

**NEW YORK STATE PROGRAMS
MEVS INSTRUCTIONS USING VERIFONE Vx570**

- **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** or go to:
<http://www.emedny.org/ProviderManuals/Allproviders/supplemental.aspx>.
- 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 |
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| FOR ALL TRAN TYPES: | The following prompts are for all tran types. Then, depending on which Tran Type you select, you will follow those additional prompts below. |
| TO BEGIN | Press the RED key, press the F4 key to start the verification. |
| ENTER CARD OR ID | 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 | Tran Type 2 - Eligibility Inquiry only Tran Type 4 - Authorization Cancellation Tran Type 6 - Dispensing Validation System (DVS) Request – Non Dental Tran Type 8 – Transportation and Home Healthcare Tran Type 9 - Dispensing Validation System (DVS) Request – Dental |
| 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 shortcut code associated with your Provider Identification Number (see eMedNY POS Start Guide). You may also enter your ten-digit NPI or enter an eight-digit MMIS Provider ID (for atypical providers ONLY) and press the ENTER key (To add numbers call 1-800-343-9000). |

| FOR TRAN TYPES 2, 6 AND 9: | |
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| ORDERING/REFERRING PRV # | Enter the ten-digit National Provider Identifier (NPI) of the ordering/referring provider, if applicable. Press the ENTER key. |

| FOR TRAN TYPE 4: | |
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| PA Number | Enter the 11 digit Authorization Number of the DVS transaction to be cancelled. |

| FOR TRAN TYPE 6: | |
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| ENTER ITEM/NDC # | Enter the five-digit New York State alpha/numeric item code of the item being dispensed. For DME, prescription footwear and orthotic/prosthetic devices, DVS will be created for an authorization period of 180 days. |

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| | <p>Note:</p> <p>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.</p> <p>For some items, if instructed by <u>New York State</u>, the Eleven-digit National Drug Code may be entered.</p> <p>Press the ENTER key.</p> |
| ENTER MODIFIER | <p>The following modifiers may be used to further describe certain procedure codes for orthotic and prosthetic devices, and prescription footwear:</p> <ul style="list-style-type: none"> • LT (Left Side) • RT (Right Side) |
| ENTER QUANTITY | <p>Enter the total number of units dispensed for the current date of service only.</p> <p>For Dental DVS: Enter the number of times the procedure was performed.</p> <p>Press the ENTER key.</p> |

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| FOR TRAN TYPE 8: | |
| ENTER EVENT TYPE | <p>Enter the value that defines this transactions event, and press the ENTER key.</p> <p>Valid values are:</p> <ul style="list-style-type: none"> ○ 1 Transportation Begin ○ 2 Transportation End ○ 3 Home Health Arrive ○ 4 Home Health Depart |
| SELECT LICENSE NO | <p>When this prompt appears, there are multiple driver's licenses programmed into your terminal. Enter the appropriate shortcut code associated with the intended license. (Transportation Only)</p> |
| SELECT PLATE NO | <p>When this prompt appears, there are multiple license plate numbers programmed into your terminal. Enter the appropriate shortcut code associated with the intended license plate number. (Transportation Only)</p> |

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| FOR TRAN TYPE 9: | |
| ENTER ITEM/NDC # | <p>Enter the five-digit New York State alpha/numeric item code of the item being dispensed.</p> <p>For DME, prescription footwear and orthotic/prosthetic devices, DVS will be created for an authorization period of 180 days.</p> <p>Note:</p> <p>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.</p> <p>For some items, if instructed by <u>New York State</u>, the Eleven-digit National Drug Code may be entered.</p> <p>Press the ENTER key.</p> |

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| ORAL CAVITY DESIGNATION CODE# | Enter a Oral Cavity Code and press the ENTER key. If Oral Cavity information is not applicable, press the ENTER key to skip the field. |
| 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. |
| TOOTH # | Enter a Tooth Number and press the ENTER key. If Tooth Number information is not applicable, press the ENTER key to skip the field. |

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| THIS ENDS THE INPUT DATA SECTION. DIALING, WAITING FOR ANSWER, CONNECTED, TRANSMITTING, RECEIVING, and PROCESSING | The VeriFone will now dial into the MEVS system and display these processing messages: |
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Important Note: NPI is required for all transactions submitted to NYS Medicaid including MEVS transactions. This should be the same NPI that you use to bill claims to New York Medicaid. MEVS transactions will fail unless you begin using your NPI.

Atypical providers must use their MMIS ID.