

**NEW YORK STATE PROGRAMS
MEVS INSTRUCTIONS FOR COMPLETING A TELEPHONE TRANSACTION**

- Be sure to convert all alpha characters to numeric prior to dialing.
- Press * (asterisk key) once to clear a mistake; or to repeat a response.
- Once you are familiar with the prompts and wish to make your entries without waiting for the prompts, just continue to enter the data in the proper sequence. As in all transactions (prompted or unprompted), press the # key after each entry.
- For assistance or further information on input or response messages, call the Provider Services staff at **1-800-343-9000**.
- For some prompts, if entry is invalid, the ARU will repeat the prompt. This allows you to correct the entry without re-keying the entire transaction.
- The call is terminated if excessive errors are made.
- For description or clarification of any response, see the MEVS Provider Manual.
- Nonapplicable prompts may be bypassed by pressing #.
- To be transferred directly to an eMedNY Provider Services Representative, press "0" on the telephone keypad at any time during the first four prompts. The following message will be heard: "The ARU Zero Out Option". You will then be transferred to the eMedNY Provider Services Helpdesk.
- To begin the transaction, Dial **1-800-997-1111**

<u>VOICE PROMPT</u>	<u>ACTION/INPUT</u>	<u>ALPHA CONVERSION CHART</u>
NEW YORK STATE MEDICAID	None	A = 21 H = 42 O = 63 V = 83 B = 22 I = 43 P = 71 W = 91 C = 23 J = 51 Q = 11 X = 92 D = 31 K = 52 R = 72 Y = 93 E = 32 L = 53 S = 73 Z = 12 F = 33 M = 61 T = 81 G = 41 N = 62 U = 82
IF ENTERING ALPHANUMERIC (CIN) IDENTIFIER, ENTER NUMBER 1	Enter 1 or 2	
IF ENTERING NUMERIC IDENTIFIER (ACCESS #) ENTER NUMBER 2	Press #.	

ENTER IDENTIFICATION NUMBER	Enter the client's converted alphanumeric Medicaid number (CIN) or numeric access number. Press #.
ENTER NUMBER 1 FOR SERVICE AUTHORIZATION OR NUMBER 2 FOR ELIGIBILITY INQUIRY	Enter 1 or 2. Press #.
ENTER SEQUENCE NUMBER	If the Identification Number entry was a Medicaid number (CIN), enter the two-digit sequence number. No entry is necessary if the numeric Access Number was entered. Press # to bypass the prompt.
ENTER DATE	Press # for today's date or enter MMDDYY for verification on a previous date of service. Press #.
ENTER PROVIDER NUMBER	Enter Provider Identification Number. Press #.
ENTER SPECIALTY CODE	If applicable, enter the three-digit specialty code and press #, or press # to bypass.
ENTER REFERRING PROVIDER NUMBER	Enter the Medicaid provider number of the referring provider. Press #. If the client is not a referral, press # to bypass this prompt.
ENTER FIRST CO-PAYMENT TYPE	Enter the converted co-payment type or press # to bypass the rest of the co-payment prompts.
ENTER CO-PAYMENT UNITS	Enter the number of units being rendered or press # to bypass the rest of the co-payment prompts.
ENTER SECOND CO-PAYMENT TYPE	Enter the converted co-payment type or press # to bypass the rest of the co-payment prompts.
ENTER CO-PAYMENT UNITS	Enter the number of units being rendered or press # to bypass the rest of the co-payment prompts.

VOICE PROMPT

ENTER THIRD CO-PAYMENT TYPE

ACTION/INPUT

Enter the converted co-payment type or press # to bypass the rest of the co-payment prompts.

ENTER CO-PAYMENT UNITS

Enter the number of units being rendered or press # to bypass the rest of the co-payment prompts.

ENTER FOURTH CO-PAYMENT TYPE

Enter the converted co-payment type or press # to bypass the rest of the co-payment prompts.

ENTER CO-PAYMENT UNITS

Enter the number of units being rendered or press # to bypass the rest of the co-payment prompts.

ENTER NUMBER OF SERVICE UNITS

Enter the total number of service units rendered. Press #.

IF YOU ARE A DESIGNATED POSTING PROVIDER, ENTER NUMBER OF LAB TESTS YOU ARE ORDERING

If you are a designated Posting Provider, Enter the total number of Lab tests being ordered and Press# or Press # to bypass.

