L AVRS Quick Reference Guide

The Alabama Medicaid Automated Voice Response System (AVRS) enables providers to access information regarding check amount, claim status, recipient eligibility and third party resources, drug and procedure code pricing, prior authorization requirements, and recipient household information. When you dial 1 (800) 727-7848, you can access this information 18-20 hours per day, seven days a week. This guide is intended to help you use AVRS quickly, accurately, and efficiently.

This quick reference guide consists of the following sections:

In This Section	***You Can Find Out About***
AVRS Basics	General information, such as hours of operations and the type of information available on AVRS; AVRS spoken requests and responses; function keys; and time-outs, invalid data, and errors. **Please note the alphabetic table in Section L.1.3, Special Function Keys, which provides a number combination for each letter of the alphabet. Providers who must enter alphabetic characters in AVRS should refer to this section for instructions.**
Accessing AVRS	Using the main menu and enter valid provider number. **You must enter a valid provider number to access any AVRS information. Option 0, the Provider Assistance Center, will be available during normal business hours to callers who do not enter a valid provider number.**
Verifying Check Amount	Selecting the appropriate main menu option and entering valid data to verify check amounts.
Accessing Claims Status	Selecting the appropriate main menu option and entering valid data to verify claims status.
Verifying Recipient Eligibility	Selecting the appropriate main menu option and entering valid data to verify recipient eligibility. **Providers have the option of receiving the eligibility response via fax. The instructions are included in this section.**
Accessing Pricing Information	Selecting the appropriate menu options and entering valid data to access pricing information for NDCs or procedure codes.
Accessing Prior Authorization Information	Selecting the appropriate menu option and entering valid data to access information about approved prior authorizations.
Accessing Household Information	Selecting the appropriate menu options and entering valid data to access information for recipient household members. **Providers have the option of receiving the household information response via fax. The instructions are included in this section.**

NOTE:

All AVRS responses are based on the information entered by the caller. Data is provided for informational purposes and is current only as of the inquiry date. This information is not a guarantee of payment. Claims submitted for payment are subject to system audits (medical policy), edits, and applicable limitations.

L.1 AVRS Basics

This section provides general information about AVRS that will help you use AVRS more efficiently and effectively. It provides general information on how to access AVRS and what information is provided and describes AVRS spoken requests and responses, special function keys, and global messages. Of particular importance is the alphabetic table, described in Section L.1.3, Special Function Keys, providing number combinations corresponding to the letters of the alphabet. Providers who must enter data that contains both numbers and letters should read this section.

L.1.1 General Information

AVRS is available approximately 18-20 hours per day, 7 days per week. Scheduled down times usually occur during off-peak hours, such as late at night or very early in the morning.

To access AVRS, you must use a touch tone phone. Providers with rotary dial phones should contact the HP Provider Assistance Center, from 8:00 a.m. until 5:00 p.m., Monday through Friday. For Pharmacy Providers only, the Pharmacy Help Desk is also available from 7:00 a.m. until 8:00 p.m. Monday through Friday, and on Saturdays from 9:00 a.m. to 5:00 p.m., and can be accessed by dialing 1 (800) 456-1242. Please refer to the Alabama Medicaid Provider Insider, a quarterly bulletin sent to Alabama Medicaid providers, for holiday schedules.

NOTE:

It is important to have all necessary information on hand prior to calling AVRS. AVRS is designed to give callers several chances to enter or correct data; however, the system will terminate the call if you fail to enter correct data within the allowed number of attempts, or if you cause the system to time-out. Please refer to Section L.1.4, Time-outs, Invalid Data, and Errors, for more information.

AVRS enables callers to access the following data:

Press Menu Option	***To Retrieve Information About***
1	Check amount for the current checkwrite.
2	Claim status, including the following information for pharmacy, Medicare-related, and non-Medicare related claims: • Paid amount and checkwrite date for paid claims • Message that the claim is in process for suspended claims • EOB codes and RA date for claim denials • Procedure or revenue code that denied or partially paid (for non-Medicare related claims, as appropriate) • ICN for fully or partially refunded claims

