eMedNY

Training Video

For NYS Medicaid Providers

ePACES

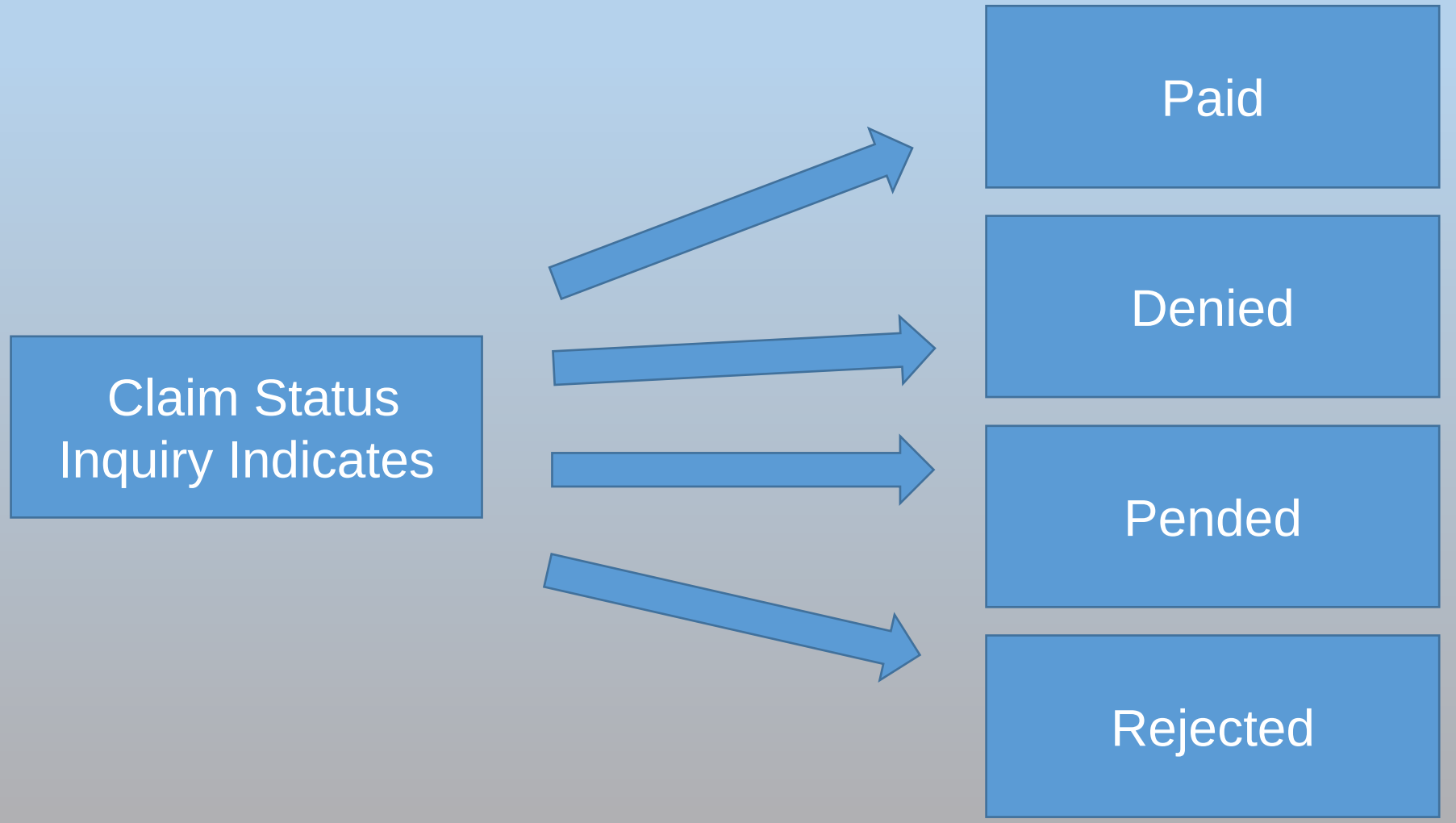
Key Objectives

Familiarize providers with the ePACES
Claim Status Inquiry and Responses Options

Agenda

- General Information
- Claim Status Inquiry/Responses
- Real Time Responses
- Batch Claim Responses
- Claim Status Examples
- Important Reminders
- Reference and Contact Information

General Information



General Information

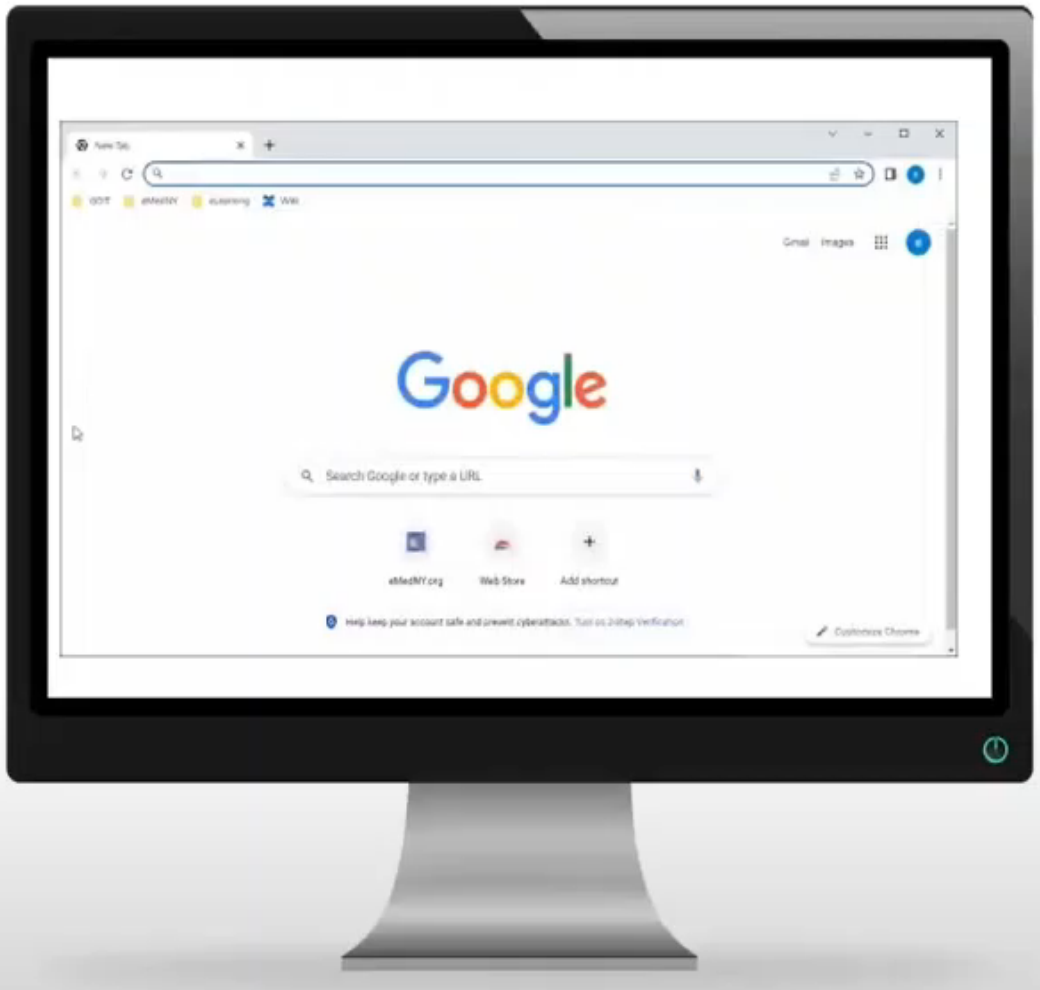
Professional Real Time Status Responses

Based on Individual Provider's NPI/PID

Rejected claims are NOT included on remittance advice

General Information

Options for Checking Claim Status	1) Status Inquiry and Response
	2) Real Time Responses
	3) View Previously Submitted Batches


