



Training Video
For NYS Medicaid Providers

ePACES

Key Objectives

Familiarize providers with the ePACES Prior Approval (PA) Request and Response for Durable Medical Equipment (DME)



 Microsoft Start

 Search the web



Add shortcut

What's New

Information

Provider Enrollment

Provider Manuals

Provider Outreach and Training

Contacts

eMedNY HIPAA Support

eMedNY Tools Center

PTAR

NEW! For Practitioners ONLY

PROVIDER ENROLLMENT
PORTAL

ENROLL TODAY!

Pharmacy Benefit Transition



Department of Health

Medicaid NYRx

LEARN MORE

Are you compliant with NYSDOH EFT Requirement?



Login ePACES

[ePACES Information](#)



Login eXchange

[eXchange Information](#)



Medicaid NYRx

[Member Resource Site](#)



Provider Enrollment Portal



Web Portal

[Web Portal Information](#)



Enteral Web Portal



Login PTAR



welcome to

eMedNY

NEW MEDICARE CARDS

MEDICAID MANAGED CARE NETWORK

PTAR
click here for more information

REVALIDATION
click here for more information

NOTE: Access to ePACES requires enrollment

Please contact the eMedNY Call Center at 800-343-9000 to enroll in ePACES

• *welcome to*



ePACES

Username:

Password:

Please Note: Medicaid recipient level data is confidential and is protected by state and federal laws and regulations. It can be used only for the purposes directly connected to the administration of the Medicaid program. You are required to read, understand and comply with these regulations. There are significant state, civil and federal criminal penalties for violations.

[View Medicaid Confidentiality Regulations.](#)

I have read and I agree to the Medicaid Confidentiality Regulations

Change Provider:



Go

Claims

- [New Claim](#)
- [Find Claims](#)
- [Real Time Responses](#)
- [Build Claim Batch](#)
- [Submit Claim Batches](#)
- [Status Inquiry](#)
- [Status Responses](#)

Eligibility

- [Request](#)
- [Responses](#)

PA/DVS

- [Initial Request](#)
- [Revise/Cancel Request](#)
- [Responses](#)
- [Image Upload](#)
- [PA Roster](#)
- [PA Roster Downloads](#)

Support Files

- [Provider](#)
- [Other Payer](#)
- [Submitter](#)

User Admin

- [Add/Edit Users](#)

• *welcome to*



ePACES

The New York State Department of Health invites you to use the ePACES application to request and receive a variety of HIPAA-compliant Medicaid transactions. Using the links in the menu-bar on the left and the Help link on the top right of each page, you will be able to easily navigate through all the available functionality. If you do not see the necessary links in the menu at the left, please contact your Primary Administrator.

Please make sure your Provider Name is displayed at the top of the page before continuing. If your Provider Name is incorrect or not available in the "Change Provider" drop-down box at the top of the page, please contact the eMedNY HelpDesk at 800-343-9000.

For further information, please visit these sites:

[eMedNY](#) [DOH](#)

•• PA/DVS Initial Request

▼ General Information

* Indicates required field(s)

• Client Information

* Enter a Client ID:

▶ Go

▶ Clear

General Information

* Indicates required field(s)

Client Information

* Enter a Client ID: AA00000A

Patient Account #:


Name:

Gender: F

DOB: 4/24/1911

Transaction Type:

- Dental - DVS
- Dental - Non DVS
- Non Dental - DVS
- Non Dental - Non DVS



Select: **Non Dental – Non DVS** is used to request a **Prior Approval** for DME

- Procedure code in DME Provider Manual is underlined
- Fee Schedule indicates a PA Code of 1

Provider Service Address

Address Line 1:

Address Line 2:

City:

State: 

Zip:

Contact Information

Name:

Telephone: Ext:

E-Mail:

Fax #:

Provider Service Address and Contact Information are required for a Prior Approval Request

Referring Provider

- Use an Existing Provider**
*Select a Name:
- OR Search for a Medicaid Provider:
Last Name:
Provider Number:

OR

- Enter a New Non-Medicaid Provider**
* NPI #:

Ordering Provider

- Use an Existing Provider**
*Select a Name:
- OR Search for a Medicaid Provider:
Last Name:
Provider Number:



OR

- Enter a New Non-Medicaid Provider**
* NPI #:


A Referring Provider is required when the client is a restricted recipient

Referring Provider

- Use an Existing Provider**
*Select a Name:

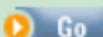
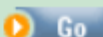

- OR Search for a Medicaid Provider:
Last Name:
Provider Number:


