North Carolina
Medicaid Special Bulletin

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Attention: All Providers

North Carolina - Title XIX
Automated Voice Response (AVR) System
Provider Inquiry Instructions
1-800-723-4337

The AVR system will be accessible 24 hours per day, 7 days per week with the exception of the following: between 1:00 a.m. and 5:00 a.m. on the 1st, 2nd, 4th, and 5th Sunday of the month, and between 1:00 a.m. and 7:00 a.m. on the 3rd Sunday of the month.

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AVR Application Introduction

This section presents a detailed description of the CALL FLOW for the N.C. Medicaid Automated Voice Response (AVR) System. Call flow describes the content and order of the prompts given to the provider by the AVR system. The following sections discuss global messages and events, special function keys, and the normal call flow.

The Global Messages and Events section describes messages and events that occur normally or only in exceptional situations during the call. The global messages and events typically include system and provider error messages. It simplifies the normal call flow narrative by describing these messages separately.

The Special Function Keys section describes key sequences that the provider can enter on the touch tone keypad to perform specialized functions.

The Normal Call Flow section describes the series of prompts, provider inputs, and system responses that occur during the AVR session. Included in this section is a discussion of how the AVR system speaks data to the provider.

Global Messages and Events

There are several categories of messages that are used throughout the AVR system. Rather than list these messages for each step within the CALL FLOW narrative, a description of the messages is printed in this section. The indented text in bold type is the actual message the AVR system communicates to the provider.

Invalid Option

If the provider selects an invalid menu option, the AVR system issues the following message:

> **"Invalid option. Please re-enter."**

Invalid Data

If the provider makes a data entry error and there is no specific error message for that current step, the AVR system issues the following message:

> **"Invalid data. Please re-enter."**

Maximum Errors Exceeded

Providers are allowed three attempts to enter the requested data correctly. If the provider exceeds this limit for data entry errors, the AVR system terminates and disconnects the call. Prior to the provider being disconnected, the AVR system issues the following message:

> **"You have reached the maximum number of errors allowed to enter the requested information correctly. Please review the procedures in your voice inquiry reference manual and try your call again."**

Maximum Time-outs Exceeded

The provider is allowed two time-outs (ten seconds each) to enter the requested information. The AVR system re-prompts the provider for the information after the first time-out. After the second time-out, AVR terminates and disconnects the call. Before the provider is disconnected, AVR issues the following message:

> **"You have not responded with the requested information. Please review the procedures in your voice inquiry reference manual and try your call again."**

Maximum Transaction Exceeded
The AVR system is configured to allow for a preset maximum number of inquiries per call session. The maximum number of inquiries is set to 15 transactions. When the provider has exceeded the limit, AVR terminates the call and informs the provider with the following message:

> **"In order to service as many providers as possible, we must limit the number of inquiries per call. Please call again for additional inquiries you may have. Thank you for calling the EDS voice inquiry system."**

Host Wait Message
The host system is allowed three time-outs (ten seconds each) to respond to an AVR transaction. Once a transaction is formatted and sent to the host, and after the first two time-outs, AVR issues the following message:

> **"Please wait while the requested information is retrieved."**

Host Down
If the host does not respond after the third time-out, AVR interprets that the system is down and issues the following message:

> **"The system is currently unavailable. Please try your call again later. Thank you for calling the EDS voice inquiry system."**

Special Function Keys

There are two special function keys on the touch-tone keypad: the pound sign (#) key and the star (*) key. The AVR system uses these keys to allow the provider to perform special functions.

End of Data Marker
The pound sign (#) key signals to the AVR system that the provider has finished entering the requested data. The provider must press the pound sign (#) key to mark the end of data just entered. Otherwise, the AVR system will return an **"invalid data"** message.