Google
Search Google or type a URL
eMedNY.org
Web Store
Add shortcut

www.eMedNY.org – Self Help

Self Help – ePACES Reference Sheets

Self Help

This page provides links to eMedNY help documents and pages that will help providers and users conduct business with us. If you believe any information to be incorrect, please let us know.

ePACES

- ePACES Announcements
- ePaces Login Issue with Captcha
- Frequently Asked Questions
- Enroll Now
- ePACES General Information
- ePACES Help
- Claim Quick Reference Guides
- Prior Approval Quick Reference Guides
- ePACES Reference Sheets

Electronic Funds Transfer

- Frequently Asked Questions
- Enroll Now

NOTE: Instead of filling out the EFT Authorization Form above, you can complete the form online at: https://portal.emedny.org/provider/

Web Portal

- Portal Login
- Enrolling in the Web Portal
- Core Web Services Enrollment

ePACES Reference Sheets – Claim Status Inquiry and Response

ePACES Reference Sheets

- ePACES - Building and Submitting Claim Batches
- ePACES - Claim Balancing
- ePACES - Claim Status Inquiry and Response
- ePACES - PA/DVS Request
- ePACES - PA/DVS Response
- ePACES - PA/DVS Revise Cancel Quick Reference Guide
- ePACES - Obtaining a DVS for DME
- ePACES - Obtaining a DVS for Occupational, Physical and Speech Therapy in ePACES
- ePACES - Edit a Claim Function

ePACES Claim Status Inquiry and Response Reference Sheet

ePACES - Claim Status Inquiry and Response

Overview

The Claim Status Inquiry function allows the User to inquire about the status of claims currently in the NYS Medicaid's adjudication process. The Claim Status Inquiry requests process in real-time, providing a response within a few moments that may be viewed in the Status Response worklist. It is important to refine your inquiry as much as possible because the inquiry will return claims that match the search criteria. ePACES will return the last 10 adjudicated claims in response to an inquiry. **Note:** Status Inquiry will check the status of claims sent in electronically or on paper. For more detailed information, please see the Help Documentation available on the eMEDNY website:
https://www.emedny.org/selfhelp/ePACES/ePACES_Help.pdf

Included in this document:

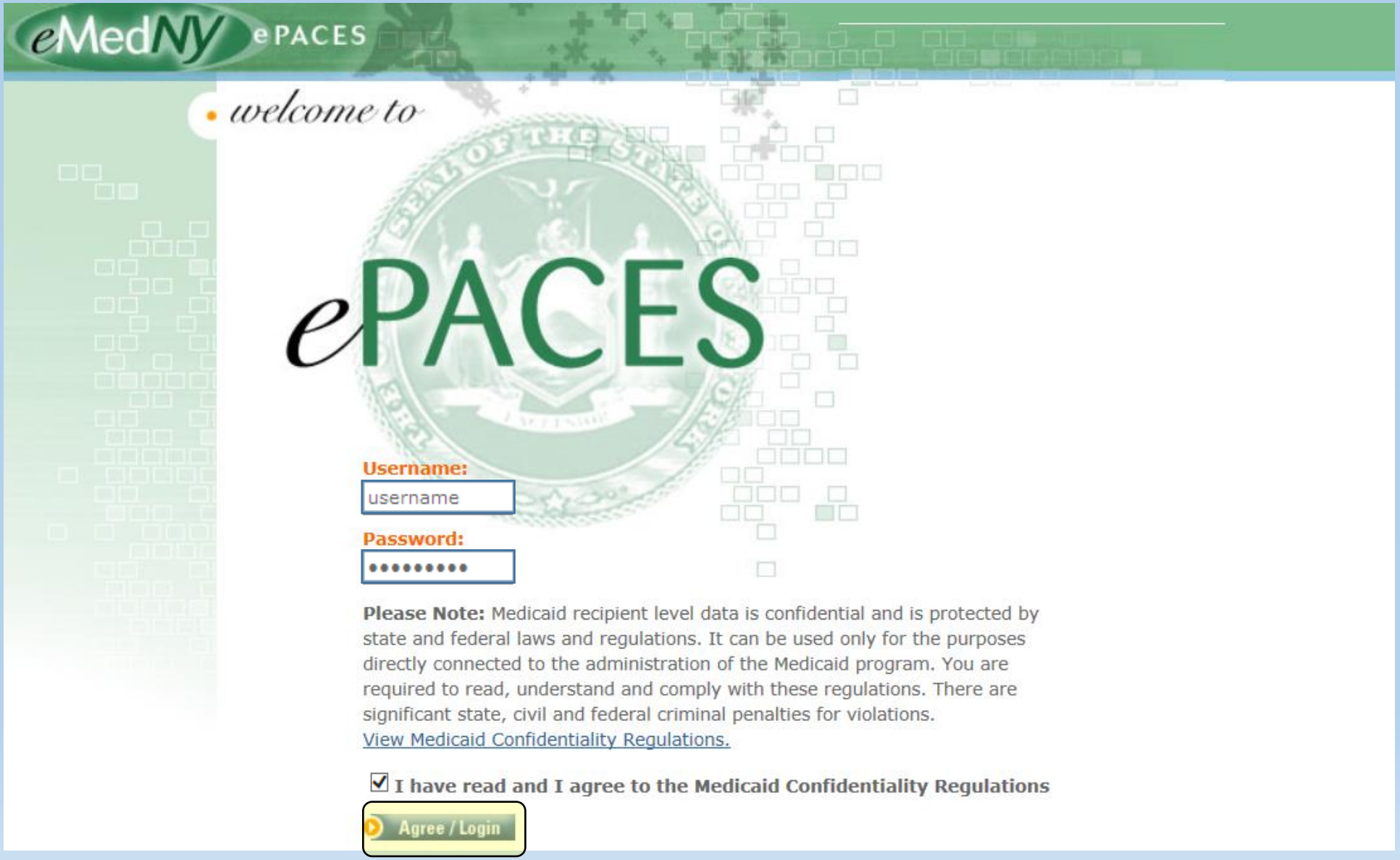
Creating a Status Inquiry
Claim Status Inquiry Initial Selection Screen *Claim Status Inquiry by Client ID*
Claim *Status Inquiry by Selecting from Claim List*
Claim Status Response
Status *Viewing a Claim Status Response*
Phone Contact

