
AEVS: Transactions

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This section describes how to access the Medi-Cal Automated Eligibility Verification System (AEVS) and complete eligibility verifications.

«To help in tracking eligibility verifications, providers may want to use the *AEVS Response Log* located on the Forms page of the Medi-Cal website. The form is designed to be photocopied for use in tracking AEVS transactions.» The log was created as a convenient means of maintaining provider records only. It does not serve as valid proof of eligibility for claim submissions or appeals. It is recommended that you have this form available when you access AEVS.

General Information

Provider Identification Number (PIN)

Using a touch-tone telephone, dial 1-800-456-AEVS (2387) or 1-800-541-5555. AEVS will respond with the following message:

“Welcome to Medi-Cal. Please listen carefully as our menu has changed. For English press or say 1. Para Español marque dos.

If you are a provider please press or say 1.

If you are a beneficiary please press or say 2.

For the Automated Eligibility Verification System please press or say 1.

If you have a PIN please press or say 1.

If you have a temporary PIN please press or say 2.

Please enter your PIN followed by a pound sign (#).”

Enter your Provider Identification Number (PIN).

When the entered PIN is associated with both NPI and Legacy ID, the NPI will be given as the first option to select. In this case AEVS will respond with the following message:

“If your Provider Number is (NPI), press 1.

If your Provider Number is (Legacy ID), press 2.

Or press 3 to re-enter your PIN.”

The second option will be unavailable if only Legacy ID or NPI is associated with the entered PIN.

If the PIN cannot be found on the Provider Master File, AEVS will prompt you to re-enter the correct PIN. If the PIN cannot be found after the third try, the call will be terminated with the following message:

*“We are unable to locate the Provider Identification Number.
Please review the procedures in your AEVS User Guide or AEVS section of your provider manual.*

If you have any questions concerning AEVS, please contact the Technical Help Desk at 1-800-541-5555. Medi-Cal Dental providers should call 1-800-423-0507. Thank you for calling the Automated Eligibility Verification System. Good-bye.”

Transaction Menu

If the PIN can be verified by AEVS, you will receive the following prompt by provider type:

For Podiatrist, Acupuncturist, Chiropractor, OT, Psychologist, Speech Pathologist, Audiologist

“For Eligibility Verification, press or say 1. For Share of Cost, press or say 2. To perform a Medi-Service transaction, press or say 3. For general information please visit us on the Web at www.medi-cal.ca.gov.”

For all others

«“For Eligibility Verification, press or say 1. For Share of Cost, press or say 2. If your call is regarding Family PACT transactions services, please visit apply.fpact.dhcs.ca.gov.”» For general information please visit us on the Web at www.medi-cal.ca.gov.”

Beneficiary ID Number

Press 1 to verify eligibility. You will then hear the following message:

*“If you know the beneficiary ID press or say 1.
If not, press or say 2.”*

If you chose 1, you will hear the following message:

“The beneficiary identification number can be found on the face of the Benefits Identification Card. If the beneficiary identification number includes a letter, and you need instructions on how to enter them, press or say 1.”

If you press or say 1, you will hear the following:

“To enter a letter, you must press three keys. First, press star (), then press the key which has the letter you want, finally press one, two, three or four to indicate the position of the letter on that key. You enter numbers normally. For example, for A-2-3-Z, press tar-two-one, two, three, star-nine-four. If you need to hear this message again, press or say 1.*

*If you are ready to enter the beneficiary number, press or say 2.
If it is all numeric or you know to enter letters, press or say 2.”*

If you chose 2, you will hear the following message:

*“Please enter the beneficiary’s identification number followed by the pound sign.
You entered xxxxxxxx.
If this is correct, press or say 1.
If not, press or say 2.”*

Enter the beneficiary’s Medi-Cal identification number followed by the pound sign key (#). If there are any alpha characters in the number, press the star key (*) and number keys that correspond with the letter.

Beneficiary Birth Date

If the beneficiary ID number you enter is invalid, AEVS will prompt you to re-enter the number. If the beneficiary identifier is entered correctly, you will receive the following message:

“Please enter the two-digit month and four-digit year of the beneficiary’s birth. For example, June 1972, would be entered as 0-6-1-9-7-2.