IF YOU ARE A DESIGNATED POSTING PROVIDER, ENTER NUMBER OF PRESCRIPTIONS OR OVER THE COUNTER ITEMS YOU ARE ORDERING

If you are a designated Posting Provider, Enter the total number of prescriptions or over the counter items being ordered and Press #, or Press # to bypass.

ENTER ORDERING PROVIDER NUMBER

Enter the MMIS Provider Identification Number or Profession Code and License Number of the ordering provider, if applicable. Press # or Press # to bypass.

RESPONSES

TELEPHONE RESPONSE

DESCRIPTION/COMMENTS

MEDICAID NUMBER AA22346D

The response begins with the client's eight-digit Medicaid CIN.

COUNTY CODE XX

Client's two-digit county code.

COMMUNITY COVERAGE WITH COMMUNITY BASED LONG TERM CARE

Client is eligible to receive most Medicaid services. See MEVS Provider Manual for excluded services.

COMMUNITY COVERAGE WITHOUT LONG TERM CARE

Client is eligible for acute inpatient care, care in a psychiatric center, some ambulatory care, prosthetics, and short-term rehabilitation services. See MEVS Provider Manual for excluded services.

ELIGIBLE CAPITATION GUARANTEE

Indicates guaranteed status under a Prepaid Capitation Program (PCP).

ELIGIBLE EXCEPT NURSING FACILITY SERVICES

Client is eligible to receive all Medicaid services except nursing facility services provided in a SNF or inpatient setting. See MEVS Provider Manual for limited and excluded services.

ELIGIBLE ONLY FAMILY PLANNING SERVICES

Client is eligible for Medicaid covered family planning services.

ELIGIBLE ONLY OUTPATIENT CARE

Client is eligible for all ambulatory care, including prosthetics, no inpatient coverage.

ELIGIBLE PCP

Client covered by a Prepaid Capitation Program (PCP) as well as eligible for limited fee-for-service benefits.

EMERGENCY SERVICES ONLY

Client is eligible for emergency services only.

FAMILY HEALTH PLUS

Client is enrolled in the Family Health Plus Program (FHP).

MEDICAID ELIGIBLE

Client is eligible for all benefits.

RESPONSES (contd.)

TELEPHONE RESPONSE

MEDICAID ELIGIBLE HR UTILIZATION THRESHOLD

DESCRIPTION/COMMENTS

Client is eligible to receive all Medicaid services with prescribed limits. A service authorization must be obtained for services limited under Utilization Threshold.

MEDICARE COINSURANCE AND DEDUCTIBLE ONLY

Client is eligible for payment of Medicare coinsurance and deductibles only.

OUTPATIENT COVERAGE WITH COMMUNITY BASED LONG TERM CARE

Client is eligible for most ambulatory care, including prosthetics, and short-term rehabilitation with limitations. See MEVS Provider Manual for limited and excluded services.

OUTPATIENT COVERAGE WITHOUT LONG TERM CARE

Client is eligible for some ambulatory care, prosthetics, and short-term rehabilitation services. See MEVS Provider Manual for excluded services.

OUTPATIENT COVERAGE WITH NO NURSING FACILITY SERVICES

Client is eligible for all ambulatory care, including prosthetics. See MEVS Provider Manual for excluded services.

PERINATAL FAMILY

Client is eligible to receive a limited package of benefits. See MEVS Provider Manual for excluded services.

PRESUMPTIVE ELIGIBLE LONG-TERM/HOSPICE

Client is eligible for all Medicaid services except hospital based clinic services, hospital emergency room services, hospital inpatient services, and bed reservation.

PRESUMPTIVE ELIGIBILITY PRENATAL A

Client is eligible to receive all Medicaid services except inpatient care, institutional long-term care, alternate level care, and long-term home health care.

PRESUMPTIVE ELIGIBILITY PRENATAL B

Client is eligible to receive only ambulatory prenatal care services. See MEVS Provider Manual for excluded services.

ANNIVERSARY MONTH OCTOBER

This is the beginning month of the client's benefit year.

CATEGORY OF ASSISTANCE S

Client is enrolled in the SSI assistance program.

MEDICARE PART A

Client has only Part A Medicare.

MEDICARE PART B

Client has only Part B Medicare.

MEDICARE PARTS A and B

Client has both Parts A and B.

