

**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.

<b>PROMPT DISPLAYED</b>	<b>ACTION/INPUT</b>
<b>ENTER CARD OR ID</b>	To begin, press the <b>RED</b> key, press the <b>F4</b> key to start the verification.  If you are using the client's access number then swipe the card through reader, or key the access number then press the <b>ENTER</b> key.  If you are using the Client's Medicaid number (CIN), enter the Medicaid number and press the <b>ENTER</b> key.
<b>ENTER TRAN TYPE</b>	One of the following must be entered: <b>1</b> Service Authorization and Eligibility inquiry. <b>2</b> Eligibility inquiry only. <b>3</b> Authorization Confirmation. <b>4</b> Authorization Cancellation. <b>6</b> Dispensing Validation System (DVS) Request. <b>7</b> Service Authorization and Eligibility inquiry. (Lab & Pharmacies)  Press the <b>ENTER</b> key.
<b>Note:</b>	Depending on which Tran Type you select, the following prompts may not appear in the order in which they are listed.
<b>ENTER SEQ #</b>	If you are using the Medicaid Number (CIN), enter the two-digit sequence number and press the <b>ENTER</b> key. <b>Note:</b> This prompt will not appear if the Access number was entered as it contains the sequence number.
<b>ENTER DATE</b>	Press <b>ENTER</b> for today's date or enter MMDDCCYY for verification on a previous date of service. Press the <b>ENTER</b> key.
<b>SELECT PROVIDER</b>	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 <b>ENTER</b> key (To add numbers call 1-800-343-9000).
<b>ENTER TAXONOMY CODE</b>	This code is used for classifying health care providers according to provider type or practitioner specialty.
<b>SERVICE TYPE</b>	Enter the code identifying the type of service you are providing.
<b>ORDERING PRV #</b>	Enter the MMIS Provider Identification Number or Profession Code and State license number of the ordering provider, if applicable. Press the <b>ENTER</b> 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 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. 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, 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.

<b># GENERIC/OTC RX</b>	If you are a Pharmacy provider, enter the number of generic prescriptions or over the counter items you are dispensing and press the <b>ENTER</b> key. Bypass by pressing the <b>ENTER</b> key.
<b># BRAND RX</b>	If you are a Pharmacy, enter the number of brand prescriptions you are dispensing and press the <b>ENTER</b> key. Bypass by pressing the <b>ENTER</b> key.
<b># OF RX SUPPLIES</b>	Enter the number of supplies you are dispensing and press the <b>ENTER</b> key. Bypass by pressing the <b>ENTER</b> key.
<b>Note:</b>	If you are a POST and CLEAR Provider, enter the appropriate data for the following two prompts.
<b># LAB TESTS</b>	Enter the number of lab tests you are ordering. Press the <b>ENTER</b> key.
<b>#RX/OTC</b>	Enter the number of prescriptions or over the counter items. Press the <b>ENTER</b> key.
<b>THIS ENDS THE INPUT DATA SECTION. DIALING, WAITING FOR ANSWER, CONNECTED, TRANSMITTING, RECEIVING, and PROCESSING</b>	The VeriFone will now dial into the MEVS system and display these processing messages:

## 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

<u>VERIFONE RESPONSE</u>	<u>DESCRIPTION/COMMENTS</u>
<b>PROV NO.:</b>	The eight-digit MMIS Provider Identification Number.
<b>DATE SVC:</b>	The date for which services were requested.
<b>MEDICAID ID:</b>	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.
<b>HIC NO:</b>	Health Insurance Claim number for Medicare.
<b>DOB:</b>	The client's date of birth.
<b>GENDER:</b>	The client's gender: M = Male F = Female U = Unborn
<b>CNTY/OFF:</b>	The two digit county code is displayed for Upstate clients, for Downstate clients, the 3-digit NYC office code is displayed.
<b>ANNIV DT:</b>	The date the client's current benefit year began.
<b>MSG:</b>	If applicable, the client's Category of Assistance (COA) and/or exception codes will be returned. 'COA = S' (The code S signifies that the client is enrolled in the SSI assistance program.)  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

<u>VERIFONE RESPONSE</u>	<u>DESCRIPTION/COMMENTS</u>
<b>Rej Reason Cd:</b>	This field displays the Reject Reason codes. Please see the REJECT CODES section for details.
<b>Folw-Up Act Cd:</b>	C = Please Correct and Resubmit P = Please Resubmit Original Transaction
<b>INFO #:</b>	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.

<u>VERIFONE RESPONSE</u>	<u>DESCRIPTION/COMMENTS</u>
<b>Rej Reason Cd:</b>	This field displays the Reject Reason codes. Please see the REJECT CODES section for details.
<b>Folw-Up Act Cd:</b>	C = Please Correct and Resubmit P = Please Resubmit Original Transaction
<b>INFO #:</b>	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 (-----).

<u>VERIFONE RESPONSE</u>	<u>DESCRIPTION/COMMENTS</u>
<b>Plan:</b>	This field displays the name of plan.
<b>Plan Policy Number:</b>	This field displays the policy number assigned to the other Third Party Insurance.
<b>Plan Cd:</b>	This field displays the 2-character code for other Third Party Insurance, if available. If you see an Insurance Code of <b>ZZ</b> , call 1-800-343-9000 to obtain additional Insurance and coverage information.
<b>Plan Address:</b>	This field displays the Address, City, State and Zip Code of the Managed Care Plan or other Third Party Insurance.
<b>Elig/Ben Info:</b>	This field displays the client's level of medical coverage or other coverages, please see the ELIGIBILITY CODES section for details.
<b>INFO #:</b>	Call the telephone number displayed for more information.
<b>Serv Type Cd:</b>	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.

PRESUMPTIVE ELIGIBILITY LONG-TERM/HOSPICE  
PRESUMPTIVE ELIGIBILITY PRENATAL A  
PRESUMPTIVE ELIGIBILITY PRENATAL B  
SERVICES RESTRICTED TO THE FOLLOWING PROVIDER  
ELIGIBLE CAPITATION GUARANTEE FAMILY HEALTH PLUS  
ELIGIBLE PCP

**N - SERVICES RESTRICTED TO THE FOLLOWING PROVIDER**

**R - OTHER OR ADDITIONAL PAYOR**

**MC - MANAGED CARE COORDINATOR**

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**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.

**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

**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

**49 – PROVIDER IS NOT PRIMARY PHYSICIAN**

PRESCRIBING PROVIDER LICENSE INACTIVE  
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  
CLIENT IS ELIGIBLE FOR EMERGENCY SERVICES ONLY  
CLIENT IS MEDICARE ELIGIBLE

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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 PROCESSING**

The card swipe was unsuccessful.

**RECEIVING**

The message is displayed until the host message is ready to be displayed.

**TRANSMITTING**

This message is displayed until the host message is received by the VeriFone.

**UNREADABLE CARD**

This message is displayed until the host computer acknowledges the transmission.

**WAITING FOR ANSWER**

Will be displayed after three unsuccessful attempts to swipe the card.

This message is displayed until connection is made with the network.