## 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 |
| **IF ENTERING ALPHANUMERIC (CIN) IDENTIFIER, ENTER NUMBER 1** | Enter 1 or 2 | C = 23  J = 51  Q = 11  X = 92 |
| | | D = 31  K = 52  R = 72  Y = 93 |
| **IF ENTERING NUMERIC IDENTIFIER (ACCESS #) ENTER NUMBER 2** | Press #. | E = 32  L = 53  S = 73  Z = 12 |
| | | F = 33  M = 61  T = 81 |
| | | G = 41  N = 62  U = 82 |

| VOICE PROMPT | ACTION/INPUT |
|---|---|
| **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 | ACTION/INPUT |
|---|---|
| **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 License Type and License Number of the ordering provider, if applicable. Press # or Press # to bypass. |

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## 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. |
| **ELIGIBLE CAPITATION GUARANTEE** | Indicates guaranteed status under a Prepaid Capitation Program (PCP). |
| **ELIGIBLE EXCEPT LONG TERM CARE** | Client is eligible to receive all Medicaid services except for Long Term Care. |
| **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 HR UTILIZATION THRESHOLD** | Client is eligible to receive all Medicaid services with prescribed limits. A service authorization must be obtained for services limited under Utilization Threshold. |
| **MEDICAID ELIGIBLE** | Client is eligible for all benefits. |
| **MEDICARE COINSURANCE AND DEDUCTIBLE ONLY** | Client is eligible for payment of Medicare coinsurance and deductibles only. |

| TELEPHONE RESPONSE | DESCRIPTION/COMMENTS |
|---|---|
| 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 XXXXXXXXXXX | 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 ON MM/DD/YY | Client has reached his/her co-payment maximum. |
| AT SERVICE LIMIT | The client has reached his/her limit for that particular service category. No service authorization is created. |

| TELEPHONE RESPONSE | DESCRIPTION/COMMENTS |
|---|---|
| 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. |

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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. |
| 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 covert to an alpha character. To proceed, re-enter the data in the correct format. |

**ERROR RESPONSES (contd.)**

| TELEPHONE RESPONSE | DESCRIPTION/COMMENTS |
|---|---|
| **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 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 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. |
| **INVALID SEQUENCE NUMBER** | 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. |

**ERROR RESPONSES (contd.)**

| TELEPHONE RESPONSE | DESCRIPTION/COMMENTS |
|---|---|
| **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. |

- **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 |
|---|---|
| | 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 | One of the following must be entered:<br>**1** Service Authorization and Eligibility inquiry.<br>**2** Eligibility inquiry only.<br>**3** Authorization Confirmation.<br>**4** Authorization Cancellation.<br>**6** Dispensing Validation System (DVS) Request.<br>**7** Service Authorization and Eligibility inquiry. (Lab & Pharmacies)<br>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 license type and State license number of the ordering provider, if applicable. Press the **ENTER** key. |

| PROMPT DISPLAYED | ACTION/INPUT |
|---|---|
| REFERRING PRV # | 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 | DESCRIPTION/COMMENTS |
|---|---|
| **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:<br>M = Male<br>F = Female<br>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. |

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**ELIG REQUEST REJECT**
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| | This section is displayed when the eligibility request cannot be validated |
|---|---|
| **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<br>P = Please Resubmit Original Transaction |
| **INFO #:** | Call the telephone number displayed for more information. |

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**SERV REQUEST REJECT**
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| | This section is displayed when a Service Authorization(SA) or Dispensing Validation System (DVS) request cannot be processed or the client is ineligible. |
|---|---|
| **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<br>P = Please Resubmit Original Transaction |
| **INFO #:** | Call the telephone number displayed for more information. |

**RESPONSES (contd.)**

| VERIFONE RESPONSE | DESCRIPTION/COMMENTS |
|---|---|

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**PLAN ELIG. & BENEFITS**
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| | This section displays the client's eligibility and benefit information. Medicare and Other insurance information may be displayed, separated by dashes (-----). |
|---|---|
| **Plan:** | This field displays the name of plan. |
| **Plan Cd:** | This field displays the 2-character code for other Third Party Insurance, if available. |
| **Elig/Ben Info:** | This field displays the client's level of medical coverage or other coverages, please see the ELIGIBILITY CODES section for details. |
| **INFO #:** | Call the telephone number displayed for more information. |
| **Serv Type:** | This field shows the service type code entered in the transaction. |
| **Insr Type Cd:** | C1 = Commercial<br>MP = Medicare Primary<br>MC = Medicaid |
| **Plan Cov Desc:** | This field will display a message for UT limits exceeded, client restrictions, and limitations. |
| **Time Per Qual:** | 29 = Copay Remaining<br>30 = UT exceeded |
| **Dollar Amt:** | This field displays the amount of copay remaining on the client's file. |