A. Creating a Status Inquiry

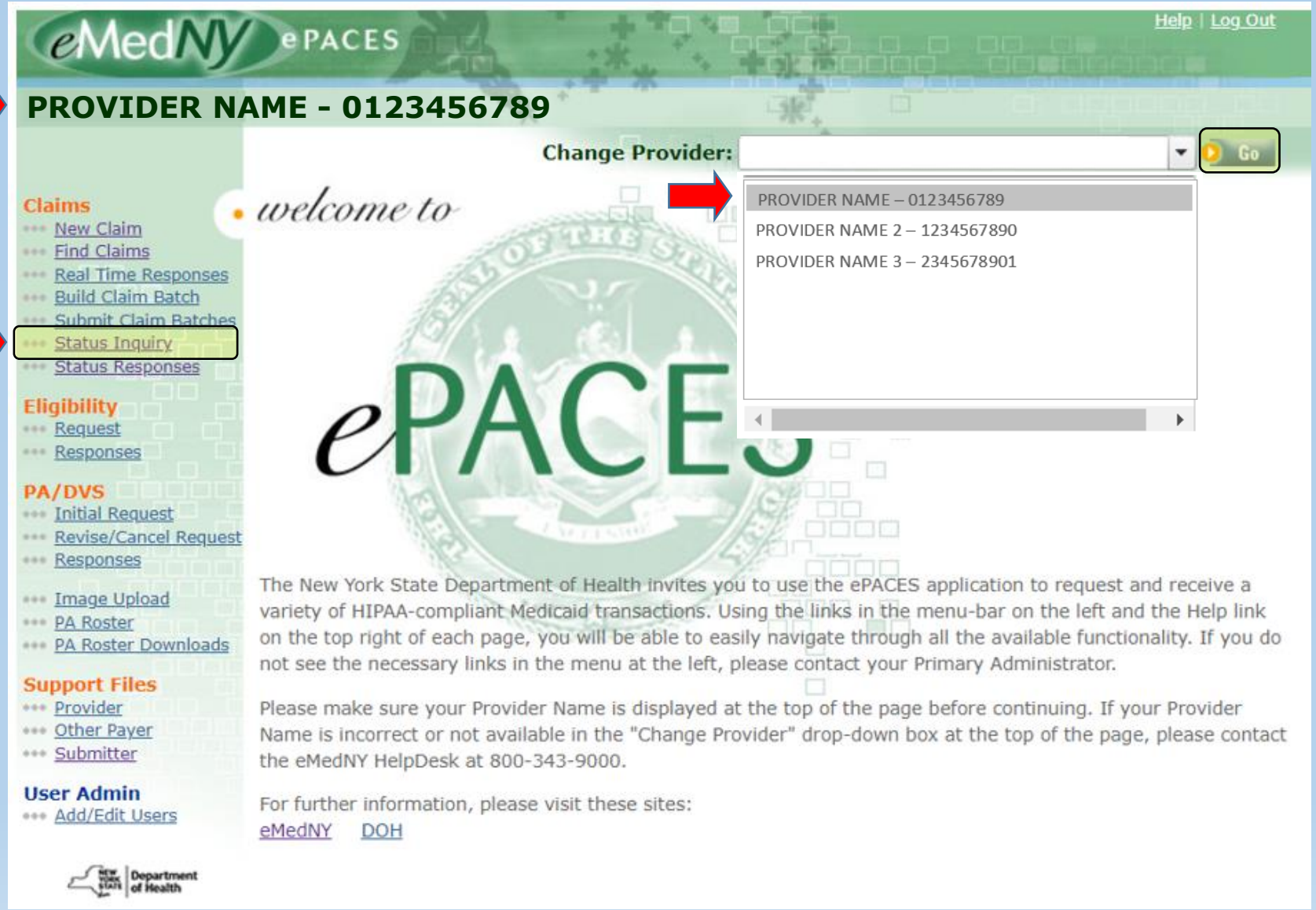
Click on the Status Inquiries hyperlink.

www.eMedNY.org – Login ePACES

ePACES


eMedNY ePACES
welcome to
ePACES
Username:
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
Agree / Login

Option 1 - Claim Status Inquiry/Responses



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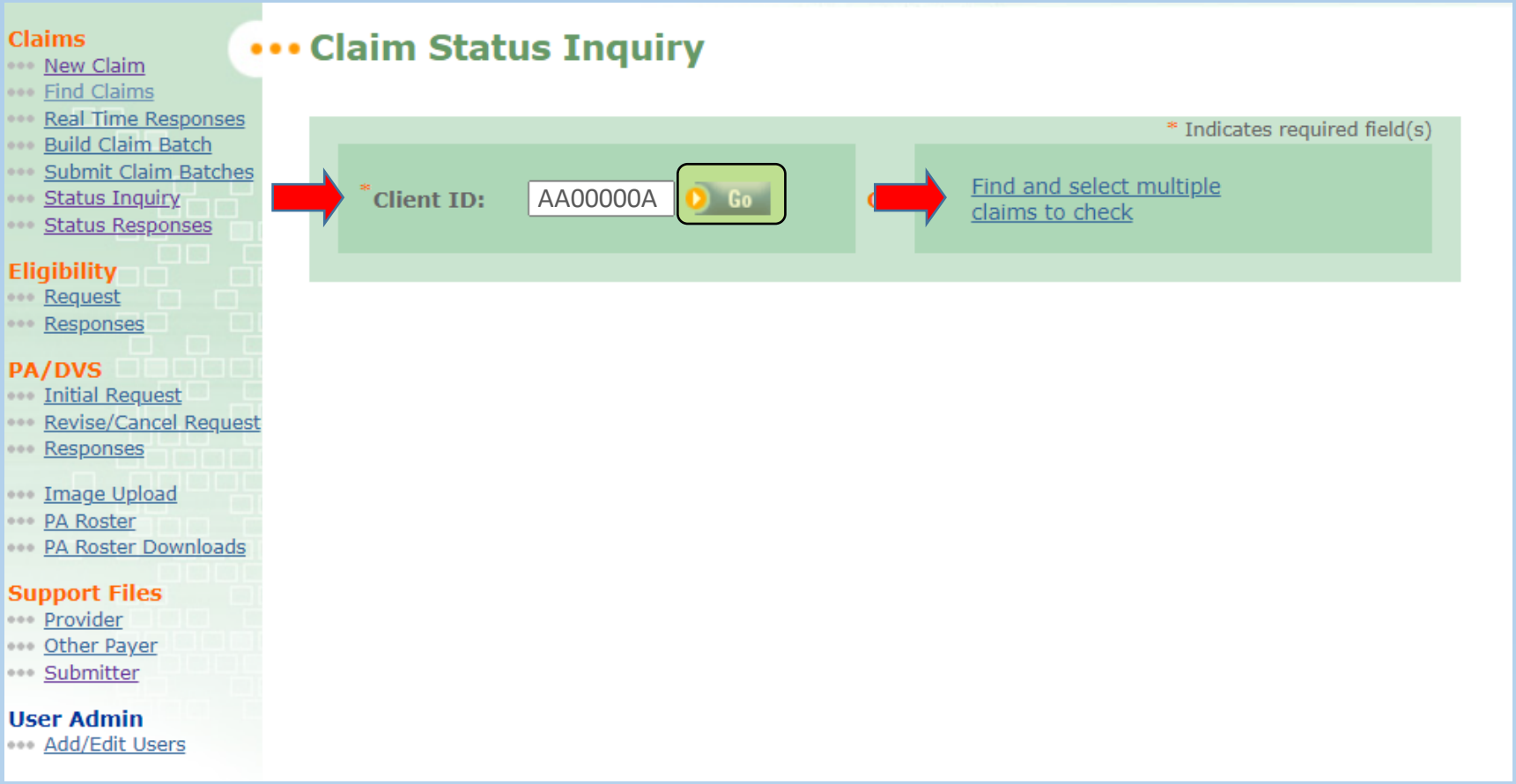

