

**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 begin the transaction, **Dial 1-800-997-1111**

**VOICE PROMPT**

**ACTION/INPUT**

**ALPHA CONVERSION CHART**

**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  
 IF ENTERING NUMERIC IDENTIFIER (ACCESS #) ENTER NUMBER 2**

Enter 1 or 2  
 Press #.

**ENTER IDENTIFICATION NUMBER**

Enter the recipient'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 ID 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 recipient 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.

**VOICE PROMPT**

**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.

**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 ID number or License Type and License Number of the ordering provider, if applicable. Press #.

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**RESPONSES**

**TELEPHONE RESPONSE**

**DESCRIPTION/COMMENTS**

**MEDICAID NUMBER AA22346D**

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

**COUNTY CODE 24**

Recipient's two-digit county code.

**ELIGIBLE CAPITATION GUARANTEE**

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

**ELIGIBLE EXCEPT LONG TERM CARE**

Recipient is eligible to receive all Medicaid services except for Long Term Care.

**ELIGIBLE ONLY FAMILY PLANNING SERVICES**

Recipient is eligible for Medicaid covered family planning services.

**ELIGIBLE ONLY OUTPATIENT CARE**

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

**RESPONSES (contd.)****TELEPHONE RESPONSE****ELIGIBLE PCP**

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

**EMERGENCY SERVICES ONLY**

Recipient is eligible for emergency services only.

**FAMILY HEALTH PLUS**

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

**MEDICAID ELIGIBLE HR UTILIZATION THRESHOLD**

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

**MEDICAID ELIGIBLE**

Recipient is eligible for all benefits.

**MEDICARE COINSURANCE AND DEDUCTIBLE ONLY**

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

**PERINATAL FAMILY**

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

**PRESUMPTIVE ELIGIBLE LONG-TERM/HOSPICE**

Recipient 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**

Recipient 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**

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

**ANNIVERSARY MONTH OCTOBER**

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

**CATEGORY OF ASSISTANCE S**

Recipient is enrolled in the SSI assistance program.

**MEDICARE PART A**

Recipient has only Part A Medicare.

**MEDICARE PART B**

Recipient has only Part B Medicare.

**MEDICARE PARTS A and B**

Recipient has both Parts A and B.

**MEDICARE PARTS A & B & QMB**

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

**MEDICARE PART A & QMB**

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

**MEDICARE PART B & QMB**

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

**RESPONSES (contd.)****TELEPHONE RESPONSE****MEDICARE QMB ONLY**

Recipient is a Qualified Medicare Beneficiary (QMB) Only.

**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**

Recipient's exception and/or restriction code.

**NO CO-PAYMENT REQUIRED**

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

**CO-PAYMENT REQUIREMENTS MET ON MM/DD/YY**

Recipient has reached his/her co-payment maximum.

**AT SERVICE LIMIT**

The recipient 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 recipient 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

#### **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.

#### **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**

Recipient 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 recipient identification number not valid.

#### **INVALID LICENSE TYPE**

License type 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 ID number or license number entered NUMBER was not found on the file.

#### **INVALID PROVIDER NUMBER**

Provider number invalid.

#### **INVALID REFERRING PROVIDER NUMBER**

Referring provider ID number invalid.

#### **INVALID SEQUENCE NUMBER**

The sequence number entered is not valid or not current.

## ERROR RESPONSES (contd.)

### TELEPHONE RESPONSE

#### **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**

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

#### **NO COVERAGE EXCESS INCOME**

Recipient 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**

Recipient 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**

Recipient 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 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 number entered is not identified as a Medicaid enrolled provider.

#### **RECIPIENT NOT ON FILE**

Recipient identification number (CIN) is not on file. The number is either incorrect or the recipient 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 number to whom the recipient 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 Recipient Master file.

#### **SYSTEM ERROR #**

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

**ERROR RESPONSES (contd.)**

<u>TELEPHONE RESPONSE</u>	<u>DESCRIPTION/COMMENTS</u>
<p><b>THE SYSTEM IS CURRENTLY UNAVAILABLE. PLEASE CALL 800-343-9000 FOR ASSISTANCE</b></p> <p>***** *****</p> <p style="text-align: center;"><b>NEW YORK STATE PROGRAMS MEVS INSTRUCTIONS USING VERIFONE TRANZ 330</b></p> <ul style="list-style-type: none"> <li>• <b>FUNC/ENTER</b> key must be pressed after each field entry.</li> <li>• For assistance or further information on input or response messages, call Provider Services staff, <b>1-800-343-9000</b>.</li> <li>• To add provider numbers to your terminal, call <b>1-800-343-9000</b>. (Please maintain a listing of provider numbers and associated values.)</li> <li>• To enter a number, press the key with the desired number.</li> <li>• 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.</li> </ul>	<p>System is unavailable. After hearing this message you will be disconnected.</p>