OR


- Enter a New Non-Medicaid Provider**
* NPI #:


Ordering Provider

- Use an Existing Provider**
*Select a Name:


- OR Search for a Medicaid Provider:
Last Name:
Provider Number:


OR

- Enter a New Non-Medicaid Provider**
* NPI #:


An Ordering Provider is required on all DME Prior Approval requests

• Referring Provider

• Use an Existing Provider

*Select a Name:

▶ Go

OR Search for a Medicaid Provider:

Last Name:

Provider Number:

▶ Go

OR

• Enter a New Non-Medicaid Provider

* NPI #:

▶ Go

• Ordering Provider

• Use an Existing Provider

*Select a Name:

▶ Go

OR Search for a Medicaid Provider:

Last Name:

Provider Number:

▶ Go

OR

• Enter a New Non-Medicaid Provider

* NPI #:

▶ Go



Event Information

* Facility Type: Professional/Dental (UB) Institutional

* Service Type: Release Of Information:

Accident Date: Service Date: From:

Onset Date: To:

Admission Date: Discharge Date:

Related Causes Information

Related Causes: Employment
 Another Party Responsible
 Auto Accident


Accident Location:

Diagnosis

Primary: Secondary:

Event Information

Facility Type: Professional/Dental (UB) Institutional 

Service Type: 

Accident Date:

Onset Date:

Admission Date:

Related Causes Information

Related Causes:

Accident Location:

Diagnosis

Primary:

Codes

Code	Description
1	Medical Care
2	Surgical
3	Consultation
4	Diagnostic X-Ray
5	Diagnostic Lab
6	Radiation Therapy
7	Anesthesia
8	Surgical Assistance
11	Used Durable Medical Equipment
12	Durable Medical Equipment Purchase
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
20	Second Surgical Opinion
21	Third Surgical Opinion

Event Information

Facility Type: Professional/Dental (UB) Institutional

Service Type: **Release Of Information:**

Accident Date:
M - The Provider has Limited or Restricted Ability to Release Data
Y - Yes, Provider has a Signed Statement Permitting Release of Medical Information

Onset Date: To:

Admission Date: Discharge Date:

Related Causes Information

Related Causes: Employment
 Another Party Responsible
 Auto Accident

Accident Location: NY US

Diagnosis











Primary: Secondary:

A screenshot of a form with three dropdown menus. Each menu is represented by a light green bar with a white border. On the left side of each bar is a small orange circle with a white dot inside, followed by the text label. On the right side of each bar is a small white downward-pointing chevron icon. The labels are: "Pattern of Delivery", "Home Oxygen Therapy", and "Home Health Care".

Pattern of Delivery, Home Oxygen Therapy and Home Health Care sections:

Leave blank for a DME Prior Approval Request


• Attachments

Type	Transmission Code	Control Number	Description
<input type="text"/> 	<input type="text"/> 	<input type="text"/>	<input type="text"/>
<input type="text"/> 	<input type="text"/> 	<input type="text"/>	<input type="text"/>
<input type="text"/> 	<input type="text"/> 	<input type="text"/>	<input type="text"/>
<input type="text"/> 	<input type="text"/> 	<input type="text"/>	<input type="text"/>
<input type="text"/> 	<input type="text"/> 	<input type="text"/>	<input type="text"/>

[Enter More Attachments...](#)

Certification Category

Condition Codes





















    
     
     

[Enter More Certification Information...](#)

• Comments

Next 

* Indicates required field(s)

Line	Service Dates	*NDC/Proc & Modifiers	Unit Count Basis Meas.	Line Amount	More Details	Remove
1	From: MM/DD/YYYY  To: 	<input type="text"/> <input type="text"/>	<input type="text"/> UN-Unit <input type="text"/>	\$ <input type="text"/>		
2	From:  To: 	<input type="text"/> <input type="text"/>	<input type="text"/> UN-Unit <input type="text"/>	\$ <input type="text"/>		
3	From:  To: 	<input type="text"/> <input type="text"/>	<input type="text"/> UN-Unit <input type="text"/>	\$ <input type="text"/>		
4	From:  To: 	<input type="text"/> <input type="text"/>	<input type="text"/> UN-Unit <input type="text"/>	\$ <input type="text"/>		
5	From:  To: 	<input type="text"/> <input type="text"/>	<input type="text"/> UN-Unit <input type="text"/>	\$ <input type="text"/>		

 Add More PA Items





















 Previous

 Submit

 Clear

Note: Requests for prior approval should be submitted before the date of service or dispensing date