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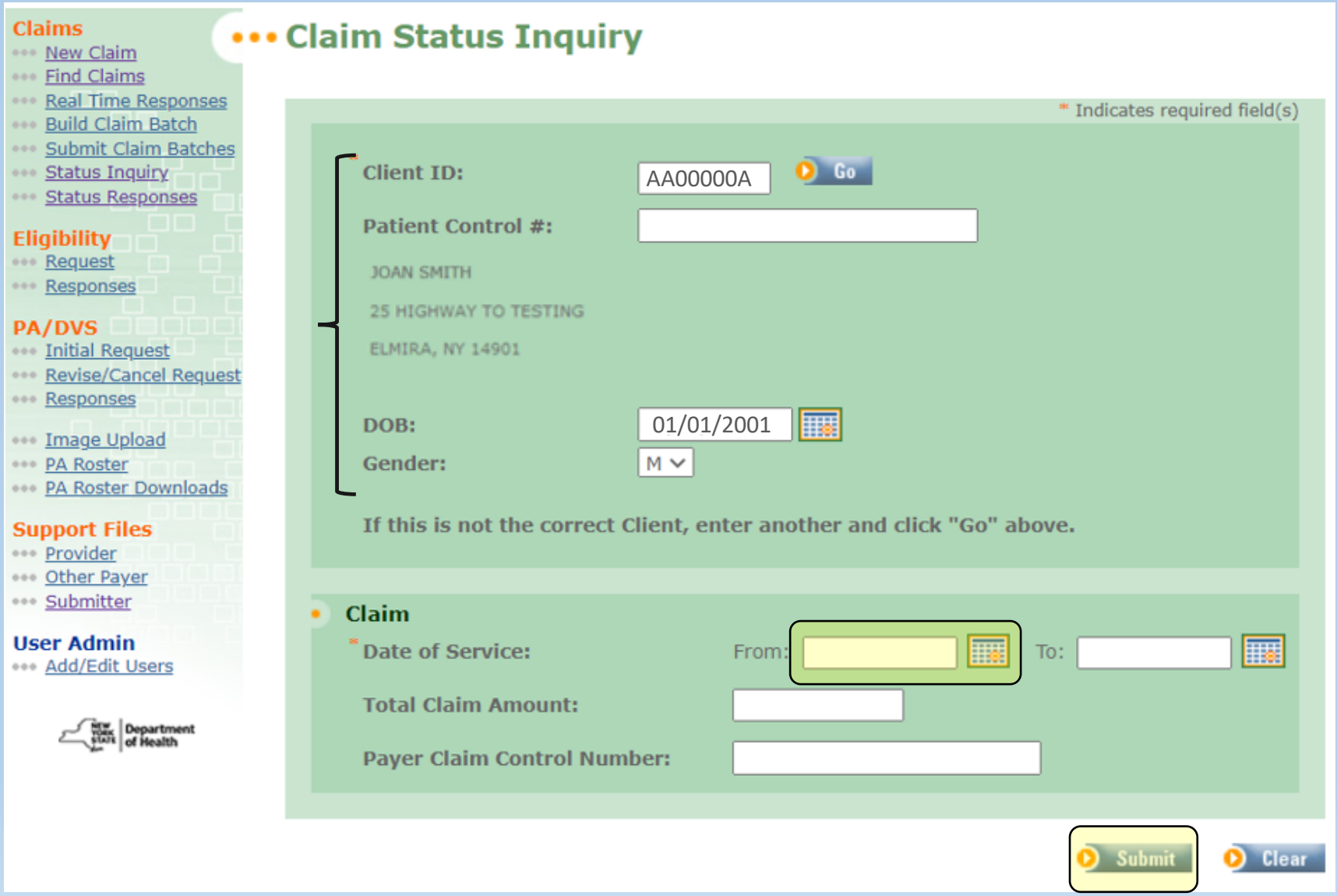

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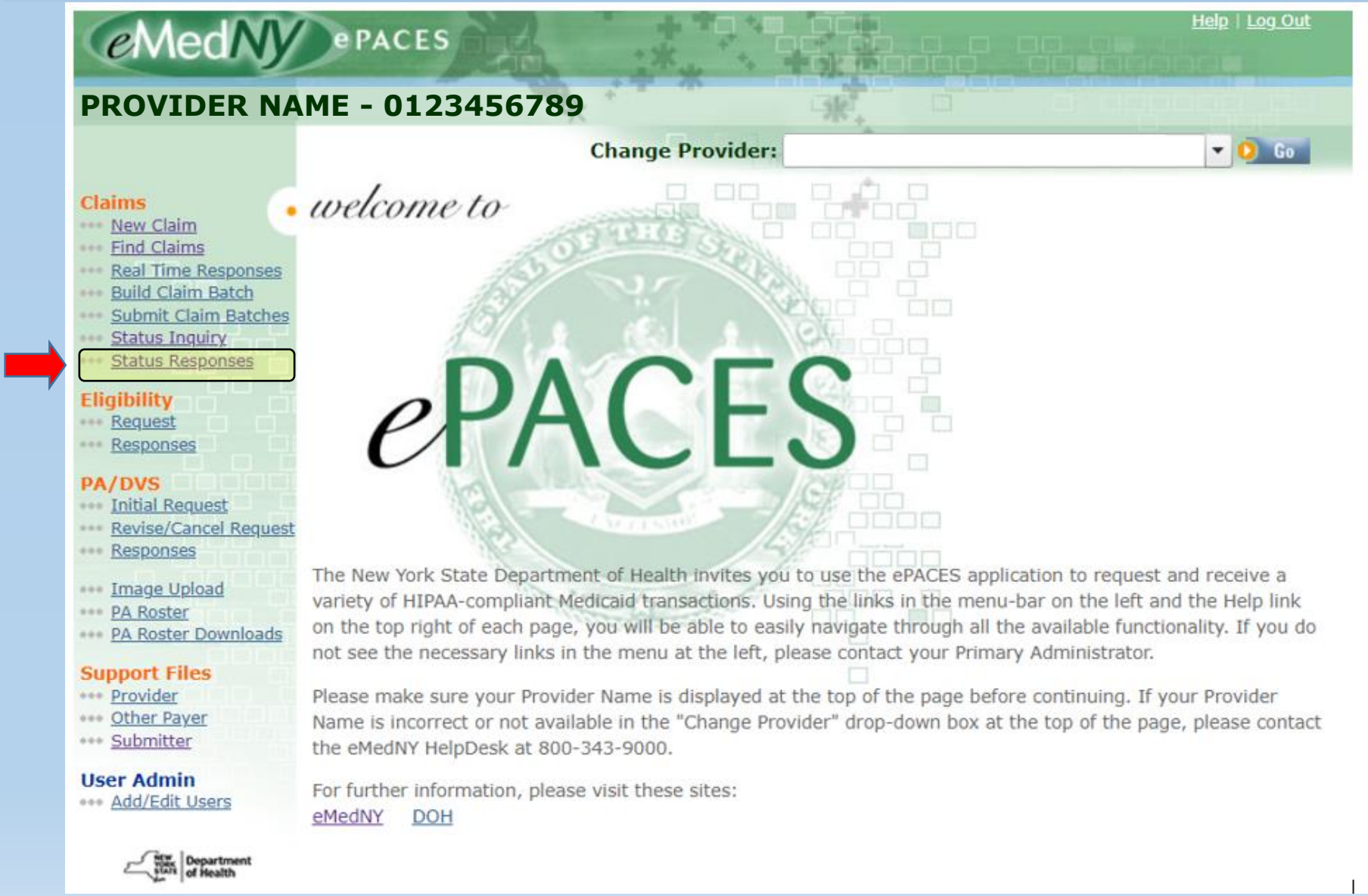

