

**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 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**
- **Important Note:** The New York State Department of Health (NYSDOH) implemented the NPI system changes on September 1, 2008. Temporarily, NYS Medicaid Provider ID's and license numbers will continue to be accepted for processing in addition to the NPI. NYSDOH will notify the Provider community when we will no longer accept Proprietary Identifiers from Providers that require an NPI (excludes atypical providers).

**ALPHA CONVERSION CHART**

| <b>VOICE PROMPT</b>   | <b>ACTION/INPUT</b>  | <b>ALPHA CONVERSION CHART</b> |        |        |        |
|---|--|-------------------------------|--------|--------|--------|
| <b>NEW YORK STATE MEDICAID</b>  | None   | A = 21                        | H = 42 | O = 63 | V = 83 |
| <b>IF ENTERING ALPHANUMERIC (CIN) IDENTIFIER, ENTER NUMBER 1</b>                    | Enter 1 or 2   | B = 22                        | I = 43 | P = 71 | W = 91 |
| <b>IF ENTERING NUMERIC IDENTIFIER (ACCESS #) ENTER NUMBER 2</b>                     | Press #  | C = 23                        | J = 51 | Q = 11 | X = 92 |
| <b>ENTER IDENTIFICATION NUMBER</b>  | Enter the client's converted alphanumeric Medicaid number (CIN) or numeric access number. Press #.   | D = 31                        | K = 52 | R = 72 | Y = 93 |
| <b>ENTER NUMBER 1 FOR SERVICE AUTHORIZATION OR NUMBER 2 FOR ELIGIBILITY INQUIRY</b> | Enter 1 or 2. Press #.   | E = 32                        | L = 53 | S = 73 | Z = 12 |
| <b>ENTER SEQUENCE NUMBER</b>  | 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. | F = 33                        | M = 61 | T = 81 |        |
| <b>ENTER DATE</b>   | Press # for today's date or enter MMDDYY for verification on a previous date of service. Press #.  | G = 41                        | N = 62 | U = 82 |        |
| <b>ENTER PROVIDER NUMBER</b>  | Enter Provider Identification Number. Press #.   |                               |        |        |        |
| <b>ENTER SPECIALTY CODE</b>   | If applicable, enter the three-digit specialty code and press #, or press # to bypass.   |                               |        |        |        |
| <b>ENTER REFERRING PROVIDER NUMBER</b>  | Enter the ten-digit National Provider Identifier (NPI) or the eight-digit MMIS provider ID of the referring provider. Press #.   |                               |        |        |        |
| <b>ENTER FIRST CO-PAYMENT TYPE</b>  | If the client is not a referral, press # to bypass this prompt.  |                               |        |        |        |
|   | Enter the converted co-payment type or press # to  |                               |        |        |        |

**ENTER CO-PAYMENT UNITS**

bypass the rest of the co-payment prompts.

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 ten-digit National Provider Identifier (NPI) and press #.

For all atypical providers enter the eight-digit 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).