Use Previous Data
The provider may also use the pound sign (#) key to tell the AVR system to reuse the data the provider previously entered for a specific prompt. The provider simply presses only the pound sign (#) at the prompt. For example, if the provider wishes to use the same date of service entered in the "from date of service" for the "to date of service," they simply press the pound sign (#). This will cause the AVR system to use the date that was previously entered. If the AVR system determines that previous data was never entered, it will prompt the provider to enter data.

Switch to Alphabetic
The provider may be required to enter information that is an alphabetic character. When this occurs, the provider uses the star (*) key to switch to entering alphabetic character.

Alphabetic Data Table
The following table is a reference for using alphabetic data. Use the numeric codes to identify the letters necessary. This is often used when entering a Medicaid identification (MID) number.

A -*21	F -*33	K -*52	O -*63	S -*73	W -*91
B -*22	G -*41	L -*53	P -*71	T -*81	X -*92
C -*23	H -*42	M -*61	Q -*11	U -*82	Y -*93
D -*31	I -*43	N -*62	R -*72	V -*83	Z -*12
E -*32	J -*51				

Example: For MID 123456789S, enter 123456789*73

Call Flow Introduction/Narrative

When a provider calls the AVR system, AVR responds with one of the following messages.

If the system is **available,** the provider receives this greeting:

> **"Welcome to the EDS voice inquiry. For North Carolina Medicaid inquiries, please press 1. If you are calling from a rotary telephone or for other business, please call 919-851-8888 or 1-800-688-6696."**

If the system is **unavailable**, the provider receives the following message:

> **"Thank you for calling EDS. The North Carolina Medicaid voice inquiries system is unavailable between 1:00 a.m. and 5:00 a.m. on the 1st, 2nd, 4th, and 5th Sunday of the month, and between 1:00 a.m. and 7:00 a.m. on the 3rd Sunday of the month. Please try your call again later."**

If the provider presses 1, the call flow continues to Step 1.0. If no entry is made after one 10 second time-out, AVR assumes the provider is calling from a rotary phone and disconnects the caller.

Getting Started – Main Menu — Telephone Number - 1-800-723-4337

The AVR system presents providers with the following transaction menu:

	Option	System will prompt for following information
1	Verify status of a claim	Provider Number, MID, "From DOS", Total Billed Amount
2	Checkwrite Information	Provider Number
3	Drug Coverage	Provider Number, Drug Code, and DOS
4	Procedure Code Pricing and Modifier Information	Provider Number, Procedure Code, Type of Treatment Code or Modifier Code
5	Prior Approval	Provider Number, Procedure Code, Type of Treatment Code or Modifier Code and MID
6	Recipient Eligibility and Coordination of Benefits OR Managed Care and Hospice status	Provider Number, MID or SSN#, DOS, and "From DOS"
7	Sterilization Consent or Hysterectomy Statement	Provider Number, MID, and DOS
9	To Repeat Options 1 through 7	

Option 1 – Claim Status Information Narrative

Claim Status Information – When the provider selects option 1 from the main menu, the AVR system prompts the provider to enter their N.C. Medicaid provider number for verification.

Recipient Identification Number Prompt – AVR prompts the provider for a recipient MID number:

Date of Service Prompt – AVR now prompts the provider for the date of service: The provider must enter a date of service in a MMDDCCYY format.

Claim Billed Amount Prompt – The provider must enter the billed amount in a dollars and cents format.

End of Transaction – After the applicable claims status response has been given, AVR responds with the following message:

> **"To check the status of another claim, press 1. To return to the main menu, press 8. To repeat these options, press 9. To end this call, please hang up."**

Option 2 – Checkwrite Information Narrative

Checkwrite Information – When the provider selects option 2 from the main menu, AVR prompts the provider to enter their N.C. Medicaid provider number for verification.

Checkwrite Messages – AVR provides the status of Checkwrite if:

- current Checkwrite information is found
- no current information is found

End of Transaction – At this time the provider is given the option to return to the main menu, to perform another Checkwrite transaction for a different provider number, or obtain information regarding electronic funds transfer (EFT).

