



## ePACES – Electronic Attachments for Dental Prior Approvals

Dental submitters now have the ability to upload JPEG, GIF, PNG and TIF attachments to Prior Approvals created through ePACES, submitted on paper or a user's 278 file. After a Prior Approval has been entered, the submitter clicks on PA responses to access the image upload button. An Image Upload button is only available to those Prior Approvals that ARE NOT in finalized status (i.e. Approved or Rejected).

**Prior Approval Activity Worklist**

**Search Criteria**

Requested within the last  days

Review Identification #:

Client Last Name:

Date Sent: (mm/dd/yyyy)

Client ID:

Action:

Service Type:

Show  all transactions for this provider  just my transactions

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Client ID	Name	Date Sent	Service Type	Review ID Number	Action	Response Descriptive Text	Image Upload
<a href="#">LL12345X</a>	DOE, JANE	5/12/2011 12:23:12 PM	35				
<a href="#">LL12345X</a>	DOE, JANE	5/12/2011 9:53:32 AM	35				
<a href="#">LL12345X</a>	DOE, JANE	5/12/2011 9:45:31 AM	35		C	95-Patient Not Eligible	
<a href="#">LL12345X</a>	DOE, JANE	5/9/2011 2:59:47 PM	12	12345678901	A3	Not Certified	

Click on Image upload Button and a new window pops open to upload an attachment.



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\* indicates required fields  
**Image loading.gif persisted successfully.**

**Image Upload**

PA Number: 12345678901

\* Image Type:

\* File Type:  gif  jpg  png  tif

\* File Upload:

(Once all required fields are populated and local image file is selected, click upload button.)

**Image Activity List**

User	Local Image Name	Document Name	Sent Date	Status	Source	Image Type
ROSENTHA	loading.gif	ROSENTHA.100128014151.12345678901.MR.5.gif	2010-01-28 13:41:51.186718	2	5	MR

**PA Number:** The PA number of the PA that an image will be attached to.

**Image Type:** Choose what type of Image (i.e. MR-MRI, PH-Photo, or XR-Xray)

**File Type:** Choose the image file format (i.e. gif, jpg, png, or tif)

**File Upload:** Click on "BROWSE" and choose a file from your computer to upload.

**NOTE:** The Image Uploaded must match the file type or the submitter will receive an error message. For example, if the user selects GIF for their FILE TYPE but the FILE UPLOADED is a TIF, an error message appears indicating that the FILE TYPE and FILE UPLOADED do not match. If the file contains a virus, an error message will appear.

**Upload:** Once the submitter has selected the correct Image Type, File Type and chosen a file, they can click on Upload to upload the file.

The Image Activity List will keep a track of images that were attached to the PA.

**User:** The user that submitted the file.

**Local Image Name:** This field is composed of the user ID, Date/Time Stamp, PA number, Image Type, the number 5, and the file type separated by periods.

For example: USERID.100728091732.12345678901.MR.5.JPEG

**Sent Date:** The Date the image was uploaded.

**Status:** A value of 2 in this field means that the image was uploaded. A value of 4 in this field means that the image has been received and has been successfully attached to the PA in the eMedNY system. A value of 3 means that a virus was found in the image.

**Source:** Will always be a 5 for ePACES.

**Image Type:** The type of image that was uploaded (i.e. MR-MRI, PH-Photo, or XR-Xray)

For those PAs that were not created through ePACES, the submitter clicks on PA Roster from their left-hand menu and enters the appropriate information to search for their PA. After they click Search, they will have an Image Upload button in the response section that works in the same fashion as if it were a PA created through ePACES. Once a submitter clicks on Image Upload, a new window pops open to upload an attachment.



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eMedNY
Help | Log Out

SMITH JOHN MD - 2234567890
Change Provider: SMITH JOHN MD - 2234567890

**Claims**

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**Eligibility**

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**PA/DYS**

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**Support Files**

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**User Admin**

- [Add/Edit Users](#)

**Certificate Admin**

- [Certificate Request](#)

### ●● Prior Approval Roster

**\*Include PA where I am the**

Billing/Requesting Provider    
  Ordering/Prescribing Provider

PA Number: <input type="text"/>	Submitted Date Range: From: <input type="text" value="05/01/2007"/> To: <input type="text" value="07/31/2007"/>
Client ID: <input type="text"/>	Effective Dates: From: <input type="text"/> To: <input type="text"/>
PA Type: <input type="text" value="All"/>	Item/Procedure Code: <input type="text"/>
Status (Header): <input type="text" value="All"/>	Provider Number: <input type="text"/>
NDC Code: <input type="text"/>	License Number: <input type="text"/>
Rate Code: <input type="text"/>	Sort Field: <input type="text" value="PA Number"/>

Client ID	PA Number	Billing/Requesting	Ordering/Prescribing	PA Type	Header Status	Submit Date	Effective Date	Image Upload
LL12345X	12345678901	00112233 1012345678		Dental	Suspended	06/21/07	01/01/01	
<a href="#">LL12345X</a>	12345678902	00112234 1012345679		Dental	Rejected	06/21/07	01/01/01	
<a href="#">LL12345X</a>	12345678903	00112235 1012345680		Dental	Rejected	06/21/07	01/01/01	
LL12345X	12345678904	00112236 1012345681		Bed Nursing	Suspended	06/21/07	01/01/01	
<a href="#">LL12345X</a>	12345678905	00112237 1012345682		DME	Rejected	06/21/07	01/01/01	

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