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**HEALTH CARE SERVICES**
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| | This section displays information relating to Service Authorization (SA) or Dispensing Validation System (DVS) requests. |
|---|---|
| **Action Cd:** | A1 = Certified in total<br>A3 = Not Certified<br>A6 = Modified<br>CT = Contact Payer<br>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 | ASSOCIATED COVERAGES |
|------|----------------------|
| 1 - ACTIVE COVERAGE | MA ELIGIBLE<br>MA ELIGIBLE HR UTILIZATION THRESHOLD |
| B - COPAYMENT | COPAYMENT |
| E - EXCLUSIONS | ELIGIBLE ONLY OUTPATIENT CARE<br>ELIGIBLE EXCEPT LONG-TERM CARE |
| F - LIMITATIONS | EMERGENCY SERVICES ONLY<br>PRESUMPTIVE ELIGIBILITY LONG-TERM/HOSPICE<br>PRESUMPTIVE ELIGIBILITY PRENATAL A<br>PRESUMPTIVE ELIGIBILITY PRENATAL B<br>PERINATAL FAMILY<br>ELIGIBLE ONLY FAMILY PLANNING SERVICES<br>AT SERVICE LIMIT |
| N - SERVICES RESTRICTED TO THE FOLLOWING PROVIDER | SERVICES RESTRICTED TO THE FOLLOWING PROVIDER |
| R - OTHER OR ADDITIONAL PAYOR | ELIGIBLE CAPITATION GUARANTEE<br>MEDICARE COINSURANCE DEDUCTIBLE ONLY<br>FAMILY HEALTH PLUS |
| MC - MANAGED CARE COORDINATOR | ELIGIBLE PCP |

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**REJECT CODES**

| CODE | POSSIBLE ERRORS |
|------|-----------------|
| CT - CONTACT PAYER | CALL 1-800-343-9000 |
| I - NON COVERED | NOT MA ELIGIBLE<br>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<br>MISSING/INVALID DVS QUANTITY<br>CURRENT DATE REQUIRED<br>COS/ITEM INVALID<br>MISSING/INVALID TOOTH/QUADRANT |
| 41 – AUTHORIZATION/ACCESS RESTRICTIONS | DOWNLOAD REQUIRED<br>INVALID TRAN TYPE<br>INVALID TERMINAL ACCESS<br>SERVICE NOT ORDERED<br>LOST/STOLEN TERMINAL<br>PAYMENT PAST DUE<br>SSN ACCESS NOT ALLOWED |
| 42 – UNABLE TO RESPOND AT CURRENT TIME | RESUBMIT TRANSACTION |

**REJECT CODES (contd.)**

| CODE | POSSIBLE ERRORS |
|------|-----------------|
| 43 – INVALID/MISSING PROVIDER INFORMATION | INVALID PROVIDER NUMBER<br>REENTER ORDERING PROVIDER<br>INVALID LICENSE TYPE<br>DISQUALIFIED ORDERER<br>DECEASED ORDERER<br>INVALID ORDERING PROVIDER<br>INVALID REFERRING PROVIDER NUMBER<br>PRESCRIBING PROVIDER LICENSE INACTIVE |
| 45 – INVALID/MISSING PROVIDER SPECIALTY | INVALID TAXONOMY OR SERVICE TYPE |
| 48 – INVALID/MISSING PROVIDER IDENTIFICATION NUMBER | REENTER ORDERING PROVIDER<br>DISQUALIFIED ORDERER<br>DECEASED ORDERER<br>INVALID ORDERING PROVIDER<br>INVALID REFERRING PROVIDER ID NUMBER<br>PRESCRIBING PROVIDER LICENSE INACTIVE |
| 49 – PROVIDER IS NOT PRIMARY PHYSICIAN | RESTRICTED RECIPIENT NO AUTHORIZATION<br>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<br>AGE PRECEEDS MINIMUM |
| 70 – INCONSISTENT WITH PATIENT'S GENDER | ITEM/GENDER INVALID |
| 72 – INVALID/MISSING SUBSCRIBER/INSURED ID | INVALID CARD THIS RECIPIENT<br>INVALID ACCESS NUMBER<br>INVALID MEDICAID NUMBER<br>INVALID SEQUENCE NUMBER |
| 75 – SUBSCRIBER/INSURED NOT FOUND | SOCIAL SECURITY NUMBER NOT ON FILE<br>RECIPIENT NOT ON FILE<br>NO COVERAGE: PENDING FHP<br>NO MATCH ON FILE |
| 84 - CERTIFICATION NOT REQUIRED FOR THIS SERVICE | DVS NOT REQUIRED |

**REJECT CODES (contd.)**

| CODE | POSSIBLE ERRORS |
|---|---|
| **87 – EXCEEDS PLAN MAXIMUMS** | AT SERVICE LIMIT<br>EXCEEDS FREQUENCY LIMIT<br>MAXIMUM QUANTITY EXCEEDED |
| **88 – NON-COVERED SERVICE** | PROCEDURE CODE NOT COVERED<br>ITEM NOT COVERED |
| **89 – NO PRIOR APPROVAL** | NO AUTHORIZATION FOUND |
| **91 – DUPLICATE REQUEST** | DUPLICATE – UT PREVIOUSLY APPROVED<br>DUPLICATE DVS |
| **95 – PATIENT NOT ELIGIBLE** | NOT MEDICAID ELIGIBLE<br>FAMILY HEALTH PLUS<br>NO COVERAGE: PENDING FHP<br>NO COVERAGE: EXCESS INCOME |

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**ERROR RESPONSES**

| VERIFONE RESPONSE | DESCRIPTION/COMMENTS |
|---|---|
| **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. |
| **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** | The card swipe was unsuccessful. |

**ERROR RESPONSES**

| VERIFONE RESPONSE | DESCRIPTION/COMMENTS |
|---|---|
| **PROCESSING** | 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. |