> **"To perform another Checkwrite transaction, press 1. To receive information regarding electronic funds transfer, press 2. To return to the main menu, press 8. To repeat these options, press 9. To end this call, please hang up."**

Electronic Funds Transfer Information – If the provider selects transaction 2 above, AVR responds with the following message:

> **"You can have your claim payments automatically deposited into your bank account through a service called electronic funds transfer. With electronic funds transfer, there is no need to make manual bank deposits of checks. You will still receive a Remittance Advice to reconcile your payment, and it is not required to submit claims electronically to receive this service. For additional information about electronic fund transfer or to begin this service, please contact our Financial Services Unit at 919-851-8888 or 1-800-688-6696."**

Option 3 – Drug Coverage Narrative

Drug Coverage – When the provider selects option 3 from the main menu, AVR prompts the provider to enter their N.C. Medicaid provider number for verification.

Drug Code – The AVR system prompts the provider to enter the 11-character drug code.

Date of Service – Once provider confirms the drug code entered, AVR prompts the provider to enter the date of service.

Drug Coverage Responses

- Drug code is covered.
- Drug code covered at MAC.
- Medicaid coverage for drug code is not allowed.
- Drug code is manually reviewed for Medicaid coverage. Please contact Provider Services.
- Medicaid coverage for drug code on date of service could not be determined.

End of Transaction – The provider is then given the option to continue with another drug coverage inquiry with the same or a different provider number or return to the main menu. AVR gives the following message:

> **"To check drug coverage on a different drug, press 1. To return to the main menu, press 8. To repeat these options, press 9. To end this call, please hang up."**

Option 4 – Procedure Code Pricing and Modifier Information Narrative

Procedure Code Pricing and Modifier Information – If the provider selects option 4 from the main menu, AVR presents the provider with a transaction menu in the following message:

> **"To obtain procedure code pricing information, press 1. To obtain modifier verification information, press 2. To obtain procedure code and modifier combination information, press 3. To repeat these options, press 9."**

Provider Number – AVR prompts the provider to enter their N.C. Medicaid provider number for verification.

Option 4, Selection 1 – Procedure Code Pricing with Treatment Codes

Procedure Code Prompt – AVR prompts the provider to enter a 5-character procedure code.

Date of Service Prompt – AVR prompts the provider to enter a date of service. Dates must be entered in the MMDDCCYY format.

Type of Treatment Prompt – AVR prompts the provider to continue with a type of Treatment (TOT) code or a modifier code. **Note:** Providers must use a 2-digit numeric code followed by the pound sign (#) to represent a numeric TOT code and a 1-digit numeric code followed by the pound sign (#) to represent an alphabetic TOT code.

Example: For TOT "E," press the number 3 on the telephone keypad followed by the pound sign (#). (Refer to Table A below for a list of the numeric codes to use when entering TOT codes.) Once the code has been entered, AVR responds with the following message:

> **"Pricing information reported by this system is subject to change based on specific pricing guidelines for each procedure code, type of treatment, or modifier. To continue your pricing inquiry with a type of treatment code, press 1. To continue your pricing inquiry with a modifier, press 2. To repeat these options, press 9."**

Table A – Type of Treatment Codes

Provider Inputs	Type of Treatment Codes	Description
01#	01	medical
02#	02	surgery
03#	03	consultation
04#	04	diagnostic x-ray, professional component
05#	05	diagnostic lab
06#	06	radiation therapy, professional component
07#	07	anesthesia
08#	08	assistant at surgery
09#	09	maternity
10#	10	eye exam
11#	11	dental
15#	15	optical
15#	15	hearing aid
15#	15	home health
15#	15	ambulance
15#	15	ambulatory surgery
31#	31	complete x-ray, technical component
3#	E	rental
6#	N	purchased new
8#	T	diagnostic x-ray, technical component
8#	U	purchased, used

If the inquiring provider is enrolled in more than one Population Group, the following message is given before pricing information is given:

> **"Population Groups you are enrolled in may be subject to different pricing."**

End of Transaction – Once the provider is given the response to the inquiry, they are given the option to check another procedure code, return to the procedure code menu or to return to the main menu. AVR responds with the following message:

> **"Please choose one of the following options. To check another procedure code, press 1. To return to the procedure code menu, press 2. To return to the main menu, press 8. To repeat these options, press 9. To end this call, please hang up."**

Option 4, Selection 2 – Modifier Code Verification Call Flow Narrative

Provider Number – When the provider chooses selection 2 from the procedure code menu, AVR prompts the provider to enter their N.C. Medicaid provider number for verification.