*You entered <xxxxxx>.
If this is correct, press or say 1.
If not, press or say 2.”*

Verifying Newborn Infant Eligibility

If you are verifying eligibility for a newborn infant billing on the mother’s ID number, enter the mother’s date of birth.

Date of Service

Please enter the date of service using the two-digit month, two-digit day and four-digit year.
To enter today's date press star:

*"You entered <xxxxxxx>.
If this is correct, press or say 1.
If not, press or say 2."*

If you press or say an invalid date you will hear the following message:

"That date is not valid. You must enter an eight-digit number only. Please enter the date of service. <MMDDYYYY>"

If you enter an invalid beneficiary date of birth you will hear the following message:

"The birth date you entered does not match our records. The date you entered is invalid. Please review the procedures in your AEVS User Guide or AEVS section of your provider manual. «Medi-Cal Dental» providers should call 1-800-541-5555. Thank you for calling the Automated Eligibility Verification System. Good-bye."

When a valid date is entered, AEVS will attempt to access the requested beneficiary's eligibility information. At this point, you should be prepared to record the information provided by AEVS.

If the beneficiary's eligibility cannot be verified, you will receive the following message:

*"No recorded eligibility for (month) (year) for beneficiary
(ID number) with a birth date of (month) (year)."*

If the beneficiary has a Share of Cost (SOC), you will hear the following message:

*"This Medi-Cal beneficiary has a Share of Cost of (dollar amount) dollars. To hear this information again, press or say 1.
Otherwise, press or say 2."*

If you press or say 2 you will hear the following message:

*"This Medi-Cal beneficiary has a Share Cost of (dollar amount) dollars. To hear this information again, press or say 1.
Otherwise press or say 2."*

If AEVS successfully retrieves the beneficiary's eligibility information for the month that you requested and you pressed or said 2, you will receive the following message that will verify the beneficiary's eligibility by giving you the first six letters of the last name and the first initial:

"Thank you.

The first six letters of the beneficiary's name are _ _ _ _ _.

The beneficiary's first initial is _.

The county code is _ _.

The primary aide code is _ _.

The first special aide code is _ _.

Please call the health care plan for PCP information.

The Eligibility Verification Confirmation number is (number)."

After this message is spoken, please be prepared to record the beneficiary's eligibility information on the *AEVS Response Log*.

Eligibility Message Types

The following are examples of messages you may receive when AEVS provides you with the beneficiary eligibility information that you requested. A beneficiary may have more than one eligibility message spoken for each transaction. Be prepared to record the following information:

"Beneficiary Medi-Cal eligible.

Beneficiary is Medi-Cal eligible for dialysis and related services only, with _ _ percent obligation.

Beneficiary is restricted to medical services related to pregnancy and family planning.

The beneficiary has other health insurance coverage under code (OHC code) – (OHC name) – (carrier code). Scope of coverage is: (scope of coverage [COV] code[s])."

If a Medi-Cal fee-for-service beneficiary will be enrolled in a health care plan (HCP) in the next month of enrollment (MOE), then you will receive the following message with that pending three-digit HCP number and HCP phone number:

For information only pending health care plan enrollment into: (HCP) XXX, (HCP phone number) 1-800-XXX-XXXX.

You may contact the HCP for information regarding the pending HCP enrollment only.

If available, you also may hear up to 10 occurrences of the carrier code and policy number. For a list of AEVS carrier codes, refer to AEVS: Carrier Codes for Other Health Coverage on the Medi-Cal website at www.medi-cal.ca.gov (click the “Publications” link, followed by the “Provider Manuals” link and scroll to “Other Sections”).

Note: Providers may view and download the *online AEVS: Carrier Codes for Other Health Coverage* section in Microsoft Word format.

The Eligibility Verification Confirmation number is <xxxxxxx>.

After all eligibility messages and eligibility verification confirmation (EVC) numbers are spoken for this transaction, you will receive the following message:

“To hear this information again, press 1. Otherwise, press 2.”