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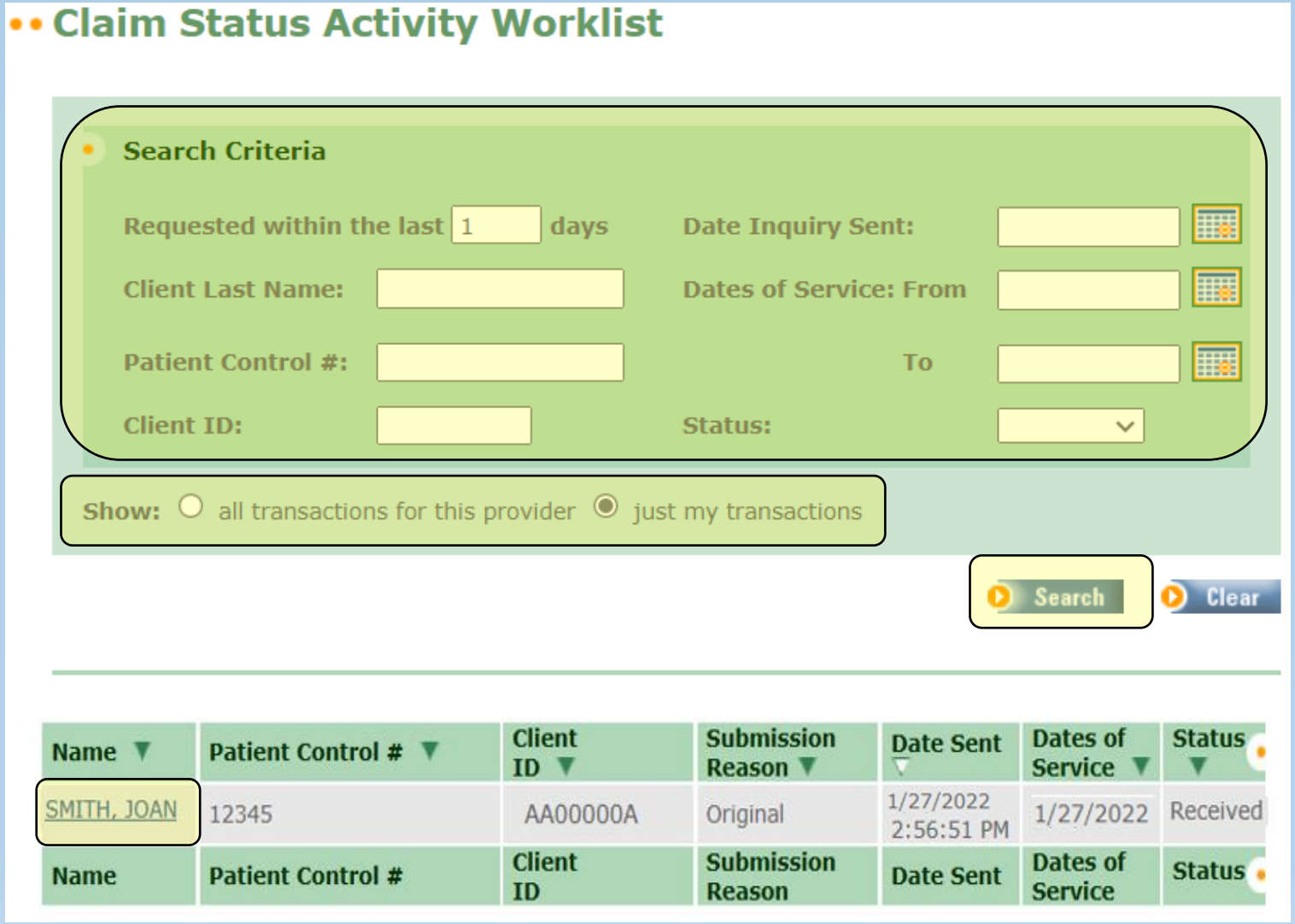
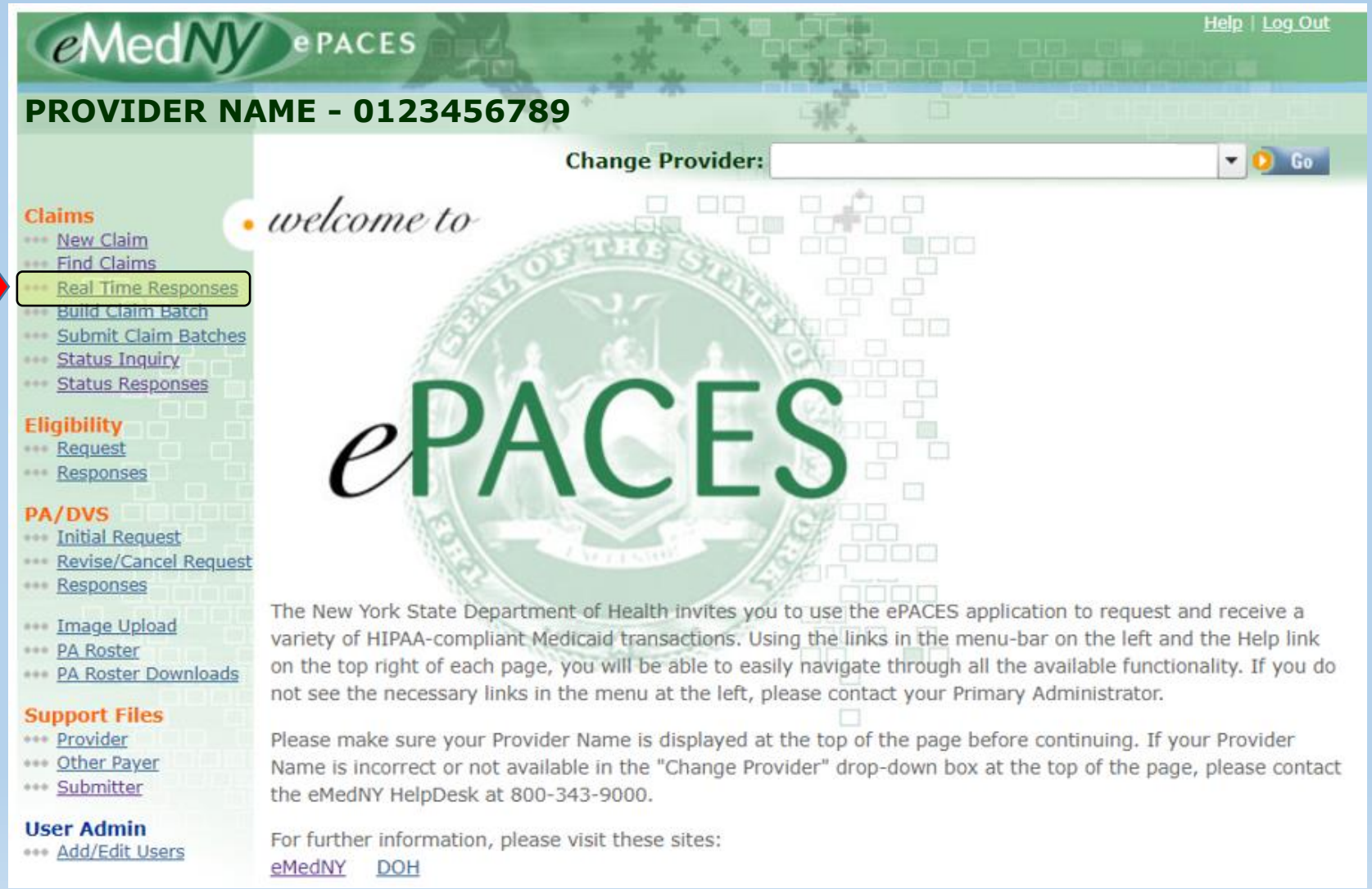