Press Menu Option	*To Retrieve Information About*
3	**Recipient eligibility verification** (option 1 on the sub-menu), including the following eligibility information: • Check digit for recipient number entered • Recipient last and first names • Current recipient number and check digit • Issue number for recipient ID card • Recipient date of birth and sex • Eligibility start and stop dates corresponding to the month of eligibility entered • Screening information, if selected • City • State • ZIP code • County code • Maternity waiver information, if applicable • Recipient aid category • Lock-in, lock-out, Long Term Care, and waiver information • Medicare HMO information and HIC number • Managed care information, including plan, PMP name, phone number, and 24-hour phone number At the end of the verification response, you may also retrieve the following recipient information using the recipient sub-menu: • **Benefit limits** (option 2 on the sub-menu), including inpatient, outpatient, and physician counts; eyeglass limitation counts; dental limits; and other counts • **Other insurance** (option 3 on the sub-menu), including the following third party policy information (for up to three policies): – Policy number – Company code and group number – Subscriber name and SSN – Coverage dates – Policy coverage information – Coverage limitation – Health Insurance Premium (HIP) information
4	Drug pricing information for the dispensed date entered, including prior authorization requirements
5	Procedure code pricing information, including prior authorization requirements and procedure coverage information, if applicable
6	Prior authorization verification for procedure code or NDC, including prior authorization number, status, start date, stop date, units or dollars authorized, and units or dollars used
7	Recipient household members. Allows the user to find a recipient Medicaid number for a member of the recipient's household. Information returned includes the following: - member number - name - date of birth - race - sex - certifying program

L.1.2 AVRS Spoken Requests and Responses

AVRS provides a spoken response to queries entered using a touch tone phone. Based on the information you enter, or the menu options you select, AVRS will provide a custom response. AVRS does this by translating responses to the data you enter into speech patterns.

Messages are spoken as recorded, because these do not change. However, other words, such as names, are spelled out. For instance, AVRS translates the last name “Doe” as D-O-E.

Likewise, AVRS speaks number values one number at a time. For example, the number ‘155’ is spoken as ‘one-five-five’, rather than ‘one hundred fifty-five’.

If the response represents a dollar amount, AVRS provides the response in a monetary format. For example, the dollar value ‘128432’ is represented as ‘one thousand, two hundred eighty-four dollars and thirty-two cents’.

AVRS translates date responses in a Gregorian format (the manner in which most of us express dates). For instance, the date ‘05/14/1999’ is spoken as ‘May fourteenth, nineteen ninety-nine’.

L.1.3 Special Function Keys

You will receive better, faster results using AVRS if you understand how to use the following special function keys.

End of Data

Because the length of data you enter may vary (for instance, while most Alabama Medicaid provider numbers have nine-digit numbers, some have eight-digit numbers, and all National Provider Identifier (NPI) numbers have ten digits), you must signal AVRS when you have finished entering data. The pound sign (#) is the symbol you use to do this. You should always enter the pound sign key to mark the end of the data you have just entered. The following examples illustrate how to use the pound sign (#) to mark the end of data:

To enter provider number 123456789	Press 123456789#
To enter procedure code 11111	Press 11111#

Repeat Response or Prompt

AVRS is designed to provide you the information you need by using a series of prompts and responses. The system ‘speaks’ requests to you, such as available menu options, or a request to enter data. If you want AVRS to repeat the message, press the asterisk (*) key on your touch tone phone.

Alphabetic Data

AVRS uses information keyed on a touch tone phone, which does not provide a key for each letter of the alphabet. Sometimes, you will have to enter data that contains letters as well as numbers (for instance, some Alabama Medicaid provider numbers contain letters and numbers). To do this, you must use a combination of the asterisk (*) key and **two** numbers to represent a particular letter.

The table below describes the number combinations that represent the letters of the alphabet:

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

Using this table as a guide, enter data with a combination of letters and number in the following way:

Actual Provider Number	ABC0099D
Enter the following in AVRS	*21 *22 *23 0099 *31
AVRS reads back this number	ABC0099D

L.1.4 Time-outs, Invalid Data, and Errors

AVRS can respond only to what is entered by you, the caller. To receive information from AVRS, you must enter valid data in the correct format. When you make an error or fail to enter information when prompted, AVRS gives you another chance to correct the mistake. If you do not correct the error or respond in a timely fashion, AVRS will end the call.