If you press 2, you will return to the main menu and hear the following message:

“For Eligibility Verification, press or say 1. For Share of Cost, press or say 2. To perform a Medi-Service transaction, press or say 3. For general information, please visit us on the Web at www.medi-cal.ca.gov.”

Share of Cost Clearance or Reversal

Introduction

The following process is used to access the Medi-Cal eligibility verification system to complete a Share of Cost (SOC) clearance or reversal transaction.

Provider Identification Number (PIN)

Using a touch-tone telephone, dial 1-800-456-AEVS (2387) or 1-800-541-5555. AEVS will respond with the following message:

“Welcome to Medi-Cal. Please listen carefully as our menu has changed. For English press or say 1. Para Español marque dos.

If you are a provider, please press or say 1.

If you are a beneficiary, please press or say 2.

For the Automated Eligibility Verification System, please press or say 1.

If you have a PIN, please press or say 1.

If you have a temporary PIN, please press or say 2.

Please enter your PIN followed by a pound sign (#).”

Enter your Provider Identification Number (PIN).

When the entered PIN is associated with both an NPI and Legacy ID number, the NPI will be given as the first option to select. In this case AEVS will respond with the following message:

*“If your Provider Number is (NPI), press 1.
If your Provider Number is (Legacy ID), press 2.
Or press 3 to re-enter your PIN.”*

The second option will be unavailable if only the Legacy ID or NPI is associated with the entered PIN.

If the PIN cannot be found on the Provider Master File, AEVS will prompt you to re-enter the correct PIN. If the PIN cannot be found after the third try, the call will be terminated with the following message:

“We are unable to locate the Provider Identification Number. Please review the procedures in your AEVS User Guide or AEVS section of your provider manual. Medi-Cal Dental providers should call 1-800-423-0507. Thank you for calling the Automated Eligibility Verification System. Good-bye.”

Transaction Menu

If the PIN can be verified by AEVS, you will receive the following prompt by provider type:

For Podiatrist, Acupuncturist, Chiropractor, OT, Psychologist, Speech Pathologist, Audiologist

“For Eligibility Verification, press or say 1. For Share of Cost, press or say 2. To perform a Medi-Service transaction, press or say 3. For general information please visit us on the Web at www.medi-cal.ca.gov.”

For all others

«“For Eligibility Verification, press or say 1. For Share of Cost, press or say 2. If your call is regarding Family PACT transactions services, please visit apply.fpact.dhcs.ca.gov.» For general information please visit us on the Web at www.medi-cal.ca.gov.”

Press 2 to clear an SOC liability or reverse a previous clearance. You will then hear the following message:

*“To perform an update, press or say 1.
To perform a reversal, press or say 2.”*

Beneficiary ID Number

To perform an update, press 1. To perform a reversal, press 2. After you press 1 or 2, you will receive the following message:

“The beneficiary identification number can be found on the face of the Benefits Identification Card.

If the beneficiary identification number includes letters, and you need instructions on how to enter them, press or say 1.”

If you press or say 1 you will hear the following:

“To enter a letter, you must press three keys. First, press star (), then press the key which has the letter you want. Finally press one, two, three or four to indicate the position of the letter on that key. You enter numbers normally. For example, for A-2-3-Z, press star-two-one, two, three, star-nine-four. If you need to hear this message again, press or say 1.*

If you are ready to enter the beneficiary number, press or say 2.

If it is all numeric or you know how to enter letters, press or say 2.”

If you chose 2, you will hear the following message:

“Please enter the beneficiary’s identification number.

You entered <xxxxxxxx>.

If this is correct, press or say 1.

If not, press or say 2.”

Beneficiary Birth Date

If the beneficiary ID number you enter is invalid, AEVS will prompt you to re-enter the number. If the beneficiary identifier is entered correctly, you will receive the following message:

“Please enter the two-digit month and four-digit year of the beneficiary’s birth. For example, June, 1972, would be entered as 0-6-1-9-7-2.”

Verifying Newborn Infant SOC

If you are performing this transaction for services rendered to a newborn infant billing on the mother’s ID number, enter the mother’s date of birth.

Date of Service

Please enter the date of service using two-digit day and four-digit year. To enter today's date press star.