<u>PROMPT DISPLAYED</u>	<u>ACTION/INPUT</u>
<b>NY STATE PGRMS</b>	Displayed for one second.
<b>ENTER CARD OR ID</b>	<p>If you are using the recipient's access number then swipe the card through reader, or key the access number then press the <b>FUNC/ENTER</b> key.</p> <p>If you are using the Recipient's Medicaid number (CIN), enter the Medicaid number and press the <b>FUNC/ENTER</b> key.</p>
<b>ENTER TRAN TYPE</b>	<p>One of the following must be entered:</p> <ol style="list-style-type: none"> <li>1 Service Authorization and Eligibility inquiry.</li> <li>2 Eligibility inquiry only.</li> <li>3 Authorization Confirmation.</li> <li>4 Authorization Cancellation.</li> <li>6 Dispensing Validation System Request (DVS).</li> </ol> <p>Press the <b>FUNC/ENTER</b> key.</p>
<b>NOTE:</b>	Depending on which Tran Type you select, the following prompts may not appear in the order in which they are listed.
<b>ENTER SEQ #</b>	If you are using the Medicaid Number (CIN), enter the two-digit sequence number and press the <b>FUNC/ENTER</b> key. Note: This prompt will not appear if the Access number was entered as it contains the sequence number.
<b>ENTER DATE</b>	Press <b>FUNC/ENTER</b> for today's date or enter MMDDCCYY for verification on a previous date of service. Press the <b>FUNC/ENTER</b> key.

<u>PROMPT DISPLAYED</u>	<u>ACTION/INPUT</u>
<b>SELECT PROVIDER</b>	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 <b>FUNC/ENTER</b> key (To add numbers call 1-800-343-9000)
<b>ENTER SPEC CODE</b>	If applicable, enter the three-digit specialty code and press the <b>FUNC/ENTER</b> key, or press <b>FUNC/ENTER</b> to bypass
<b>REFERRING PRV #</b>	Enter the Medicaid provider number of the referring provider. For Restricted Recipients, enter their Primary Provider's number. Press the <b>FUNC/ENTER</b> key.
<b>ORDERING PRV #</b>	Enter the MMIS provider ID number or license type and State license number of the ordering provider, if applicable. Press the <b>FUNC/ENTER</b> key.
<b>NOTE:</b>	The following three prompts are <u>required</u> for <b>DVS transactions only</b> and will only appear when <b>Tran Type 6</b> is entered.
<b>ENTER COS</b>	Enter the four-digit Category of Service assigned to your provider number. Press the <b>FUNC/ENTER</b> key.
<b>ENTER ITEM/NDC #</b>	<p>Enter the five-digit New York State alpha/numeric item code of the item being dispensed. For some items, <u>if instructed by New York State</u>, the Eleven-digit National Drug Code may be entered.</p> <p>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.</p> <p><b>Press the FUNC/ENTER key.</b></p>
<b>ENTER QUANTITY</b>	<p>Enter the total number of units dispensed for the current date of service only. For enteral products, enter caloric units.</p> <p>For Dental DVS: Enter the number of times the procedure was performed.</p> <p><b>Press the FUNC/ENTER key.</b></p>
<b>NOTE:</b>	If performing a <u>DVS transaction</u> , the Enter Quantity prompt will be the last to appear. <u>Co-payment amounts</u> will be taken from the New York State Drug Plan file and added to the recipient's file for cap calculation unless the recipient has already met their co-payment or is exempt. No co-payment amounts can be entered with the DVS transaction.
<b>COPAY TYPE/UNT 1</b>	Enter the alpha co-payment type and number of units or press enter to bypass the rest of the co-payment prompts.
<b>COPAY TYPE/UNT 2</b>	Enter the alpha co-payment type and number of units or press enter to bypass the rest of the co-payment prompts.

**PROMPT DISPLAYED**

**ACTION/INPUT**

**COPAY TYPE/UNT 3**

Enter the alpha co-payment type and number of units or press enter to bypass the rest of the co-payment prompts.

**COPAY TYPE/UNT 4**

Enter the alpha co-payment type and number of units or press enter to bypass the rest of the co-payment prompts.

**# SERVICE UNITS**

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

**NOTE:** If you are a POST and CLEAR Provider, enter the appropriate data for the following two prompts. These prompts will only appear for a Post and Clear provider and an entry is required.

**#LAB TESTS**

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

**#RX/OTC**

Enter the number of prescriptions or over the counter items. Press the **FUNC/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**

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**RESPONSES**

After each Response Field display, press the # key to read the next display.

