

Vx570[®] Transaction Guide

New York Medicaid Service Authorization

Version 2.02

February 2, 2009

Overview

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

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

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), 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.
- For the ordering or referring provider, it is recommended that you match the ID (whether federal tax ID or NPI) in use by the provider.
- DVS Service Authorization 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 'OF' 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 'OF' values. For Emdeon Business Services LLC 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. If needed, press  to delete the last character entered.
4. Special characters are on the * and # keys. Q, Z, and the decimal point (.) are on key 1.


Other Usage Tips














- To display help information, press <F1>.
- If your terminal has been idle, you may be prompted to enter your user ID and password.
- You can assign shortcut keys (hot keys) to frequently-used payers. When you press a shortcut key from the idle prompt, your terminal will display the Transaction Type menu for the payer assigned to that key.
- To skip an optional prompt, press . For instructions on setting up a list of Provider IDs, see your Verifone Vx570® User Guide.
- To display a list of entries for a prompt (e.g., Provider IDs), press <F2>. Select your entry, then press .














For more information, see your Verifone Vx570® User Guide.

Request











Non-DVS Service Authorization Add, Inquiry and Cancel












Step:	POS Display:	Enter:
1	WELCOME TO EMDEON SWIPE CARD OR PRESS ANY KEY	press any key.
2	MEDICAL ADDRESS VERIFY FINANCIAL SETUP	press <F2> for Medical (go to step 3) or press an assigned shortcut key to start the payer program (go to step 4).
3	SELECT PAYER:	select NEW YORK  .



Step:	POS Display:	Enter:
4	SELECT TRANSACTION: Eligibility Service Auth Add Service Auth Inquiry Service Auth Cancel	Choose transaction type: Service Auth Add  Service Auth Inquiry  Service Auth Cancel 
5	SELECT SEARCH TYPE: HrdCard SvcAuth Add Service Auth Add	Choose search: HrdCard SvcAuth Add  Service Auth Add 
6	Req Prov ID	inquiring provider ID  or just  if a default provider ID is displayed. (Press <F2> for list.) Service Authorization Add transactions go to step 7. Service Authorization Inquiry and Cancel transactions go to step 9 for hardcard searches or step 10 for Access # searches.
<i>Service Auth Add transactions only:</i>		
7	Ordering Prov ID	if the inquiring provider is filling an order, enter the MMIS provider ID or the license number of the ordering provider  or just  to skip. (Press <F2> for list.)
8	Referring ProvID	MMIS provider ID or the license number of the provider who referred the patient  or just  to skip. (Press <F2> for list.) Hardcard transactions go to step 9. Access # transactions go to step 10.
<i>Hardcard transactions only:</i>		
9	ID Card #	swipe the recipient's New York Medicaid hardcard (the patient's ID card number and sequence number displays) press  . Go to step 12.
<i>Access # search</i>		
10	Access #	New York Medicaid Access number or Medicaid ID  .

Step:	POS Display:	Enter:
11	ID Card Serial#	hard card sequence number  or just  to skip. <i>Go to step 12. (You must enter the ID Card Serial # if the date of service is the current date; otherwise it is optional.)</i>
<i>All transactions:</i>		
12	Date of Service	date of service (mmddyy or mmddyyyy)  or just  for today's date.
13	Taxonomy Code	requesting provider's taxonomy code  or just  to skip.
14	Service Type	service type  . See <i>Service Types</i> .
15	# Svc Units	number of service units (procedure code 99212) provided  or just  to skip. <i>(Use this field if the physician, hospital or clinic is providing a service other than radiology.)</i>
16	# Lab	number of laboratory services (procedure code S9981) provided  or just  to skip. <i>(Use this field if the Ordering Provider is posting a lab service or if a lab is providing a service.)</i>
17	# Prescriptions	number of prescriptions filled (procedure code S5000)  or just  to skip. <i>(Use this field if the Ordering Provider is posting a pharmacy service or if a pharmacy is dispensing generic or over-the-counter drugs.)</i>

