

**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.

		<u>ALPHA CONVERSION CHART</u>			
<u>VOICE PROMPT</u>	<u>ACTION/INPUT</u>	A = 21	H = 42	O = 63	V = 83
NEW YORK STATE MEDICAID	None	B = 22	I = 43	P = 71	W = 91
IF ENTERING ALPHANUMERIC (CIN) IDENTIFIER, ENTER NUMBER 1	Enter 1 or 2	C = 23	J = 51	Q = 11	X = 92
IF ENTERING NUMERIC IDENTIFIER (ACCESS #) ENTER NUMBER 2	Press #	D = 31	K = 52	R = 72	Y = 93
ENTER IDENTIFICATION NUMBER	Enter the client's converted alphanumeric Medicaid number (CIN) or numeric access number. Press #.	E = 32	L = 53	S = 73	Z = 12
ENTER NUMBER 1 FOR SERVICE AUTHORIZATION OR NUMBER 2 FOR ELIGIBILITY INQUIRY	Enter 1 or 2. Press #.	F = 33	M = 61	T = 81	
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.	G = 41	N = 62	U = 82	
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.

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).	MEDICARE PART B	Client has only Part B Medicare.
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.	MEDICARE PARTS A and B	Client has both Parts A and B.
ELIGIBLE ONLY FAMILY PLANNING SERVICES	Client is eligible for Medicaid covered family planning services.	MEDICARE PARTS A & B & QMB	Client has Part A and B Medicare coverage and is a Qualified Medicare Beneficiary (QMB).
ELIGIBLE ONLY OUTPATIENT CARE	Client is eligible for all ambulatory care, including prosthetics, no inpatient coverage.	MEDICARE PART A & QMB	Client has Part A Medicare coverage and is a Qualified Medicare Beneficiary (QMB).
ELIGIBLE PCP	Client covered by a Prepaid Capitation Program (PCP) as well as eligible for limited fee-for-service benefits.	MEDICARE PART B & QMB	Client has Part B Medicare coverage and is a Qualified Medicare Beneficiary (QMB).
EMERGENCY SERVICES ONLY	Client is eligible for emergency services only.	MEDICARE QMB ONLY	Client is a Qualified Medicare Beneficiary (QMB) Only.
FAMILY HEALTH PLUS	Client is enrolled in the Family Health Plus Program (FHP).	MEDICARE PART D	Client has only Part D Medicare Coverage.
MEDICAID ELIGIBLE	Client is eligible for all benefits.	MEDICARE PARTS A & D	Client has both Part A and Part D Medicare Coverage.
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 PARTS B & D	Client has both Part B and Part D Medicare Coverage.
MEDICARE COINSURANCE AND DEDUCTIBLE ONLY	Client is eligible for payment of Medicare coinsurance and deductibles <u>only</u> .	MEDICARE PARTS A & B & D	Client has Part A and Part B and Part D Medicare Coverage.
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.	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).
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.	MEDICARE PARTS A & D & QMB	Client has Part A and Part D Medicare coverage and is a Qualified Medicare Beneficiary (QMB).
OUTPATIENT COVERAGE WITH NO NURSING FACILITY SERVICES	Client is eligible for all ambulatory care, including prosthetics. See MEVS Provider Manual for excluded services.	MEDICARE PARTS B & D & QMB	Client has Part B and Part D Medicare coverage and is a Qualified Medicare Beneficiary (QMB).
PERINATAL FAMILY	Client is eligible to receive a limited package of benefits. See MEVS Provider Manual for excluded services.	MEDICARE PART D & QMB	Client has Part D Medicare coverage and is a Qualified Medicare Beneficiary (QMB).
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.	HEALTH INSURANCE CLAIM NUMBER XXXXXXXXXXXXX	Health Insurance Claim number.
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.	HEALTH INSURANCE CLAIM NUMBER NOT ON FILE	Health Insurance Claim number is not on file.
PRESUMPTIVE ELIGIBILITY PRENATAL B	Client is eligible to receive only ambulatory prenatal care services. See MEVS Provider Manual for excluded services.	INSURANCE COVERAGE CODE 21: DENTAL, PHYSICIAN, INPATIENT EXCEPTION CODE 35	Insurance and Coverage Codes equal the Insurance carrier and the scope of benefits.
ANNIVERSARY MONTH OCTOBER	This is the beginning month of the client's benefit year.	NO CO-PAYMENT REQUIRED	Client's exception and/or restriction code.
CATEGORY OF ASSISTANCE S	Client is enrolled in the SSI assistance program.	CO-PAYMENT REQUIREMENTS MET	Client is under 21 or exempt from co-payment and co-payment data has been entered.
MEDICARE PART A	Client has only Part A Medicare.	AT SERVICE LIMIT	Client has reached his/her co-payment maximum. ON MM/DD/YY
		DUPLICATE – UT PREVIOUSLY APPROVED	The client has reached his/her limit for that particular service category. No service authorization is created.
		PARTIAL APPROVAL XX SERVICE UNIT(S), XX LAB UNIT(S), XX PHARMACY UNIT(S) POST AND CLEAR	Request is a duplicate of a previously approved service authorization.
		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 Post and Clear processing is not available. The XX represents the number of services approved/available.
			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)**

**SERVICE APPROVED UTILIZATION
THRESHOLD XX SERVICE UNIT(S), XX
LAB UNIT(S), XX PHARMACY UNIT(S)**

**SERVICES APPROVED POST AND
CLEAR XX SERVICE UNIT(S), XX LAB
UNIT(S), XX PHARMACY UNIT(S)**

FOR DATE MMDDYY

The service authorization has been granted and recorded. The client has almost reached his/her service limit for that particular category.

The service units requested are approved.

The ordering provider has posted services and the units have been approved.

The date for which services were requested will be heard when message is complete.

Press # to repeat entire message.

ERROR RESPONSES

TELEPHONE RESPONSE

CALL 800-343-9000

DECEASED ORDERING PROVIDER

DISQUALIFIED ORDERING PROVIDER

**EXCESSIVE ERRORS, REFER TO MEVS
MANUAL OR CALL 800-343-9000 FOR
ASSISTANCE**

INVALID ACCESS METHOD

INVALID ACCESS NUMBER

INVALID CARD THIS RECIPIENT

INVALID CO-PAYMENT

**INVALID CO-PAYMENT, REFER TO
MEVS MANUAL**

INVALID DATE

INVALID ENTRY

INVALID IDENTIFICATION NUMBER

INVALID PROFESSION CODE

INVALID MEDICAID NUMBER

INVALID MENU OPTION

**INVALID ORDERING PROVIDER
NUMBER**

INVALID PROVIDER NUMBER

DESCRIPTION/COMMENTS

When certain conditions are met (ex: multiple responses), you need to call the Provider Services staff for additional data.

The Ordering Provider is deceased.

The Ordering Provider is identified as excluded/disqualified and cannot prescribe.

Too many invalid entries. Refer to the input data section or call 1-800-343-9000.

The received transaction is classified as a Provider Type/Transaction Type Combination that is not allowed to be submitted through the telephone.

Incorrect access number.

Client has used an invalid card.

Invalid number of digits or number doesn't convert to an alpha character. To proceed, re-enter the data in the correct format.

The Data entered is not a valid Co-payment value.

Illogical date or a date which falls outside of the allowed inquiry period of 24 months.

An invalid number of digits was entered for service units.

The client identification number not valid.

Profession Code not valid.

Medicaid number (CIN) not valid.

An invalid entry was made when selecting the identifier type.

Ordering Provider Identification Number or license number is invalid or not found on the file.

Provider Identification Number invalid.

**INVALID REFERRING PROVIDER
NUMBER**

INVALID SEQUENCE NUMBER

INVALID SPECIALTY CODE

MCCP RECIPIENT NO AUTHORIZATION

NO COVERAGE EXCESS INCOME

**NO COVERAGE PENDING FAMILY
HEALTH PLUS**

NO SERVICE UNITS ENTERED

NOT MEDICAID ELIGIBLE

**PRESCRIBING PROVIDER LICENSE
NOT IN ACTIVE STATUS**

**PROVIDER INELIGIBLE FOR SERVICE
ON DATE PERFORMED**

PROVIDER NOT ELIGIBLE

PROVIDER NOT ON FILE

RECIPIENT NOT ON FILE

**REENTER ORDERING PROVIDER
NUMBER**

**RESTRICTED RECIPIENT NO
AUTHORIZATION**

SERVICES NOT ORDERED

SSN ACCESS NOT ALLOWED

SSN NOT ON FILE

SYSTEM ERROR #

**THE SYSTEM IS CURRENTLY
UNAVAILABLE. PLEASE CALL 800-343-
9000 FOR ASSISTANCE**

Referring Provider Identification Number invalid.

The sequence number entered is not valid or not current.

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.

Client is restricted. Services must be provided, ordered, or referred by the primary provider.

Client has an income in excess of the allowable levels and must spenddown the excess in order to be eligible.

Client is waiting to be enrolled into a Family Health Plus Managed Care Plan.

No entry was made and the units are required for this transaction.

Client is not eligible for benefits on the date of service entered.

License number is not active for the date of service entered.

The category of service for the Provider identification number submitted in the transaction is inactive or invalid for the date of service entered.

The verification was attempted by an inactivated or disqualified provider.

The Provider Identification Number entered is not identified as a Medicaid enrolled provider.

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.

Ordering provider number or license number has an incorrect format (wrong length or characters in the wrong position).

Enter the ten-digit National Provider Identifier (NPI) or the eight-digit MMIS provider ID to whom the client is restricted.

The ordering provider did not post the services you are trying to clear.

The provider is not authorized to access the system using a social security number.

The entered nine-digit number is not on the Client Master file.

A network problem exists. Call 1-800-343-9000 with the error number.

System is unavailable. After hearing this message you will be disconnected.