**VERIFONE RESPONSE**

**DESCRIPTION/COMMENTS**

**AA22345D 04**

The response begins with the recipient's eight-digit Medicaid CIN. VeriFone response also displays the recipient's two-digit county code.

**ELIG CAPITATION GUARANTEE**

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

**ELIG EXCEPT LTC**

Recipient is eligible to receive all Medicaid services except for Long Term Care.

**ELIGIBLE ONLY FAMILY PLAN SRVC**

Recipient is eligible for Medicaid covered family planning services.

**ELIGIBLE ONLY OUTPATIENT CARE**

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

**ELIGIBLE PCP**

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

**EMERGENCY SRVCS**

Recipient is eligible for emergency services only.

**RESPONSES (contd.)**

**VERIFONE RESPONSE**

**FAM HEALTH PLUS**

**DESCRIPTION/COMMENTS**

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

**MA ELIG-HR/UT**

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

**MA ELIGIBLE**

Recipient is eligible for all benefits.

**MDCRE COIN/DEDUC**

Recipient is eligible for payment of Medicare coinsurance and deductibles **only**.

**PERINATAL FAMILY**

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

**PRESUMPTIVE ELIG LONGTERM/HOSPICE**

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

**PRESUMPTIVE ELIG PRENATAL A**

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

**PRESUMPTIVE ELIG PRENATAL B**

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

**10 F959 S 06 500**

10 = The anniversary month (October).  
F = Sex (Female).  
959 = Year of birth is displayed showing the century and year of the recipient's birth (1959).  
S = Category of assistance, SSI.  
06 = Month client is due for re-certification (June).  
500 = Valid NYC office code.

**MEDICARE A**

Recipient has only Part A Medicare.

**MEDICARE B**

Recipient has only Part B Medicare.

**MEDICARE AB**

Recipient has both Parts A and B.

**MEDICARE ABQMB**

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

**MEDICARE PART A & QMB**

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

**MEDICARE PART B & QMB**

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

**MEDICARE QMB ONLY**

Recipient is a Qualified Medicare Beneficiary (QMB) Only.

**HIC XXXXXXXXXXXXX**

Health Insurance Claim number.

**RESPONSES (contd.)**

**VERIFONE RESPONSE**

**HIC NOT ON FILE**

Health Insurance Claim number is not on file.

**21 BEJK**

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

**EXCP 35 46 ZZ**

Recipient's exception and/or restriction code.

**NO COPAY REQD**

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

**COPAY MET MMDDYY**

Recipient has reached his/her co-payment maximum.

**APRVD NEAR LIMIT**

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

**AT SERVICE LIMIT**

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

**DUP UT AUTH**

Request is a duplicate of a previously approved service authorization.

**PARTIAL APPROVAL  
NN/XX/XX PC**

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

**PARTIAL APPROVAL  
NN/XX/XX UT**

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

**SERVICE APRVD PC**

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

**SERVICE APRVD UT**

The service units requested are approved.

**DVS RESPONSES**

This response field will only be returned when a Dispensing Validation System (DVS) Transaction has been submitted. Refer to last page for a list of responses.

**FOR MMDDYY END**

The date for which services were requested.

This indicates the end of the message.

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**ERROR RESPONSES**

**VERIFONE RESPONE**

**BAD TX COMMUN**

Bad transmission communication exists with the network.

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**ERROR RESPONSES (contd.)**

**VERIFONE RESPONE**

**CALL 800 3439000**

Certain conditions are met (ex: multiple responses), call the Provider Services staff for additional data.

**CAN NOT CANCEL**

Provider not allowed to cancel the previous authorization.

**CANCELLED  
SS/XX/XXUT  
SS/XX/XXPC**

The transaction has been cancelled.  
SS = The number of units cancelled.  
UT = Utilization Threshold.  
PC = Post and Clear.

**CONNECTED**

This message is displayed until transmission to the host computer begins.

**DECEASED ORDERER**

The Ordering Provider is deceased.

**DISQUALIFIED  
ORDERER**

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

**DOWNLOAD DONE**

The download function is complete.

**DOWNLOAD REQUIRD**

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 REF PRV #**

Referring provider ID number was entered incorrectly or is invalid.

**INV SPEC 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.

**INV TERM ACCESS**

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

**INV TRANS TYPE**

An invalid transaction type other than 1-4 or 6 was entered.

**INVALID ACCESS #**

An incorrect access number was entered.

**INVALID CARD  
THIS RECIPIENT**

Recipient has used an invalid card.

**INVALID DATE**

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

**INVALID LIC TYPE**

License type not valid.

**ERROR RESPONSES (contd.)****VERIFONE RESPONE****INVALID MDCAID #**

Medicaid number (CIN) not valid.

**INVALID ORDERING PROVIDER**

Ordering provider ID number or license number was not found on the file.

**INVALID PRV #**

An incorrect provider number was entered.