Modifier Code Verification – AVR prompts the provider for a modifier code.

End of Transaction – Once the modifier information is given to the provider, AVR responds with the following message:

> **"To verify another modifier code, press 1. To return to the procedure code menu, press 2. To return to the main menu, press 8. To repeat these options, press 9. To end this call, please hang up."**

Option 4, Selection 3 – Procedure Code/Modifier Combination Verification Narrative

Provider Number – When the provider chooses selection 3 from the procedure code menu, AVR prompts the provider to enter their N.C. Medicaid provider number for verification.

Procedure Code Prompt – AVR will prompt the provider for a procedure code.

Modifier Code Verification – Once a valid procedure code has been entered, AVR prompts the provider for a modifier code.

Date of Service – Once the provider confirms the modifier code, AVR asks for a date of service.

Host Response – AVR responds with a message if:

- the date of service, procedure code/modifier combination is valid
- the DOS is before the effective date or after the end date or the procedure code modifier combination is **not valid**

End of Transaction – Once the modifier information is given to the provider, AVR gives the following message:

> **"To verify another procedure code and modifier code combination, press 1. To return to the procedure code menu, press 2. To return to the main menu, press 8. To repeat these options, press 9. To end this call, please hang up."**

Option 5 – Prior Approval Narrative

Prior Approval Menu – If the provider selects option 5 from the main menu, AVR presents the provider with the following prior approval menu message:

> **"To verify if prior approval is required for a procedure code, press 1. To verify dental benefit limitations for a recipient, press 2. To verify refraction benefit limitations for a recipient, press 3. To verify DME prior approval for a recipient, press 4. To repeat these options, press 9."**

Option 5, Selection 1 – Prior Approval Information for Procedure Codes

Prior Approval General Comment – If the provider chooses selection 1 to verify prior approval requirements for a procedure code, AVR gives the following message:

> **"Prior approval constitutes medical approval only. Payment of claims is subject to compliance with Medicaid guidelines and restrictions."**

Provider Number – AVR prompts the provider to enter their N.C. Medicaid provider number for verification.

Procedure Code Prompt – AVR prompts the provider for a procedure code. **Note:** If the first two characters of the code are "RC," the call flow proceeds to the Revenue Code Message.

> **Revenue Code Message –** If the provider enters a revenue code, they will receive the following message:
>
> > **"Prior approval for revenue codes cannot be determined. Please contact Provider Services at (OFFICE NUMBER)."**

Type of Treatment or Modifier Option – The system prompts the provider to continue with a TOT code or a modifier code.

> **"To continue your inquiry with a type of treatment code, press 1. To continue your inquiry with a modifier, press 2. Surgical diagnosis codes 701.4 and 709.2 require prior approval regardless of procedure code. Please contact the Prior Approval Unit at (OFFICE NUMBER)."**

Type of Treatment Prompt – AVR prompts the provider to enter a TOT code.

Modifier Code Verification – If the provider chooses selection 2 for modifier entry, AVR prompts the provider for a modifier.

If the inquiring provider is enrolled in more than one Population Group the following message is given before prior approval information is given:

> **"Prior approval rules may vary for other Population Group programs that you are enrolled with."**

Host Response – AVR responds with one of the following messages:

- Prior approval for procedure code type of treatment input is not on file.
- Modifier code is not on file.
- Prior approval information is found.