MEDICARE PARTS A & B & QMB

Client has Part A and B Medicare coverage and is a Qualified Medicare Beneficiary (QMB).

MEDICARE PART A & QMB

Client has Part A Medicare coverage and is a Qualified Medicare Beneficiary (QMB).

MEDICARE PART B & QMB

Client has Part B Medicare coverage and is a Qualified Medicare Beneficiary (QMB).

MEDICARE QMB ONLY

Client is a Qualified Medicare Beneficiary (QMB) Only.

MEDICARE PART D

Client has only Part D Medicare Coverage.

RESPONSES (contd.)

TELEPHONE RESPONSE

MEDICARE PARTS A & D

DESCRIPTION/COMMENTS

Client has both Part A and Part D Medicare Coverage.

MEDICARE PARTS B & D

Client has both Part B and Part D Medicare Coverage.

MEDICARE PARTS A & B & D

Client has Part A and Part B and Part D Medicare Coverage.

MEDICARE PARTS A & B & D & QMB

Client has Part A and Part B and Part D Medicare coverage and is a Qualified Medicare Beneficiary (QMB).

MEDICARE PARTS A & D & QMB

Client has Part A and Part D Medicare coverage and is a Qualified Medicare Beneficiary (QMB).

MEDICARE PARTS B & D & QMB

Client has Part B and Part D Medicare coverage and is a Qualified Medicare Beneficiary (QMB).

MEDICARE PART D & QMB

Client has Part D Medicare coverage and is a Qualified Medicare Beneficiary (QMB).

**HEALTH INSURANCE CLAIM NUMBER
XXXXXXXXXXXX**

Health Insurance Claim number.

**HEALTH INSURANCE CLAIM NUMBER
NOT ON FILE**

Health Insurance Claim number is not on file.

**INSURANCE COVERAGE CODE 21:
DENTAL, PHYSICIAN, INPATIENT**

Insurance and Coverage Codes equal the Insurance carrier and the scope of benefits.

EXCEPTION CODE 35

Client's exception and/or restriction code.

NO CO-PAYMENT REQUIRED

Client is under 21 or exempt from co-payment and co-payment data has been entered.

CO-PAYMENT REQUIREMENTS MET

Client has reached his/her co-payment maximum. ON MM/DD/YY

AT SERVICE LIMIT

The client has reached his/her limit for that particular service category. No service authorization is created.

**DUPLICATE – UT PREVIOUSLY
APPROVED**

Request is a duplicate of a previously approved service authorization.

**PARTIAL APPROVAL XX SERVICE
UNIT(S), XX LAB UNIT(S), XX
PHARMACY UNIT(S) POST AND
CLEAR**

Indicates that the full complement of requested services relative to Post and Clear processing is not available. The **XX** represents the number of services approved/available.

**PARTIAL APPROVAL XX SERVICE
UNIT(S), XX LAB UNIT(S), XX
PHARMACY UNIT(S) UTILIZATION
THRESHOLD**

Indicates that the full complement of requested services relative to Utilization Threshold processing is not available. The **XX** represents the number of services approved/available.

**SERVICE APPROVED NEAR LIMIT
XX SERVICE UNIT(S), XX LAB UNIT(S),
XX PHARMACY UNIT(S)**

The service authorization has been granted and recorded. The client has almost reached his/her service limit for that particular category.

**SERVICE APPROVED UTILIZATION
THRESHOLD XX SERVICE UNIT(S),
XX LAB UNIT(S), XX PHARMACY UNIT(S)**

The service units requested are approved.

RESPONSES (contd.)
TELEPHONE RESPONSE

SERVICES APPROVED POST AND CLEAR XX SERVICE UNIT(S), XX LAB UNIT(S), XX PHARMACY UNIT(S)

DESCRIPTION/COMMENTS

The ordering provider has posted services and the units have been approved.

FOR DATE MMDDYY

The date for which services were requested will be heard when message is complete.

Press # to repeat entire message.

ERROR RESPONSES

TELEPHONE RESPONSE

CALL 800-343-9000

DESCRIPTION/COMMENTS

When certain conditions are met (ex: multiple responses), you need to call the Provider Services staff for additional data.

DECEASED ORDERING PROVIDER

The Ordering Provider is deceased.

DISQUALIFIED ORDERING PROVIDER

The Ordering Provider is identified as excluded/disqualified and cannot prescribe.