|  |  |   |   |
|--|--|---|---|
| <b>ELIGIBLE EXCEPT NURSING FACILITY SERVICES</b>               | 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. | <b>MEDICARE PARTS A &amp; B &amp; QMB</b>   | Client has Part A and B Medicare coverage and is a Qualified Medicare Beneficiary (QMB).  |
| <b>ELIGIBLE ONLY FAMILY PLANNING SERVICES</b>                  | Client is eligible for Medicaid covered family planning services.  | <b>MEDICARE PART A &amp; QMB</b>  | Client has Part A Medicare coverage and is a Qualified Medicare Beneficiary (QMB).  |
| <b>ELIGIBLE ONLY OUTPATIENT CARE</b>                           | Client is eligible for all ambulatory care, including prosthetics, no inpatient coverage.  | <b>MEDICARE PART B &amp; QMB</b>  | Client has Part B Medicare coverage and is a Qualified Medicare Beneficiary (QMB).  |
| <b>ELIGIBLE PCP</b>  | Client covered by a Prepaid Capitation Program (PCP) as well as eligible for limited fee-for-service benefits.   | <b>MEDICARE QMB ONLY</b>  | Client is a Qualified Medicare Beneficiary (QMB) Only.  |
| <b>EMERGENCY SERVICES ONLY</b>                                 | Client is eligible for emergency services only.  | <b>MEDICARE PART D</b>  | Client has only Part D Medicare Coverage.   |
| <b>FAMILY HEALTH PLUS</b>                                      | Client is enrolled in the Family Health Plus Program (FHP).  | <b>MEDICARE PARTS A &amp; D</b>   | Client has both Part A and Part D Medicare Coverage.  |
| <b>MEDICAID ELIGIBLE</b>                                       | Client is eligible for all benefits.   | <b>MEDICARE PARTS B &amp; D</b>   | Client has both Part B and Part D Medicare Coverage.  |
| <b>MEDICAID ELIGIBLE HR UTILIZATION THRESHOLD</b>              | Client is eligible to receive all Medicaid services with prescribed limits. A service authorization must be obtained for services limited under Utilization Threshold.                   | <b>MEDICARE PARTS A &amp; B &amp; D</b>   | Client has Part A and Part B and Part D Medicare Coverage.  |
| <b>MEDICARE COINSURANCE AND DEDUCTIBLE ONLY</b>                | Client is eligible for payment of Medicare coinsurance and deductibles <u>only</u> .   | <b>MEDICARE PARTS A &amp; B &amp; D &amp; QMB</b>   | Client has Part A and Part B and Part D Medicare coverage and is a Qualified Medicare Beneficiary (QMB).  |
| <b>OUTPATIENT COVERAGE WITH COMMUNITY BASED LONG TERM CARE</b> | Client is eligible for most ambulatory care, including prosthetics, and short-term rehabilitation with limitations. See MEVS Provider Manual for limited and excluded services.          | <b>MEDICARE PARTS A &amp; D &amp; QMB</b>   | Client has Part A and Part D Medicare coverage and is a Qualified Medicare Beneficiary (QMB).   |
| <b>OUTPATIENT COVERAGE WITHOUT LONG TERM CARE</b>              | Client is eligible for some ambulatory care, including prosthetics, and short-term rehabilitation services. See MEVS Provider Manual for excluded services.                              | <b>MEDICARE PARTS B &amp; D &amp; QMB</b>   | Client has Part B and Part D Medicare coverage and is a Qualified Medicare Beneficiary (QMB).   |
| <b>OUTPATIENT COVERAGE WITH NO NURSING FACILITY SERVICES</b>   | Client is eligible for all ambulatory care, including prosthetics. See MEVS Provider Manual for excluded services.   | <b>MEDICARE PART D &amp; QMB</b>  | Client has Part D Medicare coverage and is a Qualified Medicare Beneficiary (QMB).  |
| <b>PERINATAL FAMILY</b>  | Client is eligible to receive a limited package of benefits. See MEVS Provider Manual for excluded services.   | <b>HEALTH INSURANCE CLAIM NUMBER XXXXXXXXXXXXX</b>  | Health Insurance Claim number.  |
| <b>PRESUMPTIVE ELIGIBLE LONG TERM/HOSPICE</b>                  | Client is eligible for all Medicaid services except hospital based clinic services, hospital emergency room services, hospital inpatient services, and bed reservation.                  | <b>HEALTH INSURANCE CLAIM NUMBER NOT ON FILE</b>  | Health Insurance Claim number is not on file.   |
| <b>PRESUMPTIVE ELIGIBILITY PRENATAL A</b>                      | Client is eligible to receive all Medicaid services except inpatient care, institutional long-term care, alternate level care, and long-term home health care.                           | <b>INSURANCE COVERAGE CODE 21: DENTAL, PHYSICIAN, INPATIENT EXCEPTION CODE 35</b>                     | Insurance and Coverage Codes equal the Insurance carrier and the scope of benefits.<br>Client's exception and/or restriction code.  |
| <b>PRESUMPTIVE ELIGIBILITY PRENATAL B</b>                      | Client is eligible to receive only ambulatory prenatal care services. See MEVS Provider Manual for excluded services.  | <b>NO CO-PAYMENT REQUIRED</b>   | Client is under 21 or exempt from co-payment and co-payment data has been entered.  |
| <b>ANNIVERSARY MONTH OCTOBER</b>                               | This is the beginning month of the client's benefit year.  | <b>CO-PAYMENT REQUIREMENTS MET</b>  | Client has reached his/her co-payment maximum. ON MM/DD/YY  |
| <b>CATEGORY OF ASSISTANCE S</b>                                | Client is enrolled in the SSI assistance program.  | <b>AT SERVICE LIMIT</b>   | The client has reached his/her limit for that particular service category. No service authorization is created.   |
| <b>MEDICARE PART A</b>   | Client has only Part A Medicare.   | <b>DUPLICATE – UT PREVIOUSLY APPROVED</b>   | Request is a duplicate of a previously approved service authorization.  |
| <b>MEDICARE PART B</b>   | Client has only Part B Medicare.   | <b>PARTIAL APPROVAL XX SERVICE UNIT(S), XX LAB UNIT(S), XX PHARMACY UNIT(S) POST AND CLEAR</b>        | Indicates that the full complement of requested services relative to Post and Clear processing is not available. The <b>XX</b> represents the number of services approved/available.        |
| <b>MEDICARE PARTS A and B</b>                                  | Client has both Parts A and B.   | <b>PARTIAL APPROVAL XX SERVICE UNIT(S), XX LAB UNIT(S), XX PHARMACY UNIT(S) UTILIZATION THRESHOLD</b> | Indicates that the full complement of requested services relative to Utilization Threshold processing is not available. The <b>XX</b> represents the number of services approved/available. |
|  |  | <b>SERVICE APPROVED NEAR LIMIT XX SERVICE UNIT(S), XX LAB UNIT(S), XX PHARMACY UNIT(S)</b>            | 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 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 is invalid or 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.

**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 ten-digit National Provider Identifier (NPI) or the eight-digit MMIS provider ID 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.