End of Transaction – Once the provider is given a response to the inquiry, they will be given the option to check another procedure code or to return to the main menu. AVR responds with the following message:

> **"To determine if prior approval is required on a different procedure code, press 1. To return to the prior approval menu, press 3. To return to the main menu, press 8. To repeat these options, press 9. To end this call, please hang up."**

Option 5, Selection 2 – Dental Benefit Limitations Narrative

Dental Coverage – When the provider chooses selection 2 to verify dental coverage, AVR prompts the provider to enter their N.C. Medicaid provider number and MID number for verification.

Dental History Prompt – After receiving valid provider and recipient identification, AVR presents the provider with the following menu of choices:

> **"To verify dental x-ray history, press 1. To verify dental appliance history, press 2. To verify dental sealant history, press 3. To verify dental extraction history, press 4. To repeat these options, press 9."**

If the inquiring provider is enrolled in more than one Population Group the following message is given before the dental history information is given:

> **"Population Groups you are enrolled in may be subject to different limitations."**

Host Response – AVR responds with one of the following options:

- Option 1 – X-ray History Verification
- Option 2 – Dental Appliance History Verification
- Option 3 – Dental Sealant History Verification
- Option 4 – Dental Extraction History Verification

End of Transaction – Once the provider is given the response to the inquiry, they will be given the option to verify dental coverage for the same recipient, to verify coverage for a different recipient, return to the prior approval menu or return to the main menu. AVR responds with the following message:

> **"To verify additional dental history for this recipient, press 1. To verify dental history for a different recipient, press 2. To return to the prior approval menu, press 3. To return to the main menu, press 8. To repeat these options, press 9. To end this call, please hang up."**

Option 5, Selection 3 – Refraction Benefit Limitation Narrative

Optical Call Flow – When the provider chooses selection 3 to verify optical coverage, AVR prompts the provider to enter their N.C. Medicaid provider number and recipient's identification number (MID) for verification.

Program Coverage Indicator – AVR indicates one of three possible eligibility coverage types:

- Medicaid Pregnant Women Program
- Qualified Medicare Beneficiary
- N.C. Health Choice for Children

HMO Response – If a "no" indicator is given for Health Maintenance Organization (HMO) coverage, then the call flow continues to the Host Responses listed below, depending upon AVR response. If the recipient is covered by an HMO, the system responds with a "yes" indicator saying:

> **"The recipient is covered by a Health Maintenance Organization. No confirmation number can be issued. To verify refraction limitation on a different recipient, press 1. To determine which Health Maintenance Organization recipient identification number (MID) is covered by, please press 8 to return to the main menu to perform eligibility transactions. To end this call, please hang up.''**

If the inquiring provider is enrolled in more than one Population Group the following message is given before refraction benefit information is given:

> **"Population Groups you are enrolled in may be subject to different limitations."**

Host Response – AVR responds with one of the following messages:

- Recipient is not eligible for refractive services.
- Recipient is eligible for refractive services.

End of Transaction – Once the provider is given the response to the inquiry, they are given the option to check another refractive limitation, return to prior approval menu or return to the main menu. AVR responds with the following message:

> **"To verify eligibility/confirmation verification for a different recipient, press 1. To return to the prior approval menu, press 2. To return to the main menu, press 8. To repeat these options, press 9. To end this call, please hang up."**

Option 5, Selection 4 – DME Prior Approval Narrative

DME Prior Approval Verification – When the provider chooses selection 4 to verify DME, AVR prompts the provider to enter their N.C. Medicaid provider number and recipient MID number for verification.