Maximum Errors Exceeded

You have three chances to enter correct data when prompted. If you exceed the limit, AVRS plays the following message:

> *We're sorry – the data you entered is invalid. If you would like assistance from the Provider Assistance Center, press 0.*

If you press 0, AVRS transfers you to the Provider Assistance Center, which will assist you during normal business hours. If you do not press 0 within 10 seconds, AVRS ends the call.

Maximum Time-outs Exceeded

You have ten seconds to enter requested data. The first time you exceed this limit, AVRS prompts you to enter the data. If you exceed the limit a second time, AVRS plays the following message:

> *You have not responded with the requested information. If you would like assistance from the Provider Assistance Center, press 0.*

If you press 0, AVRS transfers you to the Provider Assistance Center, which will assist you during normal business hours. If you do not press 0 within 10 seconds, AVRS ends the call.

Invalid Data

If you enter a value that is not described as a menu option (for instance, if you press '9' after listening to the main menu, when '9' is not a valid option), AVRS plays the following:

Invalid option. Please re-enter.

AVRS then replays the menu options.

Maximum Transactions Exceeded

To ensure AVRS is available to all providers, you are limited to ten (10) transactions per phone call. For each main menu item, AVRS counts **one** transaction using the following criteria:

- For 'Check Amount,' (Option 1), each time you enter a different provider number
- For 'Claims Status' (Option 2), each time you check another claim for the same recipient, or each time you check a claim for a different recipient
- For 'Recipient Eligibility Verification' (Option 3), each time you verify eligibility for a recipient
- For 'Drug Pricing Information' (Option 4), each time you enter an NDC
- For 'Procedure Code Pricing Information' (Option 5), each time you enter a procedure code
- For 'Prior Authorization Verification' (Option 6), each time you enter a procedure code or NDC
- For 'Household Inquiry' (Option 7), each time you request an inquiry for recipient household information

When you exceed the ten transaction limit, AVRS ends the call after playing the following message:

In order to serve as many callers as possible, we must limit the number of inquiries per call. Please call again for any additional inquiries you may have.

L.2 Accessing the AVRS Main Menu

When you dial 1 (800) 727-7848 to access AVRS, the system supplies the following greeting:

Good morning (good afternoon, or good evening). Welcome to the Alabama Medicaid Voice Response Inquiry System.

If the system is unavailable, the following message plays:

The Alabama Medicaid Voice Response Inquiry System is currently unavailable. Please call back later or call the Provider Assistance Center at 1 (800) 392-5741 between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday.

If you wish to have confirmation after entering required information, press 1 when prompted. For the remainder of the call data entered will be repeated back to you and then ask you to confirm before continuing. Press 2 if you do not wish to have confirmation.

You must enter a valid NPI or Alabama Medicaid provider number to access any AVRS information. If your NPI is shared by multiple provider location ZIP codes and / or taxonomy numbers, you may be prompted to enter your nine-digit ZIP+4 code and, if necessary, your ten-digit taxonomy number.

If AVRS is available, the system provides the Main Menu. Callers may choose from the following menu options:

- Check amount (press 1)
- Claims status (press 2)
- Recipient eligibility verification (press 3)
- Drug pricing information (press 4)
- Procedure code pricing information (press 5)
- Prior authorization verification (press 6)
- Recipient household information (press 7)
- Provider Assistance Center (press 0)

Providers calling from a rotary phone are instructed to hold for the provider unit during normal business hours, or to call back during normal business hours to speak with a representative of the Provider Assistance Center.

L.3 Verifying a Check Amount

To verify a check amount, press 1 (the number one) from the Main Menu. AVRS prompts you to enter your National Provider Identifier (NPI) or Alabama Medicaid provider number. After AVRS verifies your NPI, the system returns the following information:

- Check amount for the current checkwrite

Once you have listened to the response, you may choose from the following options, as prompted by AVRS:

- Press 1 to repeat the checkwrite response
- Press 2 to obtain checkwrite information for another provider number
- Press 9 to return to the Main Menu
- Press 0 to speak with a Provider Assistance Center representative (please note that the Provider Assistance Center is available during normal business hours only)
- Hang up to end the call

NOTE:

AVRS returns check amount information based on the payee, or billing provider number. You must have a valid payee provider number in order to complete a successful query. For group practices where several providers receive a single check, the check amount given will be for the entire group.