* Indicates required field(s)

Line	Service Dates	*NDC/Proc & Modifiers	Unit Count Basis Meas.	Line Amount	More Details	Remove
1	From: <input type="text"/>  To: <input type="text"/> 	<input type="text"/> <input type="text"/>	<input type="text"/> UN-Unit ▼	\$ <input type="text"/>		
2	From: <input type="text"/>  To: <input type="text"/> 	<input type="text"/> <input type="text"/>	<input type="text"/> UN-Unit ▼	\$ <input type="text"/>		
3	From: <input type="text"/>  To: <input type="text"/> 	<input type="text"/> <input type="text"/>	<input type="text"/> UN-Unit ▼	\$ <input type="text"/>		
4	From: <input type="text"/>  To: <input type="text"/> 	<input type="text"/> <input type="text"/>	<input type="text"/> UN-Unit ▼	\$ <input type="text"/>		
5	From: <input type="text"/>  To: <input type="text"/> 	<input type="text"/> <input type="text"/>	<input type="text"/> UN-Unit ▼	\$ <input type="text"/>		

Enter modifier(s) when applicable

▶ Add More PA Items

◀ Previous

▶ Submit

▶ Clear

Request Submitted.



General Information

* Indicates required field(s)

Client Information

* Enter a Client ID:

Go

Clear

Change Provider: • *welcome to*

ePACES

Claims

- [New Claim](#)
- [Find Claims](#)
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- [Build Claim Batch](#)
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- [Status Responses](#)

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[eMedNY](#) [DOH](#)

Required Documents – Image Upload Option

•• 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

 Search

 Clear

Record 1 of 1

Client ID	Name	Date Sent	Service Type	Review ID Number	Cert. Type	Action	Response Descriptive Text	Image Upload
AA00000A	SMITH, JOAN	6/01/2024 3:20:58 PM	12	12345678901		A4	Pended, 0V-Requires Medical Review	

Record 1 of 1

Image Upload

PA Number: 12345678901

* Image Type:

* File Type: gif jpg pdf png tif

* File Upload:

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

Image 12345678901.pdf Successfully Uploaded

Image Upload

PA Number: 12345678901

* Image Type:

* File Type: gif jpg pdf 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
A SMITH	12345678901.pdf	A SMITH.12345678901.pdf	June 1, 2024 3:52PM	2-Uploaded	5-278 APPR	PH-PHC

Required Documents - Paper Option

The screenshot shows the eMedNY website interface. At the top, there is a navigation bar with buttons for 'What's New', 'Information', 'Provider Enrollment', 'Provider Manuals', 'Provider Outreach and Training', 'Contacts', 'eMedNY HIPAA Support', 'eMedNY Tools Center', and 'PTAR'. The 'Information' dropdown menu is open, listing several options: 'eMedNY Paper Forms' (highlighted with a black box), 'Formulary File', 'Enrolled Practitioners SEARCH (including OPRA)', 'Timely Billing Information', 'Utilization Threshold Program', 'ICD-10', and 'New Medicare Cards'. Below the navigation bar, the main content area is titled 'Information >' and features the 'eMedNY Paper Forms' section. This section includes a PDF icon and a list of links: 'Claim Form A', 'eMedNY 150003', 'Pharmacy Claim Form', and 'NUBC UB-04'. To the right of this list is a 'USERS' section with a list of categories: 'Dental, Transportation', 'Fee for Service', 'Pharmacy', and 'Rate Based'. Below the 'Claim Form A' section is the 'Prior Authorization Forms' section, which includes a PDF icon and a list of links: 'Prior Approval Roster Request Form', 'Order/Prior Approval Request - Pharmacy/DME, Nursing, Eye Care, Physician', 'Order/Prior Approval Request - Dental Services', 'Hearing Aid - Order/Prior Approval request', 'High/Special Level of Care - Determination of Medical Eligibility', 'Prior Approval Change Request Form', 'Prior Approval Change Request Form Instructions', 'Provider Fax Coversheet Form' (highlighted with a black box), and 'Provider Fax Coversheet Instructions'. At the bottom is the 'Electronic Attachment Scanning Form and Instructions' section, which includes a PDF icon and a list of links: 'Electronic Attachment Scanning Form' (highlighted with a black box) and 'Electronic Attachment Scanning Form Instructions' (highlighted with a black box).