Option 2 - Real Time Responses

Professional Real Time Claims



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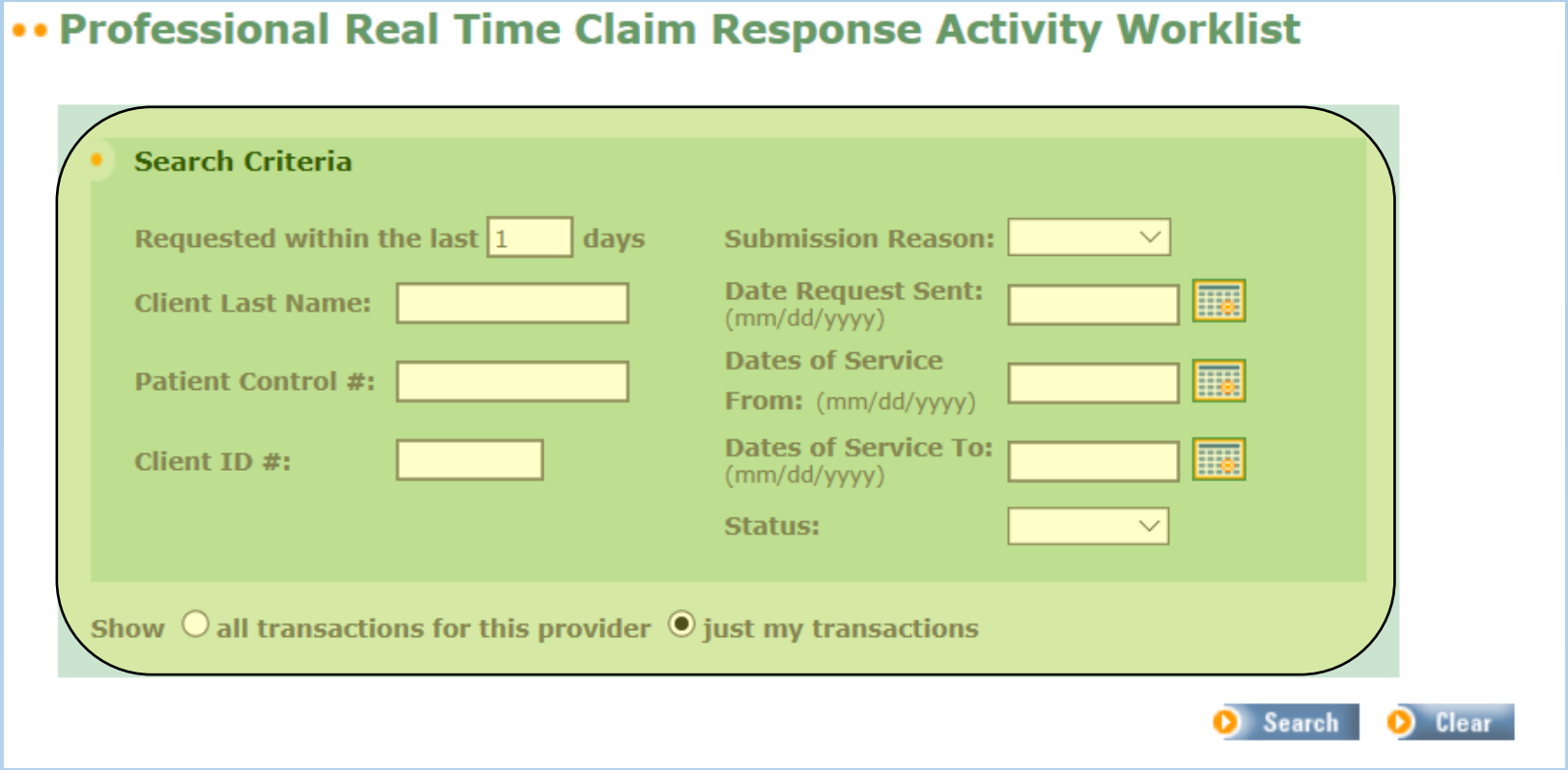
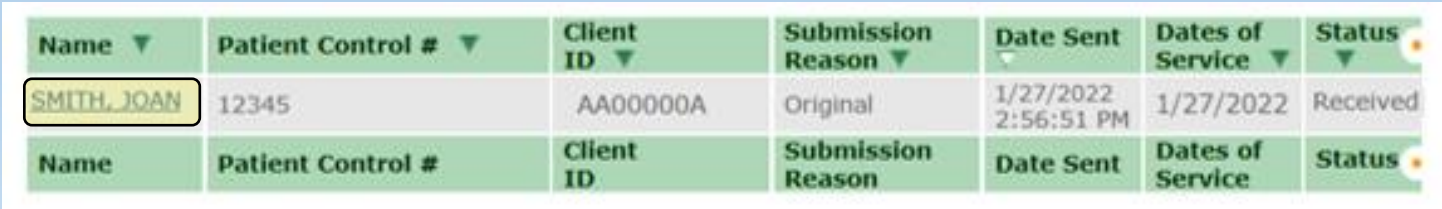
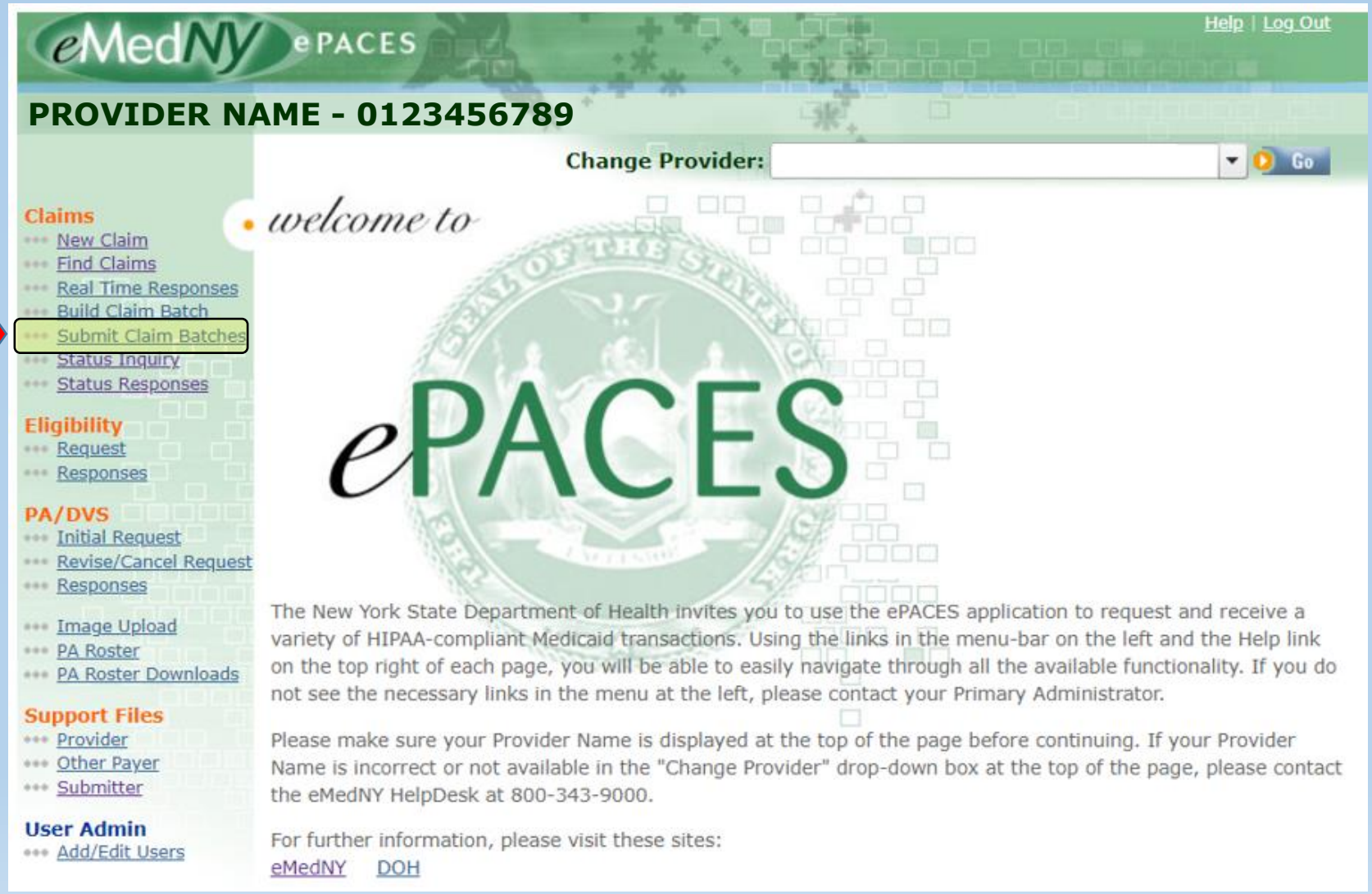
Professional Real Time Claims