"You entered <xxxxxx>.

If this is correct, press or say 1.

If not, press or say 2."

If you press or say an invalid date you will hear the following message:

"That date is not valid. You must enter an eight-digit number only. Please enter the date of service <MMDDYYYY>."

If the date of service that you entered is invalid, AEVS will prompt you to re-enter the date.

Note: If you have to re-enter the date of service, this is considered to be an additional inquiry and will count against the 10 inquiries you are allowed per call.

Procedure Code

If the date is entered correctly, you will receive the following message:

"If the procedure code includes letters and you need help entering letters, press or say 1.

If it is all numeric or you know how to enter letters, press or say 2."

If you chose option 1, you will hear the following message:

"If the procedure code includes letters and you need help entering letters, press or say 1.

If it is all numeric or you know how to enter letters, press or say 2."

If you chose option 2 you will hear the following message:

"Please enter a procedure code followed by the pound sign (#).

You entered <xxxxxxxx>.

If this is correct, press or say 1.

To re-enter, press or say 2."

Total Billed Amount

If you press 1, you will hear the following message:

"Please enter the total claim charged amount including dollars and cents followed by a pound sign (#). For example, for twenty dollars and fifty cents would be, entered 2-0-5-0#".

If the amount you entered is invalid, AEVS will prompt you to re-enter the amount. If the amount is entered correctly, you will receive the following message:

*"You entered <xxxxxxx>.
If this is correct, press or say 1.
To re-enter, press or say 2."*

Case Number

If you press 1, you will hear the following message:

*"If the case number includes letters, press or say 1.
If it is all numeric, press or say 2.
Or press pound to bypass the case number."*

If you chose option 1 you will hear the following message:

"To enter a letter, you must press three keys. First, press star (), then press the key which has the letter you want, finally press one, two, three or four to indicate the position of the letter on that key. You enter numbers normally. For example, for A-2-3-Z, press star-two-one, two, three, star-nine-four. If you need to hear this message again, press or say 1.*

If you are ready to make your entry, press or say 2."

If you chose option 2 you will hear the following message:

"Please enter the case number followed by the pound sign."

If the beneficiary has multiple cases, see "Multiple SOC Cases" on the following page.

Clearance with SOC Liability Remaining

After you press the pound sign (#) for a beneficiary without multiple cases, you will hear the following message if the beneficiary has additional liability:

*"The amount deducted was <000.00>.
The amount of Share of Cost remaining is <000.00>.
To enter a different procedure code, press or say 1.
To enter a different case number, press or say 2.
To return to the main menu, press or say 9."*

Clearance with No SOC Liability Remaining

After you press the pound sign (#) for a beneficiary without multiple cases, you will hear the following message if the beneficiary's Share of Cost is certified (no Share of Cost liability remaining):

*"The first six letters of the beneficiary's name are _ _ _ _ _ .
The beneficiary's first initial is _ .
The county code is _ _ .
The primary aid code is _ _ .
The first special aid code is _ _ .
The amount deducted was (amount). Share of Cost certified.
The Eligibility Verification Confirmation number is (number)."*

Multiple SOC Cases

A beneficiary may have multiple cases for SOC clearance. You will hear the following messages based on the beneficiary case number status:

*"This beneficiary is in multiple cases. Their case numbers are:
<XXXXXXXXXX>
<XXXXXXXXXX>
<XXXXXXXXXX>
<XXXXXXXXXX>."*

If the beneficiary has more than four case numbers you will hear:

"This beneficiary is in multiple cases. Their case numbers are:

<xxxxxxxxxx>

<xxxxxxxxxx>

<xxxxxxxxxx>

<xxxxxxxxxx>.

The beneficiary also has additional Share of Cost case numbers not mentioned in this transaction."

You will then hear the following:

"If the case number includes letters, and you need instructions on how to enter them, press or say 1. If it is all numeric or you know how to enter letters, press or say 2".

If you chose option 1 you will hear:

"To enter a letter, you must press three keys. First, press star (), then press the key which has the letter you want, finally press one, two, three or four to indicate the position of the letter on that key.*

You enter numbers normally. For example, for A-2-3-Z, press star-two-one, two, three, star-nine-four.