Procedure Code Prompt – AVR prompts the provider to enter the procedure code:

Program Coverage Indicator – AVR indicates one of three possible eligibility coverage types:

- Medicaid Pregnant Women Program
- Qualified Medicare Beneficiary
- N.C. Health Choice for Children

HMO Response – If a "no" indicator is given for HMO coverage, then the call flow continues to the Host Responses listed below, depending upon the AVR response. If the recipient is covered by an HMO, the system responds with a "yes" indicator saying:

> **"The recipient is covered by a Health Maintenance Organization. No confirmation number can be issued. To verify DME limitation on a different recipient, press 1. To determine which Health Maintenance Organization recipient identification number is covered by, please press 8 to return to the main menu to perform eligibility transactions. To end this call, please hang up.''**

Host Response – AVR responds with one of the following messages for DME approval:

- Prior approval is not on file.
- Prior approval is on file.

End of Transaction – AVR has completed the DME Prior Approval Verification information inquiry. The provider may now request that AVR repeat the information provided or return to the main menu. AVR prompts the provider accordingly:

> **"To perform another DME Prior Approval transaction for the same recipient, press 1. To perform another DME Prior Approval transaction for a different recipient, press 2. To return to the Prior Approval menu, press 3. To return to the main menu, press 8. To repeat these options, press 9. To end this call, please hang up."**

Option 6 – Recipient Eligibility and Hospice Eligibility Narrative

Selection 1 – Eligibility and Coordination of Benefits

Provider Number Verification – When the provider selects option 6 from the main menu, AVR prompts the provider to enter their N.C. Medicaid provider number for verification.

After the provider number is verified, the prompt will allow a caller to go in either of two directions: Recipient Eligibility and Coordination of Benefits; or Hospice Eligibility. For Recipient Eligibility and Coordination of Benefits, choose selection 1.

> **"To verify Recipient Eligibility and Coordination of Benefits, press 1. To verify Hospice Eligibility, press 2. To repeat these options, press 3."**

Recipient Access Method Prompt – To obtain recipient eligibility information, the provider must enter a valid recipient MID number; **OR** a combination of the recipient's date of birth and social security number, **and** a "FROM" date of service. AVR prompts the provider to select a method for accessing the recipient data.

> **"Please select one of the following recipient identification options. To enter a recipient identification number, press 1. To enter a recipient date of birth and social security number, press 2."**

Date of Service Prompt – The provider must enter either a pound sign (#) only (for the current date) or a FROM date of service in the MMDDCCYY format.

Host Response – After receiving a valid provider number and recipient MID number, and "FROM" date of service, AVR determines whether or not the provider is authorized to access recipient eligibility information from the eligibility file.

Eligibility/Enrollment Prompt – The AVR will give the following response asking the provider to choose one of these two options:

"For eligibility information press 1. For enrollment information, press 2."

When the provider chooses selection 1 for eligibility information, the following information is given:

- Copay Response – AVR will indicate if a copayment is in the eligibility response.

- Community Alternatives Program Response – If CAP indicators are present, AVR gives the following messages:

  "The recipient is enrolled in the Community Alternatives Program. Contact the CAP Case Manager before rendering services."

- Medicare – If the eligibility response contains any Medicare coverage, AVR adds the following to the basic eligibility message:

  "For this period the recipient has Medicare (MEDICARE COVERAGE DESCRIPTION). The recipient's Medicare number is [(HIC NUMBER) or (NOT AVAILABLE)]."

- Other Insurance Coverage – If the eligibility response contains one or more Third Party Liability (TPL) segments, AVR gives certain TPL information for all basic and special eligibility messages in order of priority.

  "The recipient has other insurance through (TPL Carrier Code). The policy number is (TPL Policy #)."

- The AVR responds with up to three TPL segments. If more than three segments are returned, the call flow will give the following message:

  "There is/are (NUMBER OF CARRIERS) carrier/carriers remaining. To obtain information on additional carriers, please contact Provider Services at (OFFICE NUMBER)."

- Patient Liability – If AVR returns patient liability information, it will give the following message:

  "The recipient has a monthly liability of (LIABILITY AMOUNT). The recipient has (BALANCE) remaining to meet their liability. This amount will be withheld from inpatient claims only."

  If AVR finds that it can not determine a recipient balance, it will speak the following message:

  "The recipient has a monthly liability of (LIABILITY AMOUNT). The recipient liability balance could not be found on file. Please contact Provider Services at (OFFICE NUMBER)."