EXCESSIVE ERRORS, REFER TO MEVS MANUAL OR CALL 800-343-9000 FOR ASSISTANCE

Too many invalid entries. Refer to the input data section or call 1-800-343-9000.

INVALID ACCESS METHOD

The received transaction is classified as a Provider Type/Transaction Type Combination that is not allowed to be submitted through the telephone.

INVALID ACCESS NUMBER

Incorrect access number.

INVALID CARD THIS RECIPIENT

Client has used an invalid card.

INVALID CO-PAYMENT

Invalid number of digits or number doesn't convert to an alpha character. To proceed, re-enter the data in the correct format.

INVALID CO-PAYMENT, REFER TO MEVS MANUAL

The Data entered is not a valid Co-payment value.

INVALID DATE

Illogical date or a date which falls outside of the allowed inquiry period of 24 months.

INVALID ENTRY

An invalid number of digits was entered for service units.

INVALID IDENTIFICATION NUMBER

The client identification number not valid.

INVALID PROFESSION CODE

Profession Code not valid.

INVALID MEDICAID NUMBER

Medicaid number (CIN) not valid.

INVALID MENU OPTION

An invalid entry was made when selecting the identifier type.

INVALID ORDERING PROVIDER NUMBER

Ordering Provider Identification Number or license number entered NUMBER was not found on the file.

INVALID PROVIDER NUMBER

Provider Identification Number invalid.

INVALID REFERRING PROVIDER NUMBER

Referring Provider Identification Number invalid.

ERROR RESPONSES (contd.)

TELEPHONE RESPONSE

INVALID SEQUENCE NUMBER

DESCRIPTION/COMMENTS

The sequence number entered is not valid or not current.

INVALID SPECIALTY CODE

The specialty code was either entered incorrectly, or not associated with the provider's category of service, or the provider is a clinic and a required specialty was not entered.

MCCP RECIPIENT NO AUTHORIZATION

Client is restricted. Services must be provided, ordered, or referred by the primary provider.

NO COVERAGE EXCESS INCOME

Client has an income in excess of the allowable levels and must spenddown the excess in order to be eligible.

NO COVERAGE PENDING FAMILY HEALTH PLUS

Client is waiting to be enrolled into a Family Health Plus Managed Care Plan.

NO SERVICE UNITS ENTERED

No entry was made and the units are required for this transaction.

NOT MEDICAID ELIGIBLE

Client is not eligible for benefits on the date of service entered.

PRESCRIBING PROVIDER LICENSE NOT IN ACTIVE STATUS

License number is not active for the date of service entered.

PROVIDER INELIGIBLE FOR SERVICE ON DATE PERFORMED

The category of service for the Provider identification number submitted in the transaction is inactive or invalid for the date of service entered.

PROVIDER NOT ELIGIBLE

The verification was attempted by an inactivated or disqualified provider.

PROVIDER NOT ON FILE

The Provider Identification Number entered is not identified as a Medicaid enrolled provider.

RECIPIENT NOT ON FILE

Client identification number (CIN) is not on file. The number is either incorrect or the client is no longer eligible and the number is no longer on file.

REENTER ORDERING PROVIDER NUMBER

Ordering provider number or license number has an incorrect format (wrong length or characters in the wrong position).

RESTRICTED RECIPIENT NO AUTHORIZATION

Enter the MMIS Provider Identification Number to whom the client is restricted.

SERVICES NOT ORDERED

The ordering provider did not post the services you are trying to clear.

SSN ACCESS NOT ALLOWED

The provider is not authorized to access the system using a social security number.

SSN NOT ON FILE

The entered nine-digit number is not on the Client Master file.

SYSTEM ERROR #

A network problem exists. Call 1-800-343-9000 with the error number.

THE SYSTEM IS CURRENTLY UNAVAILABLE. PLEASE CALL 800-343-9000 FOR ASSISTANCE

System is unavailable. After hearing this message you will be disconnected.

**NEW YORK STATE PROGRAMS
MEVS INSTRUCTIONS USING VERIFONE Omni 3750**

- **ENTER** key must be pressed after each field entry.
- For assistance or further information on input or response messages, call Provider Services staff, **1-800-343-9000**.
- To add provider numbers to your terminal, call **1-800-343-9000**. (Please maintain a listing of provider numbers and associated values.)
- To enter a number, press the key with the desired number.
- To enter a letter, press the key with the desired letter, and then press the alpha key until the letter appears in the display window.