If you need to hear this message again, press or say 1.

If you are ready to enter the beneficiary number, press or say 2."

If you chose option 2 you will hear the following message:

"Please enter the case number, followed by the pound sign.

You entered <xxxxxxxx>.

If this is correct, press or say 1.

To re-enter, press or say 2."

You will then hear the messages telling you what kind of eligibility and/or restrictions the beneficiary has. For example:

"Beneficiary Medi-Cal eligible.

Beneficiary is Medi-Cal eligible for dialysis and related services only, with __ percent obligation.

Beneficiary is restricted to medical services related to mental health care."

Entering Applied Amount for Case Numbers

If you press 1, you will hear the following message:

“Please enter the applied amount for the case number as dollars and cents. For example, for twenty dollars and fifty cents, would be entered 2-0-5-0#.

You entered <xxxxxxx>.

If this is correct, press or say 1.

To re-enter, press or say 2.”

If you chose option 1 you will hear:

“Amount added was <xxx.xx>.

Share of Cost remaining is <xxx.xx>.

To repeat this information, press or say 1.

To enter a different case number, press or say 2.

To return to the main menu, press or say 9.”

SOC Reversal

If you press 2, you will hear the following message if you requested a reversal:

You will hear the following message:

“The beneficiary identification number can be found on the face of the Benefits Identification Card.

If the beneficiary identification number includes letters, and you need instructions on how to enter them, press or say 1.”

If you press or say 1, you will hear the following message:

"To enter a letter, you must press three keys. First, press star (), then press the key which has the letter you want, finally press one, two, three or four to indicate the position of the letter on that key. You enter numbers normally. For example, for A-2-3-Z, press star two-one, two, three, star-nine-four. If you need to hear this message again, press or say 1.*

If you are ready to enter the beneficiary number, press or say 2.

If it is all numeric or you know how to enter letters, press or say 2."

If you chose 2, you will hear the following message:

"Please enter the beneficiary's identification number.

You entered <xxxxxxxx>.

If this is correct, press or say 1.

If not, press or say 2."

Beneficiary Birth Date

If the beneficiary ID number you enter is invalid, AEVS will prompt you to re-enter the number. If the beneficiary identifier is entered correctly, you will receive the following message:

"Please enter the two-digit month and four-digit year of the beneficiary's birth. For example, June, 1972, would be entered as 0-6-1-9-7-2."

Verifying Newborn Infant SOC

If you are performing this transaction for services rendered to a newborn infant billing on the mother's ID number, enter the mother's date of birth.

Date of Service

Please enter the date of service using two-digit day and four-digit year. To enter today's date press star.

"You entered <xxxxxx>.

If this is correct, press or say 1.

If not, press or say 2."

If you press or say an invalid date you will hear the following message:

"That date is not valid. You must enter an eight-digit number only. Please enter the date of service <MMDDYYYY>."

If the date of service that you entered is invalid, AEVS will prompt you to re-enter the date.

Note: If you have to re-enter the date of service, this is considered to be an additional inquiry and will count against the 10 inquiries you are allowed per call.

Procedure Code

If the date is entered correctly, you will receive the following message:

"If the procedure code includes letters and you need help entering the letters, press or say 1.

If it is all numeric or you know how to enter the letters, press or say 2."

If you chose option 1, you will hear the following message:

"If the procedure code includes letters and you need help entering letters, press or say 1.

If it is all numeric or you know how to enter letters, press or say 2."

If you chose option 2 you will hear the following message:

"Please enter a procedure code followed by the pound sign.

You entered <xxxxxxx>.

If this is correct, press or say 1.

To re-enter, press or say 2."

Total Billed Amount

If you press 1, you will hear the following message:

"Please enter the total claim charged amount including dollars and cents followed by a pound sign (#). For example, twenty dollars and fifty cents would be entered 2-0-5-0#".

If the amount you entered is invalid, AEVS will prompt you to re-enter the amount. If the amount is entered correctly, you will receive the following message:

"You entered <xxxxxxx>.

If this is correct, press or say 1.