L.4 Accessing Claims Status

To access claims status, press 2 (the number two) from the Main Menu. AVRS prompts you for your NPI or billing provider number and the Alabama Medicaid recipient ID number entered on the claim form. Once you have entered this data, you may choose from the following options, as prompted by AVRS:

- Press 1 for pharmacy claims
- Press 2 for non-Medicare related claims
- Press 3 for Medicare related claims
- Press 9 to return to the Main Menu
- Press 0 to speak with a Provider Assistance Center representative (please note that the Provider Assistance Center is available during normal business hours only)

L.4.1 Pharmacy Claim Status

To access claims status for pharmacy claims, you must enter the following data:

- Eleven-digit NDC, followed by the pound sign
- Dispensed date in MMDDCCYY format, followed by the pound sign
- Billed amount, including dollars and cents, followed by the pound sign. **Do not include a decimal point. You may enter a maximum of nine digits.**

AVRS has now collected the required input data, and can perform a query to retrieve the requested information. If AVRS cannot find a match for the provider or recipient, the system prompts you to re-enter the data. If the provider and recipient data are valid, AVRS returns one of the following responses:

- System could not find a claim that matches the search criteria
- Paid amount, checkwrite date, and ICN for paid claims
- Message that the claim is in process for suspended claims
- EOB codes and RA date for claim denials

The system also returns similar messages if more than one claim matches the search criteria. Once you have listened to the response, you may choose from the following options, as prompted by AVRS:

- Press 1 to repeat the claim status response
- Press 2 to check another claim for the same recipient
- Press 3 to check a claim for another recipient
- Press 4 to enter another provider number
- Press 9 to return to the Main Menu
- Press 0 to speak with a Provider Assistance Center representative (please note that the Provider Assistance Center is available during normal business hours only)
- Hang up to end the call

L.4.2 Non-Medicare Claim Status

To access claims status for non-Medicare claims, you must enter the following data:

- From date of service in MMDDCCYY format, followed by the pound sign
- Through date of service in MMDDCCYY format, followed by the pound sign

- Billed amount, including dollars and cents, followed by the pound sign. **Do not include a decimal point. You may enter a maximum of nine digits.**

AVRS has now collected the required input data, and can perform a query to retrieve the requested information. If AVRS cannot find a match for the provider or recipient, the system prompts you to re-enter the data. If the provider and recipient data are valid, AVRS returns one or more of the following responses:

- System could not find a claim that matches the search criteria
- Paid amount, checkwrite date, and ICN for paid claims
- Message that the claim is in process for suspended claims
- EOB codes and RA date for claim denials
- Line item number, procedure or revenue code, and EOB code for each denied line item
- Paid amount, checkwrite date, and ICN for partially paid claims
- Line item, procedure or revenue code, and paid amount for each paid detail on a partially paid claim
- Line item, procedure or revenue code, and EOB code for each denied detail on a partially paid claim

The system also returns similar messages if more than one claim matches the search criteria. Once you have listened to the response, you may choose from the following options, as prompted by AVRS:

- Press 1 to repeat the claim status response
- Press 2 to check another claim for the same recipient
- Press 3 to check a claim for another recipient
- Press 4 to enter another provider number
- Press 9 to return to the Main Menu
- Press 0 to speak with a Provider Assistance representative (please note that the Provider Assistance Center is available during normal business hours only)
- Hang up to end the call

L.4.3 Medicare Claim Status

To access claims status for Medicare claims, you must enter the following data:

- From date of service in MMDDCCYY format, followed by the pound sign
- Through date of service in MMDDCCYY format, followed by the pound sign
- Billed amount, including dollars and cents, followed by the pound sign. **Do not include a decimal point. You may enter a maximum of nine digits.**

AVRS has now collected the required input data, and can perform a query to retrieve the requested information. If AVRS cannot find a match for the provider or recipient, the system prompts you to re-enter the data. If the provider and recipient data are valid, AVRS returns one or more of the following responses:

- System could not find a claim that matches the search criteria
- Paid amount, checkwrite date, and ICN for paid claims
- Message that the claim is in process for suspended claims
- EOB codes and RA date for claim denials
- Line item number, procedure or revenue code, and EOB code for each denied line item
- Message that claim has been partially refunded and ICN for partially refunded claim
- Message that claim has been fully refunded, and ICN for fully refunded claim