PROMPT DISPLAYED

ACTION/INPUT

ENTER CARD OR ID

To begin, press the **RED** key, press the **F4** key to start the verification.

If you are using the client's access number then swipe the card through reader, or key the access number then press the **ENTER** key.

If you are using the Client's Medicaid number (CIN), enter the Medicaid number and press the **ENTER** key.

ENTER TRAN TYPE

One of the following must be entered:
1 Service Authorization and Eligibility inquiry.
2 Eligibility inquiry only.
3 Authorization Confirmation.
4 Authorization Cancellation.
6 Dispensing Validation System (DVS) Request.
7 Service Authorization and Eligibility inquiry. (Lab & Pharmacies)
 Press the **ENTER** key.

Note: Depending on which Tran Type you select, the following prompts may not appear in the order in which they are listed.

ENTER SEQ #

If you are using the Medicaid Number (CIN), enter the two-digit sequence number and press the **ENTER** key. **Note:** This prompt will not appear if the Access number was entered as it contains the sequence number.

ENTER DATE

Press **ENTER** for today's date or enter MMDDCCYY for verification on a previous date of service. Press the **ENTER** key.

SELECT PROVIDER

If you see this prompt there are multiple provider numbers programmed into this terminal. Enter the appropriate number associated with your Provider Identification Number or enter an eight-digit MMIS Provider Identification Number and press the **ENTER** key (To add numbers call 1-800-343-9000)

ENTER TAXONOMY CODE

This code is used for classifying health care providers according to provider type or practitioner specialty.

SERVICE TYPE

Enter the code identifying the type of service you are providing.

ORDERING PRV #

Enter the MMIS Provider Identification Number or Profession Code and State license number of the ordering provider, if applicable. Press the **ENTER** key.

PROMPT DISPLAYED

REFERRING PRV #

ACTION/INPUT

Enter the Medicaid provider number of the referring provider. For Restricted Clients, enter their Primary Provider's number. Press the **ENTER** key.

COPAY EXEMPT

If the service you are rendering does not require co-payment, or if the client is exempt or has met their co-payment maximum responsibility, **enter 1 for yes**. If the client is not exempt from co-payment, **enter 2 for no**. **Note:** Bypassing this prompt will enter a 2 for no.

SERVICE UNITS

Enter the total number of service units. Press the **ENTER** key.

Note: The following two prompts are required for **DVS transactions only** and will only appear when **Tran Type 6** is entered.

ENTER ITEM/NDC #

Enter the five-digit New York State alpha/numeric item code of the item being dispensed. The following modifiers may be used to further describe certain procedure codes for orthotic and prosthetic devices, and prescription footwear:

- LT (Left Side)
- RT (Right Side)

For DVS authorization, enter the modifier immediately following the procedure code, with no spaces between the modifier and code.

For DME, prescription footwear and orthotic/prosthetic devices, DVS will be created for an authorization period of 180 days.

Note:

Date-of-Service entered on the DVS request will be used to begin the authorization period. The actual date of service, which is entered on the claim, can be anytime within the 180 day authorization period.

For some items, if instructed by New York State, the Eleven-digit National Drug Code may be entered.

For Dental DVS: Enter a constant value of 'D'; the five character Dental procedure code; and a two-digit tooth number, a one character primary tooth, or two character tooth quadrant/arch.

Press the **ENTER** key.

ENTER QUANTITY

Enter the total number of units dispensed for the current date of service only.

For Dental DVS: Enter the number of times the procedure was performed.

Press the **ENTER** key.

Note: If you are using **Tran Type 7:**
LAB TESTS

If you are a lab provider, enter the number of lab tests you are performing and press the **ENTER** key. Bypass by pressing the **ENTER** key.

GENERIC/OTC RX

If you are a Pharmacy provider, enter the number of generic prescriptions or over the counter items you are dispensing and press the **ENTER** key. Bypass by pressing the **ENTER** key.

BRAND RX

If you are a Pharmacy, enter the number of brand prescriptions you are dispensing and press the **ENTER** key. Bypass by pressing the **ENTER** key.

PROMPT DISPLAYED (contd.)

OF RX SUPPLIES

ACTION/INPUT

Enter the number of supplies you are dispensing and press the **ENTER** key. Bypass by pressing the **ENTER** key.

