

Transaction Guide

New York Medicaid Service Authorization

Key Version NY 1.08

August 18, 2008

Overview

This program provides a suite of six POS New York Medicaid Service Authorization transactions:

- **DVS Add:** Allows a New York Medicaid Dispensing Validation System (DVS) provider to obtain authorization a dispensing service.
- **DVS Cancel:** Allows a New York Medicaid DVS provider to cancel a dispensing service authorization obtained previously.
- **DVS Inquiry:** Allows a New York Medicaid DVS provider to inquire about the status of a dispensing service authorization.
- **Non-DVS Add:** Allows a New York Medicaid non-Dispensing Validation System (DVS) provider to obtain authorization for a service.
- **Non-DVS Cancel:** Allows a non-DVS New York Medicaid provider to cancel a service authorization obtained previously.
- **Non-DVS Inquiry:** Allows a New York Medicaid non-DVS provider to inquire about the status of a service authorization.

These transactions must be for a date of service that is within the past two years.

Date of Service Restrictions

- Up to two years in the past
- No future dates

Special Considerations

- In order for you to use your National Provider Identifier (NPI) as the requesting provider ID, the payer must be ready to accept NPI. Consult our payer lists at www.emdeon.com/PayerLists/payerlists.php for this payer's NPI-readiness status. Additionally, it may be necessary to register the NPI with the payer.
- Consult the payer to determine whether you should submit the ordering and referring provider's NPI at this time.
- DVS transactions are to be used:

By a physician, hospital, or clinic when the primary service provided is a diagnostic radiological service.

When the provider can submit a stand-alone claim for the radiological service.

By a pharmacy when non-DVS non-drug items are being dispensed or when brand-name drugs are dispensed.

If the radiological service is ancillary to a service being rendered, the non-DVS transactions are to be used.

- When using a License Number as a provider identifier for eMedNY Phase II, the New York State Department of Education (NYSDOH) additionally requires a three-digit Profession Code as a prefix. The codes are a subset of the two-digit Profession Codes assigned by NYSDOH and the Office of the Professions when it issues professional licenses. A leading zero is added to the left to create the NYSDOH three-digit Profession Code, and, for NYS licensed providers, two more zeros must follow between the Profession Code and the License Number.

An exception exists for services of a NYS licensed Privileged Nurse Practitioner or Privileged Midwife. In these two cases, a value of '0F' must be inserted between the Profession Code and License Number instead of the two zeros. All out-of-state licenses must be formatted with the two-letter State, District of Columbia, or US Territory Code as assigned by the United States Postal Service instead of the '00' or '0F' values. For Emdeon products, omit the leading zero of the Profession Code when entering the License Number.

The Emdeon system will automatically populate the zero before sending the input information to New York Medicaid's database.

- The category of inquiry (service type) is used to derive the category of service and Specialty Code, which varies per provider.

To Enter Letters

1. Press the number key on which the letter appears.
2. Press <Alpha> once, twice, or three times, until the letter appears.
3. Special characters are on the * and # keys. Q and Z are on key 1.

Other Usage Tips

To print a list of transactions on each key, press <Func> then 2.

Request

DVS Add, DVS Cancel and DVS Inquiry

Step:	POS Display:	Enter:
1	idle	2 (idle prompts NJV and MAV)
2	payer menu	1
3	1-ELIG 2-SUPPS	2 <Enter>
4	1=DVS 2=NON-DVS	1 <Enter>
5	1=AD 2=CAN 3=INQ	Choose transaction: 1 <Enter> to add a DVS Service Authorization 2 <Enter> to cancel a DVS Service Authorization 3 <Enter> to inquiry about a DVS Service Authorization
6	PROVIDER ID	inquiring provider ID <Enter> (skips if defaulted)
7	TAXONOMY CODE	requesting provider's taxonomy code <Enter> or just <Enter> to skip
8	SERVICE TYPE	Service Type code <Enter> or just <Enter> to skip (see <i>Service Types</i>) (If you do not make an entry, the Service Type code will default to 30 (Health Benefit Plan Coverage))
9	ORDERING PRVID	MMIS provider ID, license number, or National Provider ID (NPI) of the provider ordering the service <Enter> or just <Enter> to skip

cont.

