- 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), <u>press the # key after each entry</u>.
- 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**

VOICE PROMPT	ACTION/INPUT
NEW YORK STATE MEDICAID	None
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 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.

ALPHA CONVERSION CHART

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	

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 Profession Code 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.
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.

TELEPHONE RESPONSE	DESCRIPTION/COMMENTS
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.
MEDICARE COINSURANCE AND DEDUCTIBLE ONLY	Client is eligible for payment of Medicare coinsurance and deductibles <u>only</u>.
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.

TELEPHONE RESPONSE	DESCRIPTION/COMMENTS
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	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.

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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.

TELEPHONE RESPONSE	DESCRIPTION/COMMENTS
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 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 client identification number not valid.
INVALID PROFESSION CODE	Profession Code 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.

TELEPHONE RESPONSE	DESCRIPTION/COMMENTS
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.
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.

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
	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: **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	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 <u>required</u> 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. The following modifiers may be used to further describe certain procedure codes for orthotic and prosthetic devices, and prescription footwear: - LT (Left Side) - RT (Right Side) For DVS authorization, enter the modifier immediately following the procedure code, with no spaces between the modifier and code. For some items, <u>if instructed by New York State</u>, 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.

PROMPT DISPLAYED (contd.)
THIS ENDS THE INPUT DATA SECTION.

ACTION/INPUT
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: 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

This section is displayed when the eligibility request cannot be validated

VERIFONE RESPONSE	**DESCRIPTION/COMMENTS**
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

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 P = Please Resubmit Original Transaction
INFO #:	Call the telephone number displayed for more information.

RESPONSES (contd.)

VERIFONE RESPONSE	**DESCRIPTION/COMMENTS**

PLAN ELIG. & BENEFITS

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 Policy Number:	This field displays the policy number assigned to the other Third Party Insurance.
Plan Cd:	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.
Plan Address:	This field displays the Address, City, State and Zip Code of the Managed Care Plan or other Third Party Insurance
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 MP = Medicare Primary MC = Medicaid QM = Qualified Medicare Beneficiary
Plan Cov Desc:	This field will display a message for UT limits exceeded, client restrictions, and limitations.
Time Per Qual:	29 = Copay Remaining 30 = UT exceeded
Dollar Amt:	This field displays the amount of copay remaining on the client's file.

HEALTH CARE SERVICES

This section displays information relating to Service Authorization (SA) or Dispensing Validation System (DVS) requests.

Action Cd:	A1 = Certified in total A3 = Not Certified A6 = Modified CT = Contact Payer 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.

HEALTH CARE SERVICES (contd.)

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 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

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REJECT CODES

CODE	POSSIBLE ERRORS
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.)

CODE	POSSIBLE ERRORS
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 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.)

CODE	POSSIBLE ERRORS
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

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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.

ERROR RESPONSES

VERIFONE RESPONSE	DESCRIPTION/COMMENTS
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.
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.