Note: If you are a POST and CLEAR Provider, enter the appropriate data for the following two prompts.

LAB TESTS

Enter the number of lab tests you are ordering. Press the **ENTER** key.

#RX/OTC

Enter the number of prescriptions or over the counter items. Press the **ENTER** key.

THIS ENDS THE INPUT DATA SECTION.

The VeriFone will now dial into the MEVS system and display these processing messages

DIALING, WAITING FOR ANSWER, CONNECTED, TRANSMITTING, RECEIVING, and PROCESSING

RESPONSES

The MEVS receipt presents information in two sections:

- Input, which always begins with TODAY'S DATE and displays all information entered into the terminal.
- Response, which always begins with PROV NO.: and contains all fields returned by MEVS.

VERIFONE RESPONSE

PROV NO.:

The eight-digit MMIS Provider Identification Number.

DATE SVC:

The date for which services were requested.

MEDICAID ID:

The Medicaid number (CIN) is displayed on the receipt if the client is identified. If the client cannot be identified, the information entered will be displayed.

HIC NO:

Health Insurance Claim number for Medicare.

DOB:

The client's date of birth.

GENDER:

The client's gender:
M = Male
F = Female
U = Unborn

CNTY/OFF:

The two digit county code is displayed for Upstate clients, for Downstate clients, the 3-digit NYC office code is displayed.

ANNIV DT:

The date the client's current benefit year began.

MSG:

If applicable, the client's Category of Assistance or exception codes will be returned.

The Month that the client is due for Recertification will also be displayed here.

ELIG REQUEST REJECT

Rej Reason Cd:

This field displays the Reject Reason codes. Please see the REJECT CODES section for details.

Folw-Up Act Cd:

C = Please Correct and Resubmit
P = Please Resubmit Original Transaction

INFO #:

Call the telephone number displayed for more information.

RESPONSES (contd.)

VERIFONE RESPONSE

SERV REQUEST REJECT

Rej Reason Cd:

Folw-Up Act Cd:

INFO #:

PLAN ELIG. & BENEFITS

Plan:

Plan Policy Number:

Plan Cd:

Plan Address:

Elig/Ben Info:

INFO #:

Serv Type Cd:

Insr Type Cd:

Plan Cov Desc:

Time Per Qual:

Dollar Amt:

HEALTH CARE SERVICES

DESCRIPTION/COMMENTS

This section is displayed when a Service Authorization(SA) or Dispensing Validation System (DVS) request cannot be processed or the client is ineligible.

This field displays the Reject Reason codes. Please see the REJECT CODES section for details.

C = Please Correct and Resubmit
P = Please Resubmit Original Transaction

Call the telephone number displayed for more Information.

This section displays the client's eligibility and benefit information. Medicare and Other insurance information may be displayed, separated by dashes (----).

This field displays the name of plan.

This field displays the policy number assigned to the other Third Party Insurance.

This field displays the 2-character code for other Third Party Insurance, if available. If you see an Insurance Code of **ZZ**, call 1-800-343-9000 to obtain additional Insurance and coverage information.

This field displays the Address, City, State and Zip Code of the Managed Care Plan or other Third Party Insurance.

This field displays the client's level of medical coverage or other coverages, please see the ELIGIBILITY CODES section for details.

Call the telephone number displayed for more information.

This field displays one or more of the following values to further define coverage, exclusions and limitations.

30 = Health Benefit Plan Coverage
48 = Hospital Inpatient
54 = Long Term Care
82 = Family Planning
86 = Emergency

C1 = Commercial
MP = Medicare Primary
MC = Medicaid
QM = Qualified Medicare Beneficiary

This field will display a message for UT limits exceeded, client restrictions, and limitations.

29 = Copay Remaining
30 = UT exceeded

This field displays the amount of copay remaining on the client's file.

This section displays information relating to Service Authorization (SA) or Dispensing Validation System (DVS) requests.

HEALTH CARE SERVICES (contd.)

Action Cd: A1 = Certified in total
 A3 = Not Certified
 A6 = Modified
 CT = Contact Payer
 NA = No Action Required

INFO #: Call the telephone number displayed for more information.

Ref Id: This field displays a message or DVS number.

Modified Units: This field shows the partial units that were approved for the Service Authorization (SA) requested.

Units: N/X/X For confirmations, this field shows the approved units, posted lab units, and posted Rx/OTC units.