DVS Service Authorization Add, Inquiry and Cancel


Step:	POS Display:	Enter:
1	WELCOME TO EMDEON SWIPE CARD OR PRESS ANY KEY	press any key.
2	MEDICAL ADDRESS VERIFY FINANCIAL SETUP	press <F2> for Medical <i>(go to step 3)</i> or press an assigned shortcut key to start the payer program <i>(go to step 4)</i> .
3	SELECT PAYER:	select NEW YORK  .
4	SELECT TRANSACTION: Eligibility DVS Service Auth Add DVS Service Auth Cancel DVS Service Auth Inquiry	Choose transaction type: DVS Service Auth Add  DVS Service Auth Cancel  DVS Service Auth Inquiry 
5	SELECT SEARCH TYPE: HrdCard SvcAuth Add Service Auth Add	Choose search: HrdCard SvcAuth Add  Service Auth Add 
6	Req Prov ID	inquiring provider ID  or just  if a default provider ID is displayed. <i>(Press <F2> for list.)</i> <i>DVS Service Authorization Add transactions go to step 7.</i> <i>DVS Service Authorization Inquiry and Cancel transactions go to step 9 for hardcard searches or step 10 for Access # searches.</i>
<i>DVS Service Auth Add transactions only:</i>		
7	Ordering Prov ID	if the inquiring provider is filling an order, enter the MMIS provider ID or the license number of the ordering provider  or just  to skip. <i>(Press <F2> for list.)</i>











Step:	POS Display:	Enter:
8	Referring ProvID	MMIS provider ID or the license number of the provider who referred the patient  or just  to skip. (Press <F2> for list.) Go to step 9.
<i>Hardcard searches only:</i>		
9	ID Card #	Swipe the recipient's New York Medicaid hardcard  or enter the full ID Card number manually  . <i>This is the 19-digit number on the front of the card, composed of the 6-digit ISO prefix and the 13-digit Access number.</i> Go to step 13.
<i>Access # searches only:</i>		
10	Access #	New York Medicaid Access number or Medicaid ID  .
11	ID Card Serial#	hard card sequence number  or just  to skip. Go to step 12. (You must enter the ID Card Serial # if the date of service is the current date; otherwise it is optional.)
<i>Both searches:</i>		
12	Taxonomy Code	requesting provider's taxonomy code  or just  to skip.
13	Service Type	service type  . See <i>Service Types</i> .
14	Proc Code Qualf	procedure code qualifier identifying the services or drugs provided  .

Step:	POS Display:	Enter:
15	Proc Code	procedure code identifying the services or drugs provided  . 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.
16	Proc Quantity	procedure quantity  .

Card Swipe (configured for idle swipe)

These procedures apply if you have set one of the Non-DVS or DVS Authorization transactions as your default card swipe transaction:

Step:	POS Display:	Enter:
1	WELCOME TO EMDEON SWIPE CARD OR PRESS ANY KEY or MEDICAL ADDRESS VERIFY FINANCIAL SETUP	swipe card.
2	Req Prov ID	inquiring provider ID  . (Press <F2> for list.)

Step:	POS Display:	Enter:
<i>Add transactions only:</i>		
3	Ordering Prov ID	if the inquiring provider is filling an order, enter the MMIS provider ID or the license number of the ordering provider  or just  to skip. (Press <F2> for list.)
4	Referring ProvID	MMIS provider ID or the license number of the provider who referred the patient  or just  to skip. (Press <F2> for list.) Go to step 5.
<i>All transactions:</i>		
5	Taxonomy Code	requesting provider's taxonomy code  or just  to skip.
6	Service Type	service type  . See <i>Service Types</i> .
7	Proc Code Qualf	procedure code qualifier identifying the services or drugs provided  .
8	Proc Code	procedure code identifying the services or drugs provided  . 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.
9	Proc Quantity	procedure quantity  .

