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. NPI is required for all transactions submitted to NYS Medicaid including MEVS transactions. This should be the same NPI that you use to bill claims to New York Medicaid. As of October 01, 2009, MEVS transactions will fail unless you begin using your NPI. Atypical providers are not impacted and may continue to use their MMIS ID.

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
NEW YORK STATE MEDICAID	None
IF ENTERING ALPHANUMERIC (CIN) IDENTIFIER, ENTER NUMBER 1	Enter 1 or 2
IF ENTERING NUMERIC IDENTIFIER (ACCESS #) ENTER NUMBER 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 ten-digit National Provider Identifier (NPI) or the eight-digit MMIS provider ID 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.
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 #. DME Suppliers must use this prompt to clear any DME supply items posted by the Ordering provider. If you are performing an eligibility inquiry only, press# or press # to bypass this prompt.
IF YOU ARE A DESIGNATED POSTING PROVIDER, ENTER NUMBER OF LAB TESTS YOU ARE ORDERING	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	Enter the total number of prescriptions, over the counter items or DME supply items, including refills, 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).
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.
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, including 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.
MEDICARE PART D	Client has only Part D Medicare Coverage.
MEDICARE PARTS A & D	Client has both Part A and Part D Medicare Coverage.
MEDICARE PARTS B & D	Client has both Part B and Part D Medicare Coverage.
MEDICARE PARTS A & B & D	Client has Part A and Part B and Part D Medicare Coverage.
MEDICARE PARTS A & B & D & QMB	Client has Part A and Part B and Part D Medicare coverage and is a Qualified Medicare Beneficiary (QMB).
MEDICARE PARTS A & D & QMB	Client has Part A and Part D Medicare coverage and is a Qualified Medicare Beneficiary (QMB).
MEDICARE PARTS B & D & QMB	Client has Part B and Part D Medicare coverage and is a Qualified Medicare Beneficiary (QMB).
MEDICARE PART D & QMB	Client has Part D Medicare coverage and is a Qualified Medicare Beneficiary (QMB).
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	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.
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.