New York State Medicaid
MEVS VeriFone Omni 3750/Vx570 Quick Response Code Guide

Accepted Reason Codes
- 1 Active coverage
  - 30 (Medicaid)
    - MA eligible
      - Eligible for all benefits
    - MA eligible HR utilization threshold
      - A service authorization must be obtained
- B Copayment
    - Copayment
      - Has co-pay remaining; the member has not yet reached their maximum amount of co-pays for the year ($200). The number given is the co-pay balance remaining on the member.
- E Exclusions
  - 48 (Hospital Inpatient)
    - Eligible only outpatient care
      - Eligible for all ambulatory care, including prosthetics; no inpatient coverage.
  - 54 (Long Term Care)
    - Eligible except nursing facility services
      - Eligible to receive all Medicaid services except nursing home services provided in an SNF or inpatient setting.
- F Limitations
  - 30 (Medicaid)
    - At service limit
      - Has reached limit for that particular service category.
    - Community coverage no LTC
      - Eligible for acute inpatient care, care in a psychiatric center, some ambulatory care, prosthetics, and short-term rehabilitation services.
    - Community coverage with CBLTC
      - Eligible to receive most Medicaid services.
    - Medicare coinsurance deductible only
    - Outpatient coverage no LTC
      - Eligible for some ambulatory care, including prosthetics, and short-term rehabilitation services.
    - Outpatient coverage no NFS
      - Eligible for all ambulatory care, including prosthetics and not eligible for inpatient coverage.
    - Outpatient coverage with CBLTC
      - Eligible for most ambulatory care, including prosthetics, and one admission in a 12-month period of up to 29 consecutive days of short-term rehabilitation nursing home care in a SNF.
    - Perinatal family
      - Eligible to receive a limited package of benefits.
    - Presumptive eligibility long-term/hospice

- Eligible for all Medicaid services except hospital based clinic services, hospital emergency room services, hospital inpatient services, and bed reservation.
    - Presumptive eligibility prenatal A
        - Eligible to receive all Medicaid services except inpatient care, institutional long-term care, alternate level of care, and long-term home health care.
    - Presumptive eligibility prenatal B
        - Eligible to receive only ambulatory prenatal care services.
  - o 82 (Family Planning)
    - Eligible only family planning services
        - Provides Medicaid coverage for family planning services to persons of childbearing age.
  - o 86 (Emergency)
    - Emergency services only
        - Eligible from the time first given treatment for the emergency until emergency care is no longer needed.
- N Services restricted to the following provider
  - o 30 (Medicaid)
    - For restricted clients, this response is returned if the ordering provider entered is not who the client is restricted to.
- R Other or additional payer
  - o 30 (Medicaid)
    - Eligible capitation guarantee
        - Indicates guaranteed status under a Prepaid Capitation Program (PCP).
    - Family Health Plus
        - Client is enrolled in the Family Health Plus Program (FHP) and receives most services through a FHP participating Managed Care Plan.
        - Call Family Health Plus
- MC Managed care coordinator
  - o 30 (Medicaid)
    - Eligible PCP
        - Indicates coverage under a Prepaid Capitation Program.
    - Other or Additional Coverage
        - Indicates coverage for managed care plan benefits only; non-managed care covered services will not be paid by Medicaid
    - Call the Managed Care Plan for further benefit information

Reject Reason Codes
- CT Contact payer
  - o Call 1-800-343-9000
- I Non covered
  - o Not MA eligible
  - o No coverage pending family health plus
- U Contact following entity for eligibility or benefit information
  - o 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
    - Missing/invalid category of service
    - Missing/invalid tooth/quadrant
- 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
- 42 Unable to respond at current time
    - Resubmit transaction
- 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
- 45 Invalid/missing provider specialty
    - Invalid taxonomy or service type
- 48 Invalid/missing provider identification
    - 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 with provider type

- o COS not valid for item/NDC code
- 60 Date of birth follows date(s) of service
    - o Service date prior to birth date
- 62 Date of service not within allowable inquiry period
    - o Invalid date
- 69 Inconsistent with patient's age
    - o Age exceeds maximum
    - o Age precedes minimum
- 70 Inconsistent with patient's gender
    - o Item/gender invalid
- 72 Invalid/missing subscriber/insured ID
    - o Invalid card this recipient
    - o Invalid access number
    - o Invalid Medicaid number
    - o Invalid sequence number
- 75 Subscriber/insured not found
    - o Social security number not on file
    - o Recipient not on file
    - o No coverage: Pending FHP
    - o No match on file
- 76 Duplicate subscriber/insured ID number
    - o Call local district
- 84 Certification not required for this service
    - o PA not req/media type invalid
    - o DVS number not required
- 87 Exceeds plan maximums
    - o At service limit
    - o Exceeds frequency limit
    - o Maximum quantity exceeded
- 88 Non-covered service
    - o Procedure code not covered
    - o Item not covered
- 89 No prior approval
    - o No authorization found
- 91 Duplicate request
    - o Duplicate - UT previously approved
    - o Duplicate DVS
- 95 Patient not eligible
    - o Not Medicaid eligible
    - o Family Health Plus
    - o No coverage: pending FHP
    - o No coverage: excess income
    - o Client Medicare Part D denial
    - o Client eligible for emergency services only
    - o Client is Medicare eligible

For Further Information Go To:
http://www.emedny.org/ProviderManuals/AllProviders/supplemental.html#MEVSPM
If you have questions call: 1-800-343-9000