Dental Info: This field shows the tooth, arch and quadrant for a Dental DVS Confirmation.

Quantity Approved: This field shows the quantity that was approved for a DVS Confirmation.

Rej Reason Cd: This field displays the Reject Reason codes.

ELIGIBILITY CODES

CODE

1 - ACTIVE COVERAGE

ASSOCIATED COVERAGES

MA ELIGIBLE
 MA ELIGIBLE HR UTILIZATION THRESHOLD

B - COPAYMENT

COPAYMENT

E - EXCLUSIONS

ELIGIBLE ONLY OUTPATIENT CARE
 ELIGIBLE EXCEPT NURSING FACILITY SERVICES

F - LIMITATIONS

AT SERVICE LIMIT
 COMMUNITY COVERAGE NO LTC
 COMMUNITY COVERAGE W / CBLTC
 ELIGIBLE ONLY FAMILY PLANNING SERVICES
 EMERGENCY SERVICES ONLY
 MEDICARE COINSURANCE DEDUCTIBLE ONLY
 OUTPATIENT COVERAGE NO LTC
 OUTPATIENT COVERAGE NO NFS
 OUTPATIENT COVERAGE W / CBLTC
 PERINATAL FAMILY
 PRESUMPTIVE ELIGIBILITY LONG-TERM/HOSPICE
 PRESUMPTIVE ELIGIBILITY PRENATAL A
 PRESUMPTIVE ELIGIBILITY PRENATAL B

N - SERVICES RESTRICTED TO THE FOLLOWING PROVIDER

SERVICES RESTRICTED TO THE FOLLOWING PROVIDER

R - OTHER OR ADDITIONAL PAYOR

ELIGIBLE CAPITATION GUARANTEE
 FAMILY HEALTH PLUS

MC - MANAGED CARE COORDINATOR

ELIGIBLE PCP

REJECT CODES

CODE

CT - CONTACT PAYER

I - NON COVERED

U - CONTACT FOLLOWING ENTITY FOR ELIGIBILITY OR BENEFIT INFORMATION

Y - SPENDDOWN

15 - REQUIRED APPLICATION DATA MISSING

33 - INPUT ERRORS

41 - AUTHORIZATION/ACCESS RESTRICTIONS

42 - UNABLE TO RESPOND AT CURRENT TIME

43 - INVALID/MISSING PROVIDER INFORMATION

45 - INVALID/MISSING PROVIDER SPECIALTY

48 - INVALID/MISSING PROVIDER IDENTIFICATION NUMBER

49 - PROVIDER IS NOT PRIMARY PHYSICIAN

50 - PROVIDER INELIGIBLE FOR INQUIRIES

51 - PROVIDER NOT ON FILE

POSSIBLE ERRORS

CALL 1-800-343-9000

NOT MA ELIGIBLE
 NO COVERAGE PENDING FAMILY HEALTH PLUS
 CALL 1-800-343-9000

NO COVERAGE: EXCESS INCOME

NO UNITS ENTERED

ITEM NOT COVERED
 MISSING/INVALID DVS QUANTITY
 CURRENT DATE REQUIRED
 COS/ITEM INVALID
 MISSING/INVALID TOOTH/QUADRANT

DOWNLOAD REQUIRED
 INVALID TRAN TYPE
 INVALID TERMINAL ACCESS
 SERVICE NOT ORDERED
 LOST/STOLEN TERMINAL
 PAYMENT PAST DUE
 SSN ACCESS NOT ALLOWED

RESUBMIT TRANSACTION

INVALID PROVIDER NUMBER
 REENTER ORDERING PROVIDER
 INVALID PROFESSION CODE
 DISQUALIFIED ORDERER
 DECEASED ORDERER
 INVALID ORDERING PROVIDER
 INVALID REFERRING PROVIDER NUMBER
 PRESCRIBING PROVIDER LICENSE INACTIVE

INVALID TAXONOMY OR SERVICE TYPE

REENTER ORDERING PROVIDER
 DISQUALIFIED ORDERER
 DECEASED ORDERER
 INVALID ORDERING PROVIDER
 INVALID REFERRING PROVIDER ID NUMBER
 PRESCRIBING PROVIDER LICENSE INACTIVE

RESTRICTED RECIPIENT NO AUTHORIZATION
 MCCP RESTRICTED RECIPIENT NO AUTHORIZATION

PROVIDER NOT ELIGIBLE

PROVIDER NOT ON FILE

REJECT CODES (contd.)

