

SSHSP MEDICAID ELIGIBILITY VERIFICATION SYSTEM (MEVS) RESPONSES

This chart is a quick reference tool with Medicaid coverage code definitions.

Lines highlighted in gold show MEVS responses that have Medicaid eligibility for SSHSP services.		
Coverage Code	Coverage Code Name	Code Description
01	Full Coverage	Coverage for all Medicaid covered services/supplies.
02	Out-Patient Coverage	Coverage for outpatient care only. (Spenddown)
04	No Coverage - Ineligible	Not covered for Medicaid services.
06	Provisional Eligibility Excess Income	Not covered for Medicaid Services until a spenddown of excess income/resources is met.
07	Emergency Services Only	Covers emergency services only.
08	Presumptive Eligibility - Home Care	Coverage for all Medicaid covered services except hospital based clinic, hospital emergency room, and acute hospital inpatient.
09	Medicare Savings Program Only	Coverage for Medicare deductibles and co- insurance amounts for Medicare approved services.
10	All Services except Long Term Care	Coverage for all Medicaid covered services/supplies except nursing facility services provided in a SNF, ICF, or inpatient setting.
11	Legal/Alien - Full Coverage	Coverage for full Medicaid to legal aliens who entered the US on or after 08/22/96.
13	Presumptive Eligibility Prenatal Care	Coverage for medical services except inpatient care and long term care services.
17	Health Insurance Continuation Only	Coverage for Health Insurance Premiums only.
18	Family Planning Services Only	Coverage for Family Planning Services Only.
19	Community Coverage with Community-based LTC	Coverage for most Medicaid covered services/supplies except long term care services in an inpatient or nursing home setting.
20	Community Coverage without LTC	Coverage of most ambulatory care services and acute inpatient care.
21	Outpatient Coverage with Community-based LTC	Coverage of most ambulatory care services and acute inpatient care.
22	Outpatient Coverage without LTC	Coverage of most ambulatory care services and acute inpatient care.
23	Outpatient Coverage with no Nursing Facility Services	Coverage of most ambulatory care services Included. Member is ineligible for inpatient services
27	Family Planning Extension Program/No Transportation	Provides 24 months of family planning services for women who are pregnant while in receipt of Medicaid and subsequently not eligible for Medicaid or FHP due to failure to renew, or who do not have US citizenship or satisfactory immigration status, or who have income over 223% of FPL.
30	PCP Full Coverage	Coverage under a Prepaid Capitation Program (PCP). The client is PCP eligible as well as eligible for limited fee-for-service benefits.