The system also returns similar messages if more than one claim matches the search criteria. Once you have listened to the response, you may choose from the following options, as prompted by AVRS:

- Press 1 to repeat the claim status response
- Press 2 to check another claim for the same recipient
- Press 3 to check a claim for another recipient
- Press 4 to enter another NPI
- Press 9 to return to the Main Menu
- Press 0 to speak with a Provider Assistance representative (please note that the Provider Assistance Center is available during normal business hours only)
- Hang up to end the call

L.4.4 Verifying Recipient Eligibility

To verify recipient eligibility, press 3 (the number three) from the Main Menu. AVRS prompts you for the following:

- Your NPI or Alabama Medicaid provider number, followed by the pound sign
- A valid Alabama Medicaid recipient number, or the recipient's Social Security Number and Date of Birth, each followed by the pound sign
- Eligibility date, either for the current month (simply press the pound (#) sign) or for a previous month for which you must enter the date in MMCCYY format, followed by the pound sign
- Press 1 to hear all screening types; otherwise press 2
- Patient account number, if applicable (to bypass this, simply press the pound (#) sign)

NOTE:

The patient account number is an optional field. It reflects your internal patient account number. You may find it helpful to enter this number if you wish to receive a fax response and would like the number to display on the response. You may enter a maximum of 15 digits.

AVRS verifies the data you entered (except for the patient account number) and returns a message if the recipient is not eligible for the eligibility dates entered. If the recipient is eligible, you may choose from the following sub-menu options, as prompted by AVRS:

- Press 1 for eligibility information
- Press 2 for benefit limits
- Press 3 for other insurance
- Press 9 to return to the Main Menu
- Press 0 to speak with a Provider Assistance Center representative (please note that the Provider Assistance Center is available during normal business hours only)

L.4.5 General Eligibility Information

You can receive a faxed copy of the eligibility response. Instructions are provided below.

Prior to playing the response, you may choose from the following options, prompted by AVRS:

- Press 1 to receive a fax only response of the eligibility information
- Press 2 to receive a voice only response
- Press 3 if you want both a fax and voice response

Receiving a Fax

When you select Option 1 or 3, AVRS prompts you to enter your ten-digit fax number (three-digit area code plus the seven-digit number), followed by the pound (#) sign. The system will send a fax transmission to the number you entered.

AVRS provides the following eligibility information for the recipient number entered:

- Check digit for recipient number entered
- Recipient last and first names
- Current recipient number and check digit
- Issue number for recipient ID card
- Recipient date of birth and sex
- Eligibility start and stop dates corresponding to the month of eligibility entered
- Screening information, if selected
- City
- State
- ZIP code

- County code
- Maternity waiver information, if applicable
- Recipient aid category
- Lock-in, lock-out, Long Term Care, and waiver information
- Medicare HMO information and HIC number
- Managed care information, including plan name, PMP name, phone number, and 24-hour phone number

Once the response has played, you may choose from the following options, prompted by AVRS:

- Press 1 to repeat the message
- Press 2 to speak back service type coverage and patient responsibility
- Press 3 to continue

Selecting Option 2 to speak back service type coverage and patient responsibility

Option 2 speaks back the service type coverage and financial responsibility for the recipient's benefit plan. The copay can be zero, a fixed rate, or include an amount range based on the benefit plan. The table below shows the service types to be spoken back along with an example of amounts for co-insurance, deductible and copay.

NOTE:

The numbers provided below are examples and not actual minimums or maximums.

Plan	Co-Insurance	Deductible	Copay Minimum	Copay Maximum
Medical Care	0	0	0	50.00
Benefit Plan	0	0	0	50.00
Chiropractic	0	0	0	50.00
Dental	0	0	0	50.00
Hospital	0	0	0	50.00
Hospital-Inpat	0	0	0	50.00
Hospital-Outpat	0	0	0	50.00
Emergency SVC	0	0	0	50.00
Pharmacy	0	0	0	50.00
Physician Off Visit	0	0	0	50.00
Vision	0	0	0	50.00
Mental Health	0	0	0	50.00
Urgent Care	0	0	0	50.00

This information is returned by default on the fax back if fax back is selected. It is shown on the fax back under the 'Eligibility Information' section where the benefit plan information is located. Just below the Aid Category and Description the service types table will be shown as above with the correlating information.

