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.

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 DME, prescription footwear and orthotic/prosthetic devices, DVS will be created for an authorization period of 180 days.

Note:

Date-of-Service entered on the DVS request will be used to begin the authorization period. The actual date of service, which is entered on the claim, can be anytime within the 180 day authorization period.

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.
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: 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.

SERVICE 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.

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.

PLAN ELIG. & BENEFITS

This section displays the client's eligibility and benefit information. Medicare and Other insurance information may be displayed, separated by dashes (-----).

VERIFONE RESPONSE	DESCRIPTION/COMMENTS
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 Cd:	This field displays one or more of the following values to further define coverage, exclusions and limitations. 30 = Health Benefit Plan Coverage 48 = Hospital Inpatient 54 = Long Term Care 82 = Family Planning 86 = Emergency

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.

VERIFONE RESPONSE	DESCRIPTION/COMMENTS
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.
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
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 PRECEDES 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
75 – SUBSCRIBER/INSURED NOT FOUND	SOCIAL SECURITY NUMBER NOT ON FILE RECIPIENT NOT ON FILE NO COVERAGE: PENDING FHP NO MATCH ON FILE
76 – DUPLICATE SUBSCRIBER/INSURED ID NUMBER	CALL LOCAL DISTRICT
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 CLIENT MEDICARE PART D DENIAL

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.
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.

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