Service Types

Code	Description
1	Medical Care
2	Surgical
3	Consultation
4	Diagnostic X-Ray
5	Diagnostic Lab
6	Radiation Therapy
7	Anesthesia
8	Surgical Assistance
9	Other Medical
10	Blood Charges
11	Used Durable Medical Equipment
12	Durable Medical Equipment Purchase
13	Ambulatory Service Center Facility
14	Renal Supplies in the Home
15	Alternate Method Dialysis
16	Chronic Renal Disease (CRD) Equipment
17	Pre-Admission Testing
18	Durable Medical Equipment Rental
19	Pneumonia Vaccine
20	Second Surgical Opinion
21	Third Surgical Opinion
22	Social Work
23	Diagnostic Dental
24	Periodontics
25	Restorative
26	Endodontics
27	Maxillofacial Prosthetics
28	Adjunctive Dental Services
30	Health Benefit Plan Coverage
32	Plan Waiting Period
33	Chiropractic
34	Chiropractic Office Visits
35	Dental Care
36	Dental Crowns
37	Dental Accident
38	Orthodontics
39	Prosthodontics

40	Oral Surgery			83	Infertility
41	Routine (Preventive) Dental			84	Abortion
42	Home Health Care			85	AIDS
43	Home Health Prescriptions			86	Emergency Services
44	Home Health Visits			87	Cancer
45	Hospice			88	Pharmacy
46	Respite Care			89	Free Standing Prescription Drug
47	Hospital			90	Mail Order Prescription Drug
48	Hospital – Inpatient			91	Brand Name Prescription Drug
49	Hospital – Room and Board			92	Generic Prescription Drug
50	Hospital – Outpatient			93	Podiatry
51	Hospital – Emergency Accident			94	Podiatry – Office Visits
52	Hospital – Emergency Medical			95	Podiatry – Nursing Home Visits
53	Hospital – Ambulatory Surgical			96	Professional (Physician)
54	Long Term Care			97	Anesthesiologist
55	Major Medical			98	Professional (Physician) Visit – Office
56	Medically Related Transportation			99	Professional (Physician) Visit – Inpatient
57	Air Transportation			A0	Professional (Physician) Visit – Outpatient
58	Cabulance			A1	Professional (Physician) Visit – Nursing Home
59	Licensed Ambulance			A2	Professional (Physician) Visit – Skilled Nursing Facility
60	General Benefits			A3	Professional (Physician) Visit – Home
61	In-vitro Fertilization			A4	Psychiatric
62	MRI/CAT Scan			A5	Psychiatric – Room and Board
63	Donor Procedures			A6	Psychotherapy
64	Acupuncture			A7	Psychiatric – Inpatient
65	Newborn Care			A8	Psychiatric – Outpatient
66	Pathology			A9	Rehabilitation
67	Smoking Cessation			AA	Rehabilitation – Room and Board
68	Well Baby Care			AB	Rehabilitation – Inpatient
69	Maternity			AC	Rehabilitation – Outpatient
70	Transplants			AD	Occupational Therapy
71	Audiology Exam			AE	Physical Medicine
72	Inhalation Therapy			AF	Speech Therapy
73	Diagnostic Medical			AG	Skilled Nursing Care
74	Private Duty Nursing			AH	Skilled Nursing Care – Room and Board
75	Prosthetic Device				
76	Dialysis				
77	Otological Exam				
78	Chemotherapy				
79	Allergy Testing				
80	Immunizations				
81	Routine Physical				
82	Family Planning				

AI	Substance Abuse
AJ	Alcoholism
AK	Drug Addiction
AL	Vision (Optometry)
AM	Frames
AN	Routine Exam
AO	Lenses
AQ	Nonmedically Necessary Physical
AR	Experimental Drug Therapy
BA	Independent Medical Evaluation
BB	Partial Hospitalization (Psychiatric)
BC	Day Care (Psychiatric)
BD	Cognitive Therapy
BE	Massage Therapy
BF	Pulmonary Rehabilitation
BG	Cardiac Rehabilitation
BH	Pediatric
BI	Nursery
BJ	Skin
BK	Orthopedic
BL	Cardiac
BM	Lymphatic
BN	Gastrointestinal
BP	Endocrine
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 <Scroll Line ↑>.

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).