Option 3 - Submit Claim Batches

Professional, Dental & Institutional Batched Claims



Option 3 - Submit Claim Batches

Professional, Dental & Institutional Batched Claims

Submit Claim Batches

Claim(s) by User ID: PREP05 Go

View Previously Submitted Batches

The following claim batches have been submitted:

Batch Number	Submit Date	Type Of Claim	Total Claims	Total Batch Charges	Total Rejected
1600002121	1/27/2022	Institutional	1	$ 872.34	
Batch Number	Submit Date	Type Of Claim	Total Claims	Total Batch Charges	Total Rejected

Option 3 - Submit Claim Batches

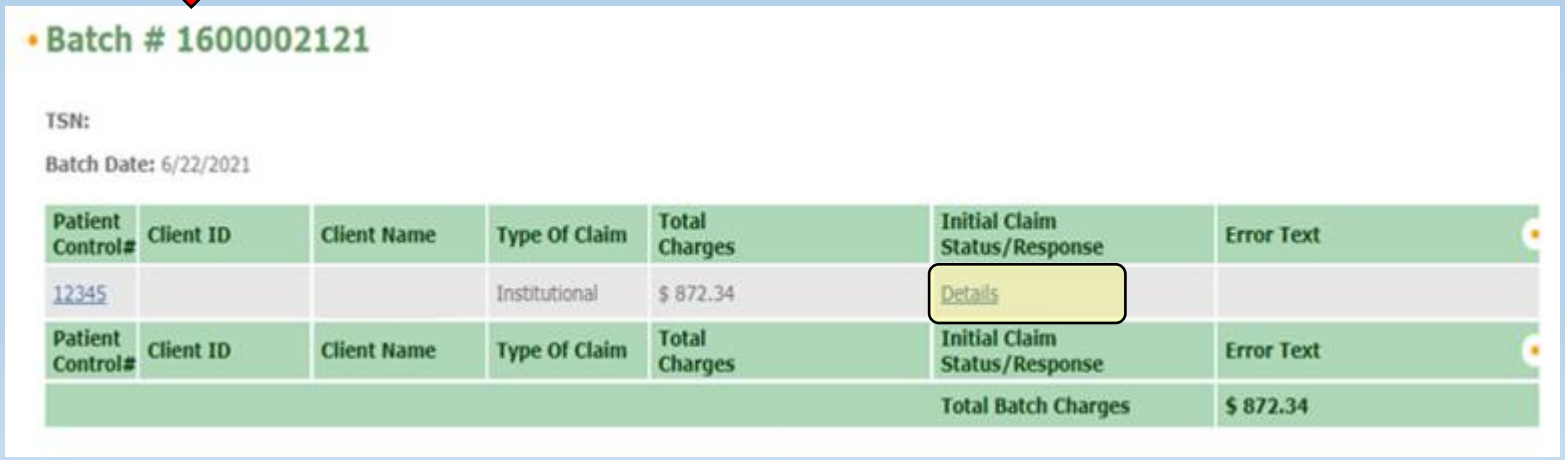
Professional, Dental & Institutional Batched Claims

Claim Batches Submitted

Claim(s) by User ID: PREP05 Go

The following table lists all claim batches that you have submitted:

Batch Number	Submit Date	Type Of Claim	Total Claims	Total Batch Charges	Total Rejected
1600002121	1/27/2022	Institutional	1	$ 872.34	
Batch Number	Submit Date	Type Of Claim	Total Claims	Total Batch Charges	Total Rejected



Batch # 1600002121

TSN:

Batch Date: 6/22/2021

Patient Control#	Client ID	Client Name	Type Of Claim	Total Charges	Initial Claim Status/Response	Error Text
12345			Institutional	$ 872.34	Details	
Patient Control#	Client ID	Client Name	Type Of Claim	Total Charges	Initial Claim Status/Response	Error Text
					Total Batch Charges	$ 872.34

Sample Claim Responses

PAID Claim

Client Information

Client ID:	AA00000A
Name:	JOAN SMITH
Address:	25 HIGHWAY TO TESTING
	ELMIRA, NY 14901
Date of Birth:	
Gender:	

Claim Level Status

(F1) - Finalized/Payment-The claim/line has been paid. (3) - Claim has been adjudicated and is awaiting payment cycle.

Payer Claim ID	Charge Amount	Paid Amount	Dates of Service	Status Date
2202700000000030	$ 75.00	$ 75.00	1/27/2022	1/27/2022

Line Level Status

Primary Status	Line ID	Procedure Code	Line Charge Amount	Paid Amount	Qty.	Status Date
(F1) - Finalized/Payment-The claim/line has been paid. (3) - Claim has been adjudicated and is awaiting payment	1	99213	75.00	75.00	1.00	1/27/2022

Sample Claim Responses

DENIED Claim

Client Information

Client ID: Name:

Claim Level Status

(F2) - Finalized/Denial-The claim/line has been denied. (145)
Entity's specialty code (1P) - Provider

Payer Claim Control #	Total Claim Charge Amount	Paid Amount	Dates of Service	Status Effective Date
2202700000000030	$ 75.00	$0.00	1/27/2022	1/27/2022