**INVALID SEQ #**

The sequence number entered is not valid or not current.

**LOADING APPLN**

This message is displayed if a download function is in process.

**LOST/STOLEN TERM**

The terminal serial ID is indicated as being a lost or stolen terminal. Call 1-800-343-9000 for assistance.

**MCCP REC NO AUTH**

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

**NO ANSWER**

The VeriFone is unable to connect with the network.

**NO AUTH FOUND**

No matching transaction found for the authorization confirmation transaction or cancellation request.

**NO COV:EXCESS**

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

**NO COVERAGE: PENDING FHP**

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

**NO DEVICE ACCESS**

The received Transaction Type is not allowed to be submitted through the POS VeriFone Terminal by any Provider Type.

**NO ENQ FROM HOST**

No enquiry received from host. A problem exists with the network.

**NO PROV ACCESS**

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

**NO RESP FRM HOST**

No response received from host. A problem exists with the network.

**NO UNITS ENTERED**

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

**NOT MA ELIGIBLE**

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

**PAYMENT PAST DUE**

The terminal serial ID is indicated as having past due payments. Call 1-800-343-9000 for assistance.

**ERROR RESPONSES (contd.)****VERIFONE RESPONE****PLEASE TRY AGAIN**

The card swipe was unsuccessful.

**PRESCRIBING PRV LICENSE INACTIVE**

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

**PROCESSING**

The message is displayed until the host message is ready to be displayed.

**PRV INELIG SERVC ON DATE PERFORMD**

The category of service for the provider number submitted in the transaction is inactive or invalid for the Date of Service entered.

**PRV NOT ELIG**

The verification was attempted by an inactivated or disqualified provider.

**PRV NOT ON FILE**

The provider number entered is not identified as a Medicaid enrolled provider.

**RCIP NOT ON FILE**

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

**RECEIVING**

This message is displayed until the host message is received by the VeriFone.

**REENTER COPAY**

An invalid COPAY TYPE code was entered or an invalid numeric UNT was entered.

**REENTER ORD PRV**

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

**RST RECP NO AUTH**

Enter the MMIS provider number to whom the recipient is restricted.

**RETRY TRANS**

After a successful Transaction has been completed, this message will be received during the Review Function if an invalid sequence of keys is pressed or an Access Number is entered which differs in length from the original number.

**SRVC 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 Recipient Master File.

**SYS ERROR XXX**

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

## ERROR RESPONSES (contd.)

<u>VERIFONE RESPONSE</u>	<u>DESCRIPTION/COMMENTS</u>
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 ANSR	This message is displayed until connection is made with the network.
WAITING FOR 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.

## DISPENSING VALIDATION SYSTEM RESPONSES

The responses listed in this section will be returned when a DVS transaction (Tran Type 6) is submitted. Please note that most of the responses are reject messages and require the transaction to be resubmitted.

<u>VERIFONE RESPONSE</u>	<u>DESCRIPTION/COMMENTS</u>
AGE EXCEEDS MAX	The recipient's age exceeds the maximum allowable age.
AGE PRECEDES MIN	The recipient's age is below the minimum allowable age.
COPAY \$- . . . . .	Co-payment amount for the item submitted, when applicable.
COS/ITEM INVALID	Category of service is not reimbursable for the item entered.
CURRENT DATE REQ	Date entered was not today's date.
DUPLICATE DVS	Duplicate of a previously submitted and approved transaction.
DVS #- . . . . .	Transaction is approved. The eight-digit number should be put on the claim form when billing for the DME item.
DVS NOT INVOKED	Transaction not processed through the DVS System. If further clarification is required, call 1-800-343-9000.
DVS NOT REQUIRED	Item/NDC code does not require a DVS number.
EXCEEDS FREQ LMT	The allowed quantity limit within the specified time frame has been reached.

## SYSTEM RESPONSES (contd.)

<u>VERIFONE RESPONSE</u>	<u>DESCRIPTION/COMMENTS</u>
FHP DENIAL	The recipient is enrolled in the Family Health Plus Program (FHP) and receives all services through a FHP participating Managed Care Plan.
ITEM/GENDER INV	Item/NDC code not reimbursable for the recipient's gender.
ITEM NOT COVERED	Item/NDC code not reimbursable or has been discontinued.
M/I COS	Category of Service is invalid or missing or is not on the provider's file.
M/I DVS QUANTITY	Quantity's format is invalid or missing.
M/I ITEM CODE	Item/NDC code's format is invalid or missing.
M/I TOOTH/QUAD	Tooth number, tooth quadrant, or arch is invalid or missing.
MAX QTY EXCEEDED	Quantity exceeds the maximum allowed.
PROC CD NOT COV	Procedure code not covered or entered incorrectly.