To re-enter, press or say 2."

Requesting Reversal SOC Non-Phased-In Counties not

If you request a SOC clearance for a beneficiary whose county has phased to plastic Benefits Identification Cards (BICs), you will hear the following message:

"The Share of Cost clearance system is not operative in the beneficiary's county for the month requested. Use the MC 177 form for Share of Cost clearance."

Medi-Service Reservation or Reversal

Introduction

The following process is used to access the Medi-Cal eligibility verification system to complete a Medi-Service reservation or reversal transaction. This inquiry can be performed only by the following providers:

- Podiatrists
- Acupuncturists
- Chiropractors
- Occupational Therapists
- Psychologists
- Speech Pathologists
- Audiologists

Provider Identification Number (PIN)

Using a touch-tone telephone, dial 1-800-456-AEVS (2387). AEVS will respond with the following message:

“Welcome to Medi-Cal. For English press or say 1. Para Español marque dos.

Please enter your PIN followed by the pound sign.”

Enter your Provider Identification Number (PIN).

When the entered PIN is associated with both NPI and Legacy ID, the NPI will be given as the first option to select. In this case AEVS will respond with the following message:

“If your Provider Number is (NPI), press 1.

If your Provider Number is (Legacy ID), press 2.

Or press 3 to re-enter your PIN.”

The second option will be unavailable if only Legacy ID or NPI is associated with the entered PIN.

For Medi-Service Reversal Transaction providers are requested to select the Provider Number that was submitted in the original Medi-Service Reservation transaction.

If the PIN cannot be found on the Provider Master File, AEVS will prompt you to re-enter the correct PIN. If the PIN cannot be found after the third try, the call will be terminated with the following message:

"We are unable to locate the Provider Identification Number. Please review the procedures in your AEVS User Guide or AEVS section of your provider manual. «Medi-Cal Dental» providers should call 1-800-423-0507. Thank you for calling the Automated Eligibility Verification System. Good-bye."

Transaction Menu

If the PIN can be verified by AEVS, you will receive the following prompt:

"For Eligibility Verification, press or say 1. For Share of Cost, press or say 2. To perform a Medi-Service transaction, press or say 3. For general information please visit us on the Web at www.medi-cal.ca.gov."

Press 3 to reserve a Medi-Service or to reverse a previous reservation. You will then hear the following message:

"To perform an update, press 1. To perform a reversal, press 2."

Beneficiary ID Number

Press 1 to verify eligibility. You will then hear the following message:

*"If you know the beneficiary ID press or say 1.
If not, press or say 2."*

If you chose 1, you will hear the following message:

"The beneficiary identification number can be found on the face of the Benefits Identification Card. If the beneficiary identification number includes letter, and you need instructions on how to enter them, press or say 1."

If you press or say 1, you will hear the following:

“To enter a letter, you must press three keys. First, press star (), then press the key which has the letter you want, finally press one, two, three or four to indicate the position of the letters on that key. You enter numbers normally. For example, for A-2-3-Z, press star-two-one, two, three, star-nine-four. If you need to hear this message again, press or say 1.”*

If you are ready to enter the beneficiary number, press or say 2.

If it is all numeric or you know to enter letters, press or say 2.”

If you chose 2, you will hear the following message:

“Please enter the beneficiary’s identification number.

You entered <xxxxxxxx>.

If this is correct, press or say 1.

If not, press or say 2.”

Enter the beneficiary’s Medi-Cal identification number followed by the pound sign key (#). If there are any alpha characters in the number, press the star key (*) and number keys that correspond with the letter.

Beneficiary Birth Date

If the beneficiary ID number you enter is invalid, AEVS will prompt you to re-enter the number. If the beneficiary identifier is entered correctly, you will receive the following message:

“Please enter the two-digit month and four-digit year of the beneficiary’s birth. For example, June, 1972, would be entered as 0-6-1-9-7-2.

You entered <xxxxxx>.

If this is correct, press or say 1.

If not, press or say 2.”

