

**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

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.

HEALTH INSURANCE CLAIM NUMBER XXXXXXXXXXXX

Health Insurance Claim number.

RESPONSES (contd.)

TELEPHONE RESPONSE

HEALTH INSURANCE CLAIM NUMBER NOT ON FILE

DESCRIPTION/COMMENTS

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.

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

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

DESCRIPTION/COMMENTS

CALL 800-343-9000

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.

ERROR RESPONSES (contd.)**TELEPHONE RESPONSE****INVALID ACCESS METHOD****INVALID ACCESS NUMBER****INVALID CARD THIS RECIPIENT****INVALID CO-PAYMENT****INVALID CO-PAYMENT, REFER TO MEVS MANUAL****INVALID DATE****INVALID ENTRY****INVALID IDENTIFICATION NUMBER****INVALID PROFESSION CODE****INVALID MEDICAID NUMBER****INVALID MENU OPTION****INVALID ORDERING PROVIDER NUMBER****INVALID PROVIDER NUMBER****INVALID REFERRING PROVIDER NUMBER****INVALID SEQUENCE NUMBER****INVALID SPECIALTY CODE****MCCP RECIPIENT NO AUTHORIZATION****NO COVERAGE EXCESS INCOME****NO COVERAGE PENDING FAMILY HEALTH PLUS****NO SERVICE UNITS ENTERED****NOT MEDICAID ELIGIBLE****DESCRIPTION/COMMENTS**

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

Incorrect access number.

Client has used an invalid card.

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

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

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

An invalid number of digits was entered for service units.

The client identification number not valid.

Profession Code not valid.

Medicaid number (CIN) not valid.

An invalid entry was made when selecting the identifier type.

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

Provider Identification Number invalid.

Referring Provider Identification Number invalid.

The sequence number entered is not valid or not current.

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.

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

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

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

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

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

ERROR RESPONSES (contd.)**TELEPHONE RESPONSE****PRESCRIBING PROVIDER LICENSE NOT IN ACTIVE STATUS****PROVIDER INELIGIBLE FOR SERVICE ON DATE PERFORMED****PROVIDER NOT ELIGIBLE****PROVIDER NOT ON FILE****RECIPIENT NOT ON FILE****REENTER ORDERING PROVIDER NUMBER****RESTRICTED RECIPIENT NO AUTHORIZATION****SERVICES NOT ORDERED****SSN ACCESS NOT ALLOWED****SSN NOT ON FILE****SYSTEM ERROR #****THE SYSTEM IS CURRENTLY UNAVAILABLE. PLEASE CALL 800-343-9000 FOR ASSISTANCE****DESCRIPTION/COMMENTS**

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

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

The verification was attempted by an inactivated or disqualified provider.

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

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.

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

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

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

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

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

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

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. 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.

OF RX SUPPLIES

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.

SERV 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****PLAN ELIG. & BENEFITS**

Plan:

Plan Cd:

Elig/Ben Info:

INFO #:

Serv Type:

Insr Type Cd:

Plan Cov Desc:

Time Per Qual:

Dollar Amt:

HEALTH CARE SERVICES

Action Cd:

INFO #:

Ref Id:

Modified Units:

Units: N/X/X

Dental Info:

Quantity Approved:

Rej Reason Cd:

DESCRIPTION/COMMENTS

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 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 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 shows the service type code entered in the transaction.

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.

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

Call the telephone number displayed for more information.

This field displays a message or DVS number.

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

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

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

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

This field displays the Reject Reason codes.

ELIGIBILITY CODES

| <u>CODE</u> | <u>ASSOCIATED COVERAGES</u> |
|--|--|
| 1 - ACTIVE COVERAGE | 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

| <u>CODE</u> | <u>POSSIBLE ERRORS</u> |
|--|---|
| CT - CONTACT PAYER | CALL 1-800-343-9000 |
| I - NON COVERED | NOT MA ELIGIBLE NO COVERAGE PENDING FAMILY HEALTH PLUS |
| U - CONTACT FOLLOWING ENTITY FOR ELIGIBILITY OR BENEFIT INFORMATION | CALL 1-800-343-9000 |
| Y - SPENDDOWN | NO COVERAGE: EXCESS INCOME |
| 15 - REQUIRED APPLICATION DATA MISSING | NO UNITS ENTERED |
| 33 - INPUT ERRORS | ITEM NOT COVERED MISSING/INVALID DVS QUANTITY CURRENT DATE REQUIRED COS/ITEM INVALID MISSING/INVALID TOOTH/QUADRANT |

REJECT CODES (contd.)

| <u>CODE</u> | <u>POSSIBLE ERRORS</u> |
|---|--|
| 41 – AUTHORIZATION/ACCESS RESTRICTIONS | DOWNLOAD REQUIRED INVALID TRAN TYPE INVALID TERMINAL ACCESS SERVICE NOT ORDERED LOST/STOLEN TERMINAL PAYMENT PAST DUE SSN ACCESS NOT ALLOWED RESUBMIT TRANSACTION |
| 42 – UNABLE TO RESPOND AT CURRENT TIME | |
| 43 – INVALID/MISSING PROVIDER INFORMATION | 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 |
| 45 – INVALID/MISSING PROVIDER SPECIALTY | |
| 48 – INVALID/MISSING PROVIDER IDENTIFICATION NUMBER | REENTER ORDERING PROVIDER DISQUALIFIED ORDERER DECEASED ORDERER INVALID ORDERING PROVIDER INVALID REFERRING PROVIDER ID NUMBER PRESCRIBING PROVIDER LICENSE INACTIVE |
| 49 – PROVIDER IS NOT PRIMARY PHYSICIAN | RESTRICTED RECIPIENT NO AUTHORIZATION MCCP RESTRICTED RECIPIENT NO AUTHORIZATION |
| 50 – PROVIDER INELIGIBLE FOR INQUIRIES | PROVIDER NOT ELIGIBLE |
| 51 – PROVIDER NOT ON FILE | PROVIDER NOT ON FILE |
| 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 PRECEEDS 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 |

REJECT CODES (contd.)

| <u>CODE</u> | <u>POSSIBLE ERRORS</u> |
|---|--|
| 75 – SUBSCRIBER/INSURED NOT FOUND | SOCIAL SECURITY NUMBER NOT ON FILE RECIPIENT NOT ON FILE NO COVERAGE: PENDING FHP NO MATCH ON FILE |
| 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 |

ERROR RESPONSES

| <u>VERIFONE RESPONSE</u> | <u>DESCRIPTION/COMMENTS</u> |
|----------------------------------|--|
| BAD ACCESS NUMBER | Medicaid number (CIN) not valid. |
| BAD TX COMMUN | Bad transmission communication exists with the network. |
| CHECK LINE | 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. |

ERROR RESPONSES

| <u>VERIFONE RESPONSE</u> |
|---------------------------|
| NO ANSWER |
| NO ENQ FROM HOST |
| NO RESP FRM HOST |
| PLEASE TRY AGAIN |
| PROCESSING |
| RECEIVING |
| TRANSMITTING |
| UNREADABLE CARD |
| WAITING FOR ANSWER |

DESCRIPTION/COMMENTS

| |
|--|
| The VeriFone is unable to connect with the network. |
| No enquiry received from host. A problem exists with the network. |
| No response received from host. A problem exists with the network. |
| The card swipe was unsuccessful. |
| The message is displayed until the host message is ready to be displayed. |
| This message is displayed until the host message is received by the VeriFone. |
| This message is displayed until the host computer acknowledges the transmission. |
| Will be displayed after three unsuccessful attempts to swipe the card. |
| This message is displayed until connection is made with the network. |