Information >

eMedNY Paper Forms

Please note that the Medicaid. Paper submission

Utilization Threshold Program

ICD-10

New Medicare Cards

Claim Form A

[Claim Form A](#)

[eMedNY 150003](#)

[Pharmacy Claim Form](#)

[NUBC UB-04](#)

USERS

Dental, Transportation

Fee for Service

Pharmacy

Rate Based

Prior Authorization Forms

- [Prior Approval Roster Request Form](#)
- [Order/Prior Approval Request - Pharmacy/DME, Nursing, Eye Care, Physician](#)
- [Order/Prior Approval Request - Dental Services](#)
- [Hearing Aid - Order/Prior Approval request](#)
- [High/Special Level of Care - Determination of Medical Eligibility](#)
- [Prior Approval Change Request Form](#)
- [Prior Approval Change Request Form Instructions](#)
- [Provider Fax Coversheet Form](#)
- [Provider Fax Coversheet Instructions](#)

Electronic Attachment Scanning Form and Instructions

- [Electronic Attachment Scanning Form](#)
- [Electronic Attachment Scanning Form Instructions](#)

Prior Approval - Response Codes

A1: Certified in total - All requested service(s)/Units authorized

A3: Not Certified - requested services/units are not authorized.

A4: Pended - Requires Medical Review

CT: Contact Payer - (contact the payer for additional information) 1-800-343-9000

NA: No Action Required - (Authorization unnecessary for service requested)

Prior Approval Response Codes

Action Codes and Response Descriptive Text

When Action code 'A3' is received in a PA response transaction, it is accompanied by a Health Care Services Decision Reason Code in the Response Descriptive Text Field

The codes most used by NYSDOH are listed below

01	Price Authorization Expired
04	Authorized Quantity Exceeded
0C	Authorization/Access Restrictions
0D	Requires PCP authorization
0H	Certification Not Required for this Service
0L	Exceeds Plan Maximums
0N	No Prior Approval
0Q	Duplicate Request
0X	Service Inconsistent with Provider Type

0Y	Service inconsistent with Patient's Age
0Z	Service inconsistent with Patient's Gender
10	Product/service/procedure delivery pattern (e. g. , units, days, visits, weeks, hours, months)
12	Patient is restricted to specific provider
14	Plan/contractual guidelines not followed
21	Transport Request Denied
25	Services were not considered due to other errors in the request.
26	Missing Provider Role

• 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

 Search  Clear

Client ID	Name	Date Sent	Service Type	Review ID Number	Cert. Type	Action	Response Descriptive Text	Image Upload
LL02399Q	SMITH, JOAN	6/01/2024 3:20:58 PM	12			A3	Not Certified, 25-Services were not considered due to other errors in the request.	
LL02399Q	SMITH, JOAN	6/01/2024 3:20:58 PM	18	12345678900		A1	Certified in total	

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

 Search  Clear

Client ID	Name	Date Sent	Service Type	Review ID Number	Cert. Type	Action	Response Descriptive Text	Image Upload
LL02399Q	SMITH, JOAN	6/01/2024 3:20:58 PM	12			A3	Not Certified, 25-Services were not considered due to other errors in the request.	
LL02399Q	SMITH, JOAN	6/01/2024 3:20:58 PM	18	12345678900		A1	Certified in total	

• 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

 Search

 Clear

Client ID	Name	Date Sent	Service Type	Review ID Number	Cert. Type	Action	Response Descriptive Text	Image Upload
LL02399Q	SMITH, JOAN	6/01/2024 3:20:58 PM	12			A3	Not Certified, 25-Services were not considered due to other errors in the request.	
LL02399Q	SMITH, JOAN	6/01/2024 3:20:58 PM	18	12345678900		A1	Certified in total	

Client Information

Client ID: LL02399Q
Patient Account #:
Name: SMITH JOAN
Gender: F
DOB:

Transaction Type: Non Dental - Non DVS

Response

Action Code: A1-Certified in total
Issue Date: 6/01/2024
Effective Date: 6/01/2024

Review ID Number: 12345678900
Expiration Date: 6/01/2024

Prescribing Provider
01234567

Prior Approval (PA) number for claim →

NOTE: Service/Delivery must occur between the Effective Date and the Expiration Date

Reference and Contact Information

eMedNY Website

- www.emedny.org

Durable Medical Equipment Provider Manual

- www.emedny.org/ProviderManuals/DME/index.aspx

ePACES Reference Sheets

- https://www.emedny.org/HIPAA/QuickRefDocs/ePACES-DVS_Request.pdf

eMedNY Call Center

- 800-343-9000



Conclusion

ePACES Prior Approval Request and
Response for DME



www.emedny.org