If you enter an invalid beneficiary date of birth you will hear the following message:

“The birth date you entered does not match our records. The date you entered is invalid. Please review the procedures in your AEVS User Guide or AEVS section of your provider manual. «Medi-Cal Dental» providers should call 1-800-541-5555. Thank you for calling the Automated Eligibility Verification System. Good-bye ”

Verifying Newborn Infant Eligibility

If you are verifying eligibility for a newborn infant billing on the mother's ID number, enter the mother's date of birth.

Date of Service

Please enter the date of service using the two-digit month, two-digit day and four-digit year. To enter today's date press star:

*"You entered <xxxxxxx>.
If this is correct, press or say 1.
If not, press or say 2."*

If you press or say an invalid date you will hear the following message:

"That date is not valid. You must enter an eight-digit number only. Please enter the date of service. <MMDDYYYY>"

If the date of service that you entered is invalid, AEVS will prompt you to re-enter the date.

Note: If you have to re-enter the date of service, this is considered to be an additional inquiry and will count against the 10 inquiries you are allowed per call.

Procedure Code

If the date is entered correctly, you will receive the following message:

"If the procedure code includes letters and you need help entering the letters, press or say 1.

If it is all numeric or you know how to enter the letters, press or say 2."

If you chose option 1, you will hear the following message:

"If the procedure code includes letters and you need help entering letters, press or say 1.

If it is all numeric or you know how to enter the letters, press or say 2."

If you chose option 2 you will hear the following message:

"Please enter a procedure code followed by the pound sign (#).

*You entered <xxxxxxx>.
If this is correct, press or say 1.
To re-enter, press or say 2."*

Reservation Available

If you press 1, you will hear the following message if you requested a Medi-Service reservation and the beneficiary has remaining reservations:

“The Medi-Service reservation was applied.

For additional Medi-Service reservations for this beneficiary, press or say 1.

To return to the main menu, press or say 9.”

Reservation Declined

If the Medi-Service reservation is not required you will hear the following:

“No Medi-Service is required for this procedure.

The Medi-Service was rejected.

For additional Medi-Service reservations for this beneficiary, press or say 1.

To return to the main menu, press or say 9.”

Reservation Not Available

If the beneficiary has no more available Medi-Service reservations you will hear the following:

“The beneficiary has no more Medi-Services available for <month><year>.

The Medi-Service reservation was rejected.

For additional Medi-Service reservations for this beneficiary, press or say 1.

To return to the main menu, press or say 9.

Reserving Additional Medi-Service Reservations

If you press 1, you will hear the preceding response again. If you press 2, you will hear the following message:

“For additional Medi-Service reservations for this beneficiary, press 1. Otherwise, press or say 9 to return to the Main Menu.”

Note: If the first Medi-Service reservation was rejected or there are no more Medi-Service reservations available, press or say 9 to return to the main menu.

Reservation Unavailable

If you press 1, you will hear the following message if you requested a Medi-Service reservation and the beneficiary has no more reservations:

“The beneficiary has no more Medi-Services available for (month) (year). The Medi-Service reservation was rejected.”

Service Does Not Require Medi-Service Reservation

If you press 1, you will hear the following message if you requested a Medi-Service reservation and the procedure is not a Medi-Service procedure:

“No Medi-Service reservation is required for this procedure. The Medi-Service reservation was rejected.”

Medi-Service Reversal: No Claim Paid in History

If you press 1, you will hear the following message if you requested a Medi-Service reversal and you have not yet been paid for the procedure on the date of service:

“The Medi-Service Reversal was applied.”

Medi-Service Reversal: Claim Paid in History

If you press 1, you will hear the following message if you requested a Medi-Service reversal and you have already been paid for the procedure on the date of service:

“The Medi-Service has already been used on a claim paid by Medi-Cal.”

Note: You will receive this message if the Medi-Cal eligibility system has marked the claim as paid, even if you have not yet received the warrant in the mail.

Requesting Medi-Services for Non-Phased-In Counties

If you request a Medi-Service reservation for a beneficiary whose county has not phased to plastic Benefits Identification Cards (BICs), you will hear the following message:

“The Medi-Service system is not operative in the beneficiary’s county for the month requested.”

If you receive this message, submit your claim with a MEDI label from the beneficiary’s paper card.

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.