<u>CODE</u>	<u>POSSIBLE ERRORS</u>
52 – SERVICE DATES NOT WITHIN PROVIDER PLAN ENROLLMENT	PROVIDER INELIGIBLE SERVICE ON DATE PERFORMED
53 – INQUIRED BENEFIT INCONSISTENT PROVIDER TYPE	COS NOT VALID FOR ITEM/NDC CODE
60 – DATE OF BIRTH FOLLOWS DATE OF SERVICE	SERVICE DATE PRIOR TO BIRTHDATE
62 – DATE OF SERVICE NOT WITHIN ALLOWABLE INQUIRY PERIOD	INVALID DATE
69 – INCONSISTENT WITH PATIENT’S AGE	AGE EXCEEDS MAXIMUM AGE PRECEDES MINIMUM
70 – INCONSISTENT WITH PATIENT’S GENDER	ITEM/GENDER INVALID
72 – INVALID/MISSING SUBSCRIBER/INSURED ID	INVALID CARD THIS RECIPIENT INVALID ACCESS NUMBER INVALID MEDICAID NUMBER INVALID SEQUENCE NUMBER
75 – SUBSCRIBER/INSURED NOT FOUND	SOCIAL SECURITY NUMBER NOT ON FILE RECIPIENT NOT ON FILE NO COVERAGE: PENDING FHP NO MATCH ON FILE
76 – DUPLICATE SUBSCRIBER/INSURED ID NUMBER	CALL LOCAL DISTRICT
84 - CERTIFICATION NOT REQUIRED FOR THIS SERVICE	DVS NUMBER NOT REQUIRED (For OMNI 3750 transactions). PA NOT REQ/MEDIA TYPE INVALID (All except OMNI 3750).
87 – EXCEEDS PLAN MAXIMUMS	AT SERVICE LIMIT EXCEEDS FREQUENCY LIMIT MAXIMUM QUANTITY EXCEEDED
88 – NON-COVERED SERVICE	PROCEDURE CODE NOT COVERED ITEM NOT COVERED
89 – NO PRIOR APPROVAL	NO AUTHORIZATION FOUND
91 – DUPLICATE REQUEST	DUPLICATE – UT PREVIOUSLY APPROVED DUPLICATE DVS
95 – PATIENT NOT ELIGIBLE	NOT MEDICAID ELIGIBLE FAMILY HEALTH PLUS NO COVERAGE: PENDING FHP NO COVERAGE: EXCESS INCOME CLIENT MEDICARE PART D DENIAL

ERROR RESPONSES

<u>VERIFONE RESPONSE</u>	<u>DESCRIPTION/COMMENTS</u>
BAD ACCESS NUMBER	Medicaid number (CIN) not valid.

ERROR RESPONSES

<u>VERIFONE RESPONSE</u>	<u>DESCRIPTION/COMMENTS</u>
BAD TX COMMUN CHECK LINE	Bad transmission communication exists with the network. The VeriFone terminal is not plugged in or the terminal is on the same line as a telephone, which is off the hook or in use.
CONNECT 2400	This message is displayed until transmission to the host computer begins.
DOWNLOAD REQUIRED	The VeriFone software is obsolete and must be updated.
INV PRV SELECTED	A provider number selection was made that is not programmed into the terminal.
INV TRANS TYPE	An invalid transaction type other than 1-4, 6 or 7 was entered.
INVALID DATE	Illogical date or a date which falls outside of the allowed inquiry period of 24 months.
INVALID RESPONSE RECEIVED	Retry transaction.
INVALID TAXONOMY CODE	The Taxonomy Code entered was invalid.
NO ANSWER	The VeriFone is unable to connect with the network.
NO ENQ FROM HOST	No enquiry received from host. A problem exists with the network.
NO RESP FRM HOST	No response received from host. A problem exists with the network.
PLEASE TRY AGAIN PROCESSING	The card swipe was unsuccessful. The message is displayed until the host message is ready to be displayed.
RECEIVING	This message is displayed until the host message is received by the VeriFone.
TRANSMITTING	This message is displayed until the host computer acknowledges the transmission.
UNREADABLE CARD	Will be displayed after three unsuccessful attempts to swipe the card.
WAITING FOR ANSWER	This message is displayed until connection is made with the network.