

**NEW YORK STATE
MEDICAID PROGRAM**

INFORMATION FOR ALL PROVIDERS

THIRD PARTY INFORMATION

Table of Contents

THIRD PARTY HEALTH RESOURCES	2
INSURANCE COVERAGE CODES	3
RECIPIENT OTHER INSURANCE CODES.....	6
PREPAID CAPITATION PLANS (PCP).....	7
COUNTY/DISTRICT CODES	8

Third Party Health Resources

Insurance codes are used to identify Third Party Resources (TPR) other than Medicaid and Medicare, under which a client has insurance coverage. Such coverage must be utilized for payment of medical services prior to submitting claims to Medicaid.

Under MEVS, information specific to TPR will be reported to you when you request an eligibility verification for a Medicaid recipient. The MEVS response via the Verifone Omni 3750 terminal or alternate access will be INS and COV codes followed by a two-digit insurance code and up to 20 alphabetic coverage codes or the word ALL indicating what services are covered. The telephone response will be insurance and coverage codes and a two-digit insurance code, and up to 20 messages or ALL indicating what services are covered. Please refer to the MEVS Provider Manual for more detailed information on eligibility verifications, which can be found on the eMedNY website at: <http://www.emedny.org/manuals/mevs.html>

The MEVS response will include information on a maximum of two third party insurance carriers. If a Medicaid recipient is covered by more than two carriers you will receive a response of ZZ as an insurance code which indicates additional insurance. To obtain coverage information when there are more than two carriers, call 1-800-343-9000.

Insurance Coverage Codes

The following codes are used in MEVS responses to designate the scope of benefits provided by an insurance company.

Codes	Description	Explanation
A	Inpatient Hospital	All inpatient services are covered except psychiatric care.
B	Physician In-Office	Services provided in the physician's office are generally covered.
C	Emergency Room	Self-Explanatory.
D	Clinic	Both hospital based and free-standing clinic services are covered.
E	Psychiatric Inpatient	Self-Explanatory.
F	Psychiatric Outpatient	Self-Explanatory.
G	Physician In-Hospital	Physician services provided in a hospital or nursing home are covered.
H	Drugs No Card	Drug coverage is available but a drug card is not needed.
I	Lab/X-Ray	Laboratory and x-ray services are covered.
J	Dental	Self-Explanatory.
K	Drugs Co-pay	Although the insurance carrier expects a co-payment, you may not request it from the recipient. If the insurance payment is less than the Medicaid fee, you can bill Medicaid for the balance, which may cover the co-payment.

Information For All Providers, Third Party Information

L	Nursing Home	Some nursing home coverage is available. You must bill until benefits are exhausted.
M	Drugs Major Medical	Drug coverage is provided as part of a Major medical policy.
N	All Physician Services	Physician services, without regard to where they were provided, are covered.
O	Drugs	Self-Explanatory.
P	Home Health	Some home health benefits are provided. Continue to bill until benefits are exhausted.
Q	Psychiatric Services	All psychiatric services, inpatient and outpatient, are covered.
R	ER and Clinic	Self-Explanatory.
S	Major Medical	The following services are covered: physician, clinic, emergency room, inpatient, laboratory, referred ambulatory, transportation and durable medical equipment.
T	Transportation	Medically necessary transportation is covered.
U	Coverage to Complement Medicare	All services paid by Medicare, which require a coinsurance or deductible payment, should be billed to the insurance carrier prior to billing Medicaid.
V	Substance Abuse Services	All substance abuse services regardless of where they are provided are covered.
W	Substance Abuse Outpatient	Self-Explanatory.
X	Substance Abuse Inpatient	Self-Explanatory.
Y	Durable Medical Equipment	Self-Explanatory.
Z	Optical	Self-Explanatory.

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All All of the above All services are covered.

Recipient Other Insurance Codes

These codes indicate other insurance carriers under which the recipient may be covered.

Information regarding recipient other insurance coverage can be found at:

Prepaid Capitation Plans (PCP)

Information regarding recipient PCP coverage can be found at:

County/District Codes

An alpha listing of all the counties and their corresponding district codes is listed below.

01	Albany	31	Onondaga
02	Allegany	32	Ontario
03	Broome	33	Orange
04	Cattaraugus	34	Orleans
05	Cayuga	35	Oswego
06	Chautauqua	36	Otsego
07	Chemung	37	Putnam
08	Chenango	38	Rensselaer
09	Clinton	39	Rockland
10	Columbia	40	St. Lawrence
11	Cortland	41	Saratoga
12	Delaware	42	Schenectady
13	Dutchess	43	Schoharie
14	Erie	44	Schuyler
15	Essex	45	Seneca
16	Franklin	46	Steuben
17	Fulton	47	Suffolk
18	Genesee	48	Sullivan
19	Greene	49	Tioga
20	Hamilton	50	Tompkins
21	Herkimer	51	Ulster
22	Jefferson	52	Warren
23	Lewis	53	Washington
24	Livingston	54	Wayne
25	Madison	55	Westchester
26	Monroe	56	Wyoming
27	Montgomery	57	Yates
28	Nassau	66	New York City
29	Niagara	97	OMH Administered
30	Oneida	98	OMR/DD Administered
		99	Breast and Cervical Cancer Treatment Program