After the service type coverage and patient responsibility is spoken back the following options are given.

- Press 1 to repeat the message
- Press 2 to continue

Selecting Option 3 to Continue

Option 3 accesses a menu that enables you to do the following:

- Press 1 to continue researching eligibility, such as benefit limits or other insurance, for the same recipient
- Press 2 to verify eligibility for another recipient
- Press 3 to enter another provider number
- Press 9 to return to the Main Menu
- Press 0 to speak with a Provider Assistance Center representative (please note that the Provider Assistance Center is available during normal business hours only)
- Hang up to end the call

If you select Option 1, AVRS allows you to check benefit limits or other insurance for the recipient number you entered.

L.4.6 Benefit Limits

To access benefit limits (option 2 on the sub-menu) for the recipient number you entered, choose from the following options:

- Press 1 for inpatient, outpatient, and physician counts
- Press 2 for eyeglass limitation counts
- Press 3 for dental limits
- Press 4 for other counts
- Press 5 to repeat the message
- Press 9 to return to the Main Menu
- Press 0 to speak with a Provider Assistance Center representative (please note that the Provider Assistance Center is available during normal business hours only)

If you choose options 1-4, AVRS responds with the applicable limitation information, then prompts you to select from the following:

- Press 1 to repeat the response
- Press 2 to inquire on other limits for the recipient you entered
- Press 3 to continue

If you select Option 3 (to continue), AVRS allows you to request another type of recipient information for the same recipient; check eligibility for another recipient; enter another provider number; return to the Main Menu; speak with a Provider Assistance Center representative; or end the call.

Inpatient, Outpatient, and Physician Counts

AVRS provides the effective date of the limitation counts and the paid and suspended counts for the following limits:

- Inpatient hospital days
- Outpatient hospital days

- Physician office visits

Eyeglass Limitation Counts

AVRS provides the effective date of the limitation counts and the paid and suspended counts for the following limits:

- Eyeglass frames
- Eyeglass lenses
- Eyeglass fitting exams
- Eyeglass exams

Dental Limitation Counts

When available, AVRS provides the paid and suspended counts for the following limits:

- Space maintainers
- Fluoride
- Prophylaxis
- Full or panoramic X-rays
- Oral exams

Other Counts

AVRS provides the effective date of the limitation counts and the paid and suspended counts for the following limits:

- Home health visits
- Ambulatory surgery center visits
- Dialysis services

Screening Information

AVRS provides the last EPSDT screening date for the following screening types:

- Medical screening
- Dental screening
- Vision screening
- Hearing screening

Please note that EPSDT screenings for recipients under three years of age occur more frequently than yearly. Please refer to Appendix A, EPSDT, for screening schedules.

L.4.7 Other Insurance

AVRS indicates the number of third party policies (option 3 on the sub-menu) on file for the recipient. AVRS will provide the following information for up to three (3) third party policies:

- Policy number
- Company code and group number
- Subscriber name and SSN
- Coverage dates
- Policy coverage information
- Coverage limitation
- Health Insurance Premium (HIP) information

When the response concludes, AVRS provides you with the following options:

- Press 1 to continue researching eligibility, such as benefit limits or other insurance, for the same recipient
- Press 2 to verify eligibility for another recipient
- Press 3 to enter another provider number
- Press 9 to return to the Main Menu
- Press 0 to speak with a Provider Assistance Center representative (please note that the Provider Assistance Center is available during normal business hours only)
- Hang up to end the call

L.5 Accessing Pricing Information

AVRS allows you to verify pricing information for NDCs and procedure codes.