Step:	POS Display:	Enter:
10	REFERRING PRVID	MMIS provider ID, license number, or National Provider ID (NPI) of the provider who referred the patient <Enter> or just <Enter> to skip
11	ACCESS NUMBER	New York Medicaid access number from the hard card or the recipient's New York Medicaid number <Enter>
12	ID CARD SERIAL #	hard card sequence number <Enter> or just <Enter> to skip
13	PROC CODE QUALF	procedure code qualifier identifying the services or drugs provided <Enter>
14	PROC CODE	procedure code identifying the services or drugs provided <Enter>. Additional Codes that you may be expected to enter include: 76499 – To be used by a physician, hospital or clinic when the primary service provided is a diagnostic radiological service. This code should not be used if the radiological service is ancillary to the service being rendered. It should be used only if the provider can submit a stand alone claim for the radiological service. 99070 – To be used by a pharmacy when non-DVS non-drug items are being dispensed. S5001 – To be used by a pharmacy when brand-name drugs are dispensed.
15	PROC QUANTITY	procedure quantity <Enter>

Non-DVS Add, Non-DVS Cancel and Non-DVS Inquiry

Step:	POS Display:	Enter:
1	idle	2 (idle prompts NJV and MAV)
2	payer menu	1
3	1-ELIG 2-SUPPS	2 <Enter>
4	1=DVS 2=NON-DVS	2 <Enter>
5	1=AD 2=CAN 3=INQ	Choose transaction: 1 <Enter> to add a Non-DVS Service Authorization 2 <Enter> to cancel a Non-DVS Service Authorization 3 <Enter> to inquiry about a Non-DVS Service Authorization
6	PROVIDER ID	inquiring provider ID <Enter> (skips if defaulted)
7	TAXONOMY CODE	requesting provider's taxonomy code <Enter> or just <Enter> to skip
8	SERVICE TYPE	Service Type code <Enter> or just <Enter> to skip (see Service Types) (If you do not make an entry, the Service Type code will default to 30 (Health Benefit Plan Coverage))
9	ORDERING PRVID	MMIS provider ID , license number, or National Provider ID (NPI) of the provider ordering the service <Enter> or just <Enter> to skip
10	REFERRING PRVID	MMIS provider ID , license number, or National Provider ID (NPI) of the provider who referred the patient <Enter> or just <Enter> to skip
11	ACCESS NUMBER	New York Medicaid access number from the hard card or the recipient's New York Medicaid number <Enter>
12	ID CARD SERIAL #	hard card sequence number <Enter> or just <Enter> to skip

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13	PROC CODE QUALF	procedure code qualifier identifying the services or drugs provided <Enter>
14	DOS MMDDYY	date of service (mmddyy) <Enter> or just <Enter> for today's date
15	# SVC UNITS	number of service units (procedure code 99212) provided <Enter> or just <Enter> to skip (Use this field if the physician, hospital or clinic is providing a service other than radiology.)
16	# LAB	number of laboratory services (procedure code S9981) provided <Enter> or just <Enter> to skip (Use this field if the Ordering Provider is posting a lab service or if a lab is providing a service.)
17	# PRESCRIPTIONS	number of prescriptions filled (procedure code S5000) <Enter> or just <Enter> to skip (Use this field if the Ordering Provider is posting a pharmacy service or if a pharmacy is dispensing generic or over-the-counter drugs.)

Service Types

Code	Description	Code	Description	Code	Description
1	Medical Care	38	Orthodontics	78	Chemotherapy
2	Surgical	39	Prosthodontics	79	Allergy Testing
3	Consultation	40	Oral Surgery	80	Immunizations
4	Diagnostic X-Ray	41	Routine (Preventive) Dental	81	Routine Physical
5	Diagnostic Lab	42	Home Health Care	82	Family Planning
6	Radiation Therapy	43	Home Health Prescriptions	83	Infertility
7	Anesthesia	44	Home Health Visits	84	Abortion
8	Surgical Assistance	45	Hospice	85	AIDS
9	Other Medical	46	Respite Care	86	Emergency Services
10	Blood Charges	47	Hospital	87	Cancer
11	Used Durable Medical Equipment	48	Hospital – Inpatient	88	Pharmacy
12	Durable Medical Equipment Purchase	49	Hospital – Room and Board	89	Free Standing Prescription Drug
13	Ambulatory Service Center Facility	50	Hospital – Outpatient	90	Mail Order Prescription Drug
14	Renal Supplies in the Home	51	Hospital – Emergency Accident	91	Brand Name Prescription Drug
15	Alternate Method Dialysis	52	Hospital – Emergency Medical	92	Generic Prescription Drug
16	Chronic Renal Disease (CRD) Equipment	53	Hospital – Ambulatory Surgical	93	Podiatry
17	Pre-Admission Testing	54	Long Term Care	94	Podiatry – Office Visits
18	Durable Medical Equipment Rental	55	Major Medical	95	Podiatry – Nursing Home Visits
19	Pneumonia Vaccine	56	Medically Related Transportation	96	Professional (Physician)
20	Second Surgical Opinion	57	Air Transportation	97	Anesthesiologist
21	Third Surgical Opinion	58	Cabulance	98	Professional (Physician) Visit – Office
22	Social Work	59	Licensed Ambulance	99	Professional (Physician) Visit – Inpatient
23	Diagnostic Dental	60	General Benefits	A0	Professional (Physician) Visit – Outpatient
24	Periodontics	61	In-vitro Fertilization	A1	Professional (Physician) Visit – Nursing Home
25	Restorative	62	MRI/CAT Scan	A2	Professional (Physician) Visit – Skilled Nursing Facility
26	Endodontics	63	Donor Procedures	A3	Professional (Physician) Visit – Home
27	Maxillofacial Prosthetics	64	Acupuncture	A4	Psychiatric
28	Adjunctive Dental Services	65	Newborn Care	A5	Psychiatric – Room and Board
30	Health Benefit Plan Coverage	66	Pathology	A6	Psychotherapy
32	Plan Waiting Period	67	Smoking Cessation	A7	Psychiatric – Inpatient
33	Chiropractic	68	Well Baby Care	A8	Psychiatric – Outpatient
34	Chiropractic Office Visits	69	Maternity	A9	Rehabilitation
35	Dental Care	70	Transplants	AA	Rehabilitation – Room and Board
36	Dental Crowns	71	Audiology Exam		
37	Dental Accident	72	Inhalation Therapy		
		73	Diagnostic Medical		
		74	Private Duty Nursing		
		75	Prosthetic Device		
		76	Dialysis		
		77	Otological Exam		