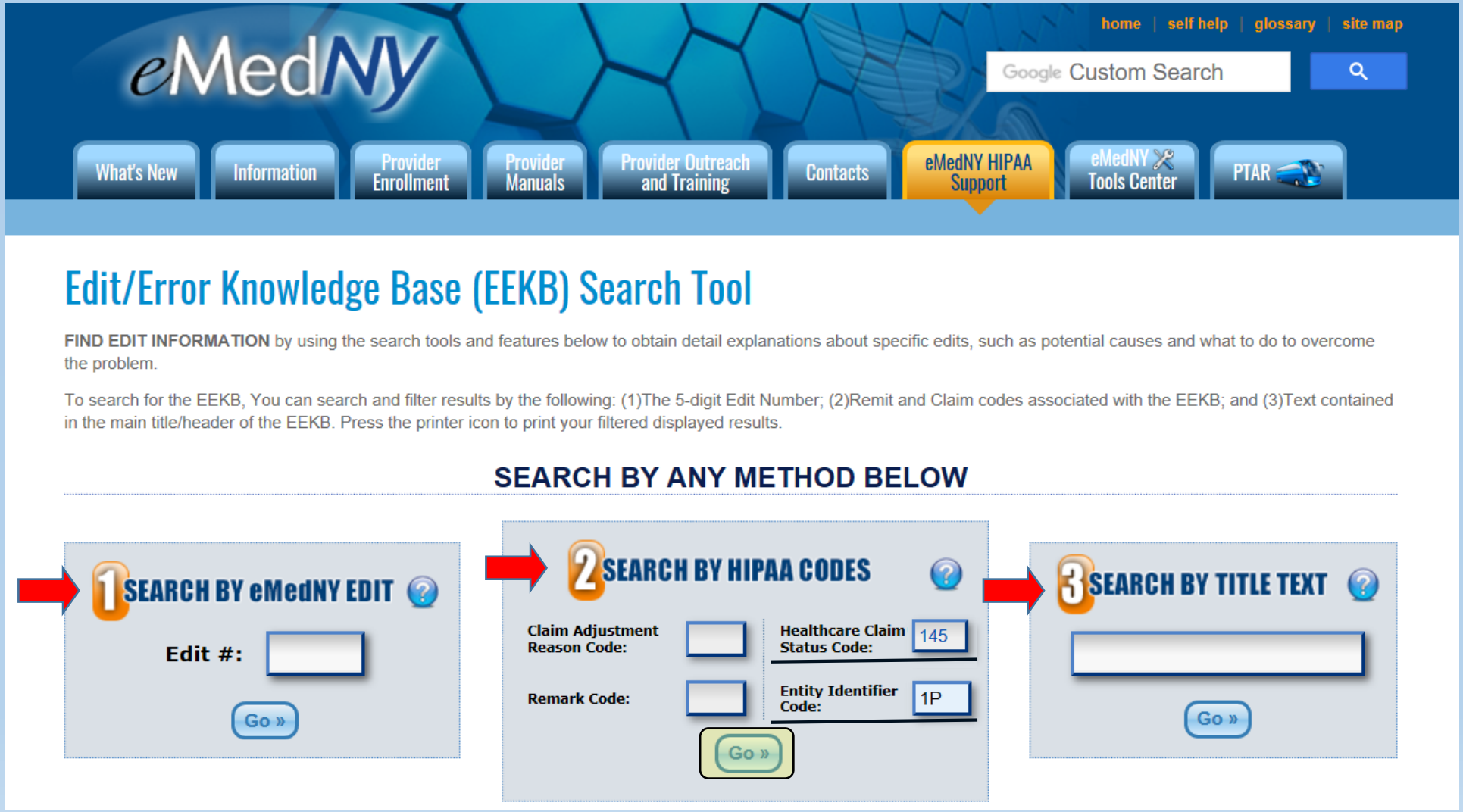
Line Level Status

Line	Status	Service Line Dates	Proc/NDC Code & Mod	Line Charge Amount	Paid Amount	Units.	Status Date
1	(F2) - Finalized/Denial-The claim/line has been denied. (145) - Entity's specialty code. (1P) - Provider	1/27/2022	99213	75.00	$0.00	1	1/27/2022

Edit/Error Knowledge Base (EEKB) Search Tool

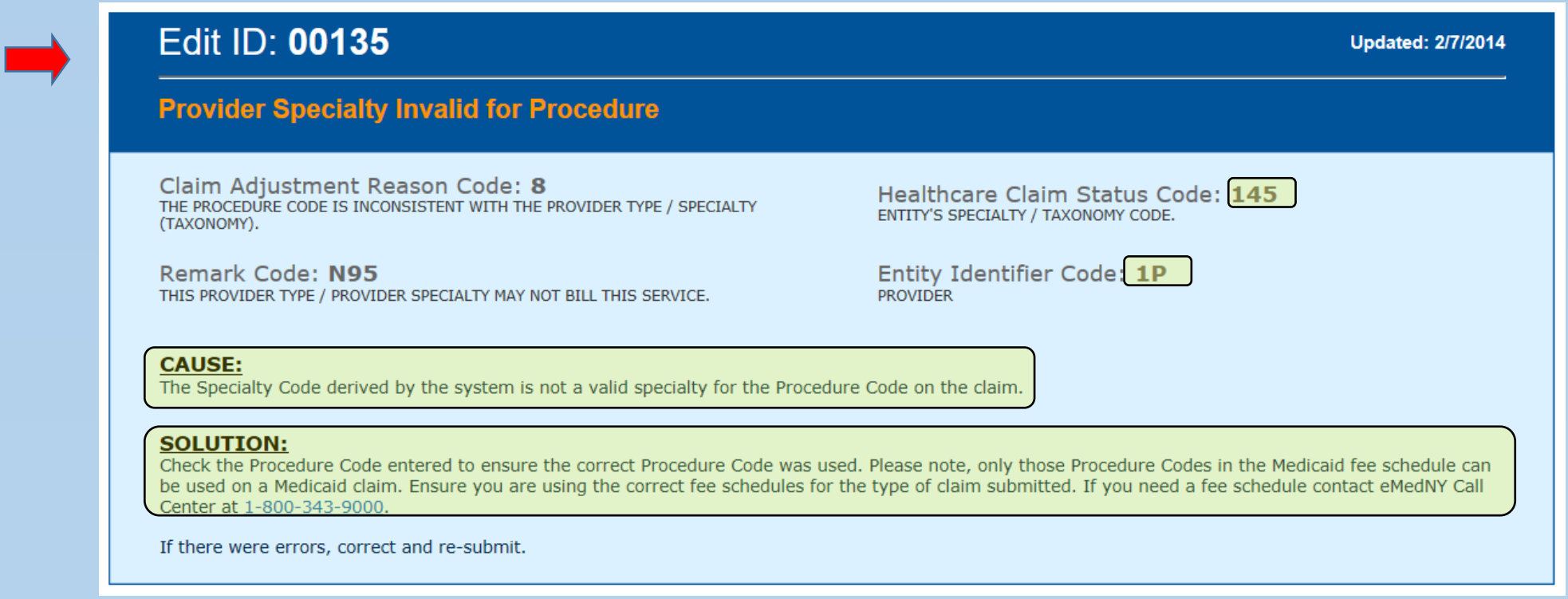
https://www.emedny.org/HIPAA/5010/edit_error/index.aspx

Edit/Error Knowledge Base (EEKB) Search Tool



Edit/Error Knowledge Base (EEKB) Search Tool

Sample EEKB Response – eMedNY Edit 00135
Health Claim Status Code: 145
Entity Identifier Code: 1P



Edit ID: **00135**

Updated: 2/7/2014

Provider Specialty Invalid for Procedure

Claim Adjustment Reason Code: **8**
THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE / SPECIALTY (TAXONOMY).

Healthcare Claim Status Code: **145**
ENTITY'S SPECIALTY / TAXONOMY CODE.

Remark Code: **N95**
THIS PROVIDER TYPE / PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.

Entity Identifier Code: **1P**
PROVIDER