L.5.1 Drug Pricing

To verify pricing information for drugs, press 4 (the number 4) from the Main Menu. AVRS prompts you for the following:

- Your NPI or Alabama Medicaid provider number, followed by the pound sign
- A valid, 11-digit NDC, followed by the pound sign
- The dispensed date in MMDDCCYY format, followed by the pound sign

AVRS performs a query and responds with the Reimbursement Rate Per Unit (RPU) price on file and whether the NDC requires a prior authorization. The system then allows you to choose from the following options:

- Press 1 to repeat the message
- Press 2 to check another NDC for the same provider
- Press 3 to verify the prior authorization number
- Press 9 to return to the Main Menu
- Press 0 to speak with a Provider Assistance Center representative (please note that the Provider Assistance Center is available during normal business hours only)
- Hang up to end the call

L.5.2 Procedure Code Pricing

To verify pricing information for procedure codes, press 5 (the number 5) from the Main Menu. AVRS prompts you for the following:

- Your NPI or Alabama Medicaid provider number, followed by the pound sign
- A valid, five-digit procedure code, followed by the pound sign
- Up to four modifiers, each followed by the pound sign, if applicable (to bypass this, simply press the pound (#) sign)
- The date of service in MMDDCCYY format, followed by the pound sign

AVRS performs a query and responds with the price on file, whether the procedure code requires a prior authorization, and procedure coverage information, if applicable. The system then allows you to choose from the following options:

- Press 1 to repeat the message
- Press 2 to check another procedure code for the same provider
- Press 3 to check another modifier for the same procedure
- Press 4 to enter another provider number
- Press 5 to verify the prior authorization number
- Press 9 to return to the Main Menu
- Press 0 to speak with a Provider Assistance Center representative (please note that the Provider Assistance Center is available during normal business hours only)
- Hang up to end the call

L.6 Inquiring About Prior Authorization Information

To inquire about approved prior authorizations (PAs), press 6 (the number 6) from the main menu. AVRS prompts you for the following:

- Your NPI or Alabama Medicaid provider number, followed by the pound sign
- The five-digit procedure code or 11-digit NDC, followed by the pound sign
- Up to four modifiers, if inquiring on a PA for a procedure code, each followed by the pound sign, if applicable (to bypass this, simply press the pound (#) sign)

AVRS performs a query and responds with the following information for the PA:

- Multiple PAs found message, if multiple PAs found that match the input criteria
- PA number
- PA status
- Start and stop dates, for approved PAs only
- Units or dollars authorized, for approved PAs only
- Units or dollars used, for approved PAs only

If multiple PAs are found, AVRS states *More PAs exist. To hear the next PA, press 1. To continue, press 2. To repeat the message you just heard, press *.*

- Press 1 to continue to the next PA information
- Press 2 to skip the next PA information and conclude the response
- Press * to repeat the subsystem message options

When the response concludes, AVRS provides you with the following options:

- Press 1 to repeat the message
- Press 2 to check another procedure code or NDC for the same provider
- Press 3 to enter another provider number
- Press 9 to return to the Main Menu
- Press 0 to speak with a Provider Assistance Center representative (please note that the Provider Assistance Center is available during normal business hours only)
- Hang up to end the call

L.7 Recipient Household Inquiry

To request information about recipient household members, press 7 (the number 7) from the main menu. AVRS prompts you for the following:

- Your NPI or Alabama Medicaid provider number, followed by the pound sign
- The parent/guardian's 12-digit recipient Medicaid number, or the parent/guardian's 9-digit Social Security Number, followed by the pound sign
- The household member's date of birth

You can receive a faxed copy of the household information. Instructions are provided below.

Prior to playing the response, you may choose from the following options, prompted by AVRS:

- Press 1 to receive a fax only response of the household information
- Press 2 to receive a voice only response
- Press 3 if you want both a fax and voice response

Receiving a Fax

When you select Option 1 or 3, AVRS prompts you to enter your ten-digit fax number (three-digit area code plus the seven-digit number), followed by the pound (#) sign. The system will send a fax transmission to the number you entered.

AVRS performs a query and responds with the following information for the household inquiry:

- Member Number
- Member Name
- Member Date of Birth
- Member Race
- Member Sex
- Certifying Program

When the response concludes, AVRS provides you with the following options:

- Press 1 to continue
- Press 2 to repeat the message just heard
- Press 3 to hear the previous member's information
- Press 4 to repeat this member's information
- Press 5 to enter another provider number
- Press 6 to perform another transaction with a different recipient
- Press 7 to enter another Date of Birth for the same parent/guardian
- Press 9 to return to the Main Menu
- Press 0 to speak with a Provider Assistance Center representative (please note that the Provider Assistance Center is available during normal business hours only)
- Hang up to end the call