnea Monitor Rental
227	CSHCN Services Program Authorization Request for Chest Physiotherapy Devices
228	CSHCN Services Program Authorization Request for Pulse Oximeter Devices
229	CSHCN Services Program Prior Authorization Request for Respiratory Care—CRCP (certified respiratory care practitioner)
230	CSHCN Services Program Authorization Request for Omalizumab
231	CSHCN Services Program Reimbursement Request for Transportation of the Remains of Deceased Clients
232	CSHCN Services Program Prior Authorization Request for Palivizumab (<i>Synagis</i>)
233	Electronic Funds Transfer (EFT) Information and Authorization Agreement
234	Claims Status Inquiry (CSI) Authorization
235	Electronic Remittance and Status (ER&S) Agreement
236	CSHCN Services Program Prior Authorization Request for Inpatient Psychiatric Care
237	CSHCN Services Program Prior Authorization Request for Hospice Services
238	CSHCN Services Program Prior Authorization Request for Medical Foods
239	CSHCN Services Program Prior Authorization Request for Additional Nutritional Assessment, Counseling, and Products
240	CSHCN Services Program Criteria for Dental Therapy Under General Anesthesia
241	CSHCN Services Program Documentation of Receipt (Spanish)
242	CSHCN Services Program Vision Care Eyeglass Client Certification Form
243	CSHCN Services Program Vision Care Eyeglass Client Certification Form (Spanish)
244	CSHCN Services Program Authorization Request for Non-Face-to-Face Clinician-Directed Care Coordination Services
245	CSHCN Services Program Prior Authorization and Authorization Request for Outpatient Surgery—For Outpatient Facilities and Surgeons
246	CSHCN Services Program Authorization Request for Non-Face-to-Face Clinician-Directed Care Coordination Services (for dates of service on or after January 1, 2009)
247	CSHCN Services Program Specialist or Subspecialist Telephone Consultation Form for Non-Face-to-Face Clinician-Directed Care Coordination Services

Option 5: AIS Appeals- Available from 7am-7pm- Monday- Friday

When choosing Option 5 (AIS Appeals) the caller will hear the following message:

“Thank you for choosing automated appeals. Some limitations apply to performing automated appeals. You may bypass this message by selecting **1**. Only 3 fields may be changed per claim. Only the fields announced on the options menu can be appealed. You are allowed 15 transactions [appeals] per call. The billing NPI/API and or TPI on the internal control number (ICN) entered must match the NPI/API/TPI you entered into AIS. Automated appeals instructions can be obtained by selecting **2** from the faxback option. The document number is 101.”

AIS Appeals steps:

- Please enter the 24-digit claim number that you wish to appeal, followed by the # button. The claim number can be found on your R&S report. (The claim number will be repeated for verification.)
 - If this is correct, press **1**.
 - If this is not correct, press **2** (asked to re-enter).

Please wait while the requested information is being retrieved. (The caller will be provided with a claim status if the claim cannot be appealed. If the claim can be appealed, the caller will be prompted to choose from one of the options listed below.)

- Please choose one of the following options. If you know your menu option, you may select it at any time:
 - To change a place of service, press **11**.
 - To change a type of service, press **22**.
 - To change an authorization number, press **33**.
 - To change a quantity billed, press **44**.
 - To change a client number, press **55**.
 - To change a beginning date of service, press **66**.
 - To change an ending date of service, press **77**.
 - To change an X-ray date, press **88**.
 - To change a date of onset, press **99**.
 - To change a date of birth, press **00**.

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.

- If your claim has multiple line items, press **1**.
- If you wish to change one line item, press **2**.

Depending on the claim type, the caller may be prompted to enter the line item number.

Listen carefully to the messages that follow. AIS guides the caller through the process of making corrections and submitting the appeal for review.

Be sure to write down the ICN of the new claim.

AIS appeals response menu:

- To appeal another claim, press **1**.
- To speak to a customer service representative, press **2**.
- If no further information is needed, please disconnect.

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 Date of Service	66
Ending Date of Service	77
X-Ray Date	88
Date of Onset	99
Date of Birth	00

Remember AIS appeal limitations:

- Only 3 fields per claim may be changed through AIS.
- No more than 15 transactions (appeals) are allowed per call.

Option 6: Enter a new NPI/API and or TPI Number

When choosing Option 6 (enter a New NPI/API and or TPI Number) the caller will hear the following message:

Press **1** to enter your National Provider Identifier. Press **2** to enter your atypical provider identifier. (Enter the CSHCN provider identifier number when prompted.) If not available, please wait on the line and you will be transferred to an agent. Please wait while the requested information is being retrieved. (The number will be repeated back for verification.)

Important Note: If the NPI has been attested to multiple CSHCN Services Program or Traditional Medicaid numbers, AIS will request the provider's CSHCN Services Program legacy provider identifier number.

- If this is correct, press **1**.
- If this is not correct, press **2**. The caller is asked to reenter the provider's ten-digit National Provider Identifier (CSHCN Services Program provider identifier).

Option 7: Customer Service Representative

When choosing Option 7 (Customer Service Representative) the caller will hear "please hold, your call is being transferred." The call is then transferred to a CSHCN Services Program customer service representative.

Option 8: Repeat Main Menu

When choosing Option 8 (Repeat Main Menu) the caller will hear the AIS Menu options repeated.