  Note: Use liability amount from your DMA-5016.

- Well Child Screening Date – If AVR returns a date of the last well child screening, it will give the following message:

  "The last date this recipient had a well child screening was (date from eligibility file)."

When the provider chooses selection 2 for Enrollment Information the following information is given:

- Up to six population groups that the recipient is enrolled with.
- Carolina ACCESS (CA) Response – If the CA indicators are present, AVR Responds with one or both of the following messages:

  If the message is unable to retrieve a provider name, please contact Provider Services at 1-800-688-6696.

  AND/OR

  "The recipient is enrolled in Carolina Access. The primary care provider's name is (PCP name). The day time phone number is (PCP day time phone number), and after hours phone number is (PCP after hours phone number)."

- Managed Care – If the eligibility response contains any Managed Care information, AVR adds the following to the basic eligibility message:

  "For this period, the recipient is enrolled in state-contracted Managed Care program (NAME OF PROGRAM). The phone number is (MCP-PHONE-NUMBER).

End of Transaction – AVR has completed the eligibility inquiry transaction. The provider may now request that AVR repeat the information provided or return to the main menu. AVR prompts the provider accordingly:

Selection 2 – Hospice Eligibility

Provider Number Verification – When the provider selects option 6 from the main menu, AVR prompts the provider to enter their N.C. Medicaid provider number for verification.

After the provider number is verified, the prompt allows a caller to go in either of two directions: Recipient Eligibility and Coordination of Benefits, or Hospice Eligibility. For Hospice Eligibility, the caller chooses selection 2.

"To verify Recipient Eligibility and Coordination of Benefits, press 1. To verify Hospice Eligibility, press 2. To repeat these options, press 3."

Recipient Access Method Prompt – To obtain recipient hospice status, the provider must enter a valid recipient MID number.

Date of Service Prompt – The provider must enter either a pound sign (#) key only (for the current date) or a "FROM" date of service in the MMDDCCYY format.

Host Response – After receiving valid provider and recipient identification and date of service, AVR initiates a transaction to the host to determine whether or not the provider is authorized to access recipient Hospice Eligibility information and, if authorized, to obtain hospice information.

End of Transaction – At this point, AVR has completed the Hospice Eligibility inquiry transaction. The provider may now request that AVR repeat the information provided or return to the main menu. AVR prompts the provider accordingly:

"To repeat the hospice status for this recipient, press 1. To verify another date of service for the same recipient, press 2. To verify hospice status for a different recipient, press 3. To return to the main menu, press 8. To repeat these options, press 9. To end this call, please hang up."

Option 7 – Sterilization Consent, Hysterectomy Statement Narrative

Sterilization Consent, Hysterectomy Statement – When the provider selects option 7 from the main menu, AVR prompts the provider to enter their N.C. Medicaid provider number for verification.

Transaction Selection – AVR presents the providers with the following transaction menu:

"Please choose one of the following options. To verify the status of a sterilization consent form, press 1. To verify the status of a hysterectomy statement, press 2. To repeat these options, press 9."

Selection 1:

- Recipient MID Number Prompt.
- Date of Service Prompt – AVR prompts the provider to enter the sterilization date of service.

  Note: The provider must enter the sterilization date of service in the MMDDCCYY format.

Host Response – After receiving valid Provider and Recipient identification and Sterilization date of service, AVR determines whether the provider is authorized to access Recipient information and the Sterilization Consent Screen database.

- Recipient MID Number Not on File.
- Recipient MID Number and Date of Service (DATE OF SERVICE), (CONSENT MESSAGE).
- No Valid Consent Form on File for Recipient.

End of Transaction – At this point, AVR has completed the Sterilization Consent information inquiry. The provider may now request that AVR repeat the information provided or return to the main menu. AVR prompts the provider accordingly:

"To return to the Sterilization Consent/Hysterectomy Statement menu Press 1. To return to the main menu Press 8. To repeat these options, press 9. To end this call, please hang up."

Selection 2:

- Recipient MID Number Prompt.
- Date of Service Prompt – AVR prompts the provider to enter the hysterectomy date of service.

  Note: The provider must enter the Hysterectomy date of service in a MMDDCCYY format.

Host Response – After receiving valid provider and recipient identification and the hysterectomy date of service, AVR determines whether the provider is authorized to access recipient information and the hysterectomy database.

- Recipient MID Number Not on File.
- Recipient MID Number and (APPROVAL MESSAGE).
- Date of Service – Checks to see if it corresponds with the "Date of Service" field in the hysterectomy database.

End of Transaction – At this point, AVR has completed the Hysterectomy Statement information inquiry. The provider may now request that AVR repeat the information provided or return to the main menu. AVR prompts the provider accordingly:

> **"To return to the Sterilization Consent/Hysterectomy Statement menu press 1. To return to the main menu, press 8. To repeat these options, press 9. To end this call, please hang up."**

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North Carolina Medicaid Program Automated Voice Response System

24 Hours Per Day
1-800-723-4337
Except 1:00 a.m. to 5:00 a.m. on the 1st, 2nd, 4th, & 5th Sunday,
and 1:00 a.m. to 7:00 a.m. on the 3rd Sunday

The Automated Voice Response (AVR) system allows enrolled providers to readily access detailed information pertaining to the North Carolina Medicaid program. Using a touch-tone telephone, providers may inquire about the following:

- ☎ Current Claim Status
- ☎ Procedure Code Pricing
- ☎ Hospice Participation
- ☎ Managed Care Enrollment *(Carolina ACCESS, ACCESS II, or HMO)*
- ☎ Checkwrite Information
- ☎ Prior Approval Information
- ☎ Refraction Benefit Limitations
- ☎ Drug Coverage Information
- ☎ Recipient Eligibility Verification
- ☎ Dental Benefit Limitations

Refer to the following transaction codes and information before placing your call. (**Note:** Providers are allowed up to 15 transactions per call.)

Transaction	**Description**	**Required Information**
1	Verify Claim Status	Provider Number, MID, "FROM DOS", Total Billed Amount
2	Checkwrite Information	Provider Number
3	Drug Coverage	Provider Number, Drug Code, and DOS
4	Procedure Code Pricing and Modifier Information	Provider Number, Procedure Code, Type of Treatment Code or Modifier Code
5	Prior Approval	Provider Number, Procedure Code, Type of Treatment Code or Modifier Code and MID
6	Recipient Eligibility and Coordination of Benefits, Managed Care Status and Hospice Status	Provider Number, MID or SSN#, DOS, and "FROM DOS" **Note: Response now includes HMO or Carolina ACCESS PCP Name, Phone Number.**
7	Sterilization Consent or Hysterectomy Statement	Provider Number, MID, and DOS
9	To Repeat Options 1 through 7	

Alphabetic Data Table

The following table is a reference for using alphabetic data. Use the numeric codes to identify the letters necessary. Be sure to place an * before entering the numeric codes.

A -*21	F -*33	K -*52	O -*63	S -*73	W -*91
B -*22	G -*41	L -*53	P -*71	T -*81	X -*92
C -*23	H -*42	M -*61	Q -*11	U -*82	Y -*93
D -*31	I -*43	N -*62	R -*72	V -*83	Z -*12
E -*32	J -*51				

The alphabetic code is represented by two digits. The first digit is the sequential number of the telephone keypad where the alphabetic character is located. The second digit is the position of the alphabetic character on the key. For example, "V" is on key #8 in the third position, thus 83.

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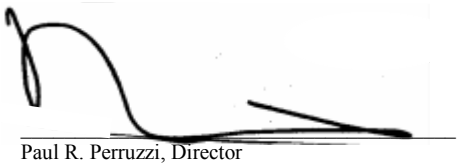

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