cont.

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Code	Description	Code	Description
AB	Rehabilitation – Inpatient	BA	Independent Medical Evaluation
AC	Rehabilitation – Outpatient	BB	Partial Hospitalization (Psychiatric)
AD	Occupational Therapy	BC	Day Care (Psychiatric)
AE	Physical Medicine	BD	Cognitive Therapy
AF	Speech Therapy	BE	Massage Therapy
AG	Skilled Nursing Care	BF	Pulmonary Rehabilitation
AH	Skilled Nursing Care – Room and Board	BG	Cardiac Rehabilitation
AI	Substance Abuse	BH	Pediatric
AJ	Alcoholism	BI	Nursery
AK	Drug Addiction	BJ	Skin
AL	Vision (Optometry)	BK	Orthopedic
AM	Frames	BL	Cardiac
AN	Routine Exam	BM	Lymphatic
AO	Lenses	BN	Gastrointestinal
AQ	Nonmedically Necessary Physical	BP	Endocrine
AR	Experimental Drug Therapy	BQ	Neurology
		BR	Eye
		BS	Invasive Procedures

Response

The following section describes each section of information that your payer can return. Individual responses can vary in content.

To reprint the last response, press <Func> then 1.

Input Information

The information you entered in your request.

Service Authorization

Transaction reference number

Status of the transaction:

Add Successful

Add Pending

Add Modified

Error condition associated with the rejection of the requesting provider. Up to three possible reject reasons can appear.

Follow-up action message for the preceding reject reason. Up to three follow-up action messages can appear, one for each reject reason.

Recipient's New York Medicaid U.S. Healthcare member ID number

Recipient's birth date

Co-payment exemption message, when the recipient is copay-exempt
 Error condition associated with the rejection of the patient. Up to three possible reject reasons can occur.
 Follow-up action message for the preceding reject reason. Up to three follow-up action messages can appear, one for each reject reason.

Service Auth Event

Provider ID number of the ordering provider for the service authorization or inquiry
 Provider ID number of the referring provider for the service authorization or inquiry
 Error condition associated with the rejection of the service provider. Up to three possible reject reasons can occur.

Follow-up action message for the preceding reject reason. Up to three follow-up action messages can appear, one for each reject reason.

Procedure Codes

The Procedure Codes section can occur up to 12 times.
 NYDOH certification number for the authorization. This field may also contain text that further describes the authorization.
 Certification action for this procedure
 Reject reason associated with the rejection of the procedure
 Up to five procedure codes associated with the certification ID
 Number of the preceding procedure requested or authorized

Starting and ending dates of the procedure

Additional NYDOH certification number for the authorization. This field may also contain text that further describes the authorization.

Certification action for this procedure

Reject reason associated with the rejection of the procedure

Service/Taxonomy classification for the type of service performed (see **Service Types**)

Starting date of the service

Error condition associated with the rejection of the service. Up to three possible reject reasons can appear.

Follow-up action message for the preceding reject reason. Up to three follow-up action messages can appear, one for each reject reason.

Error Messages

Transaction-related error messages begin with CL, HT, or RH, followed by a number and a line or so of text.

For a comprehensive description of all error messages, see the document **Dictionary of Transaction Error Messages (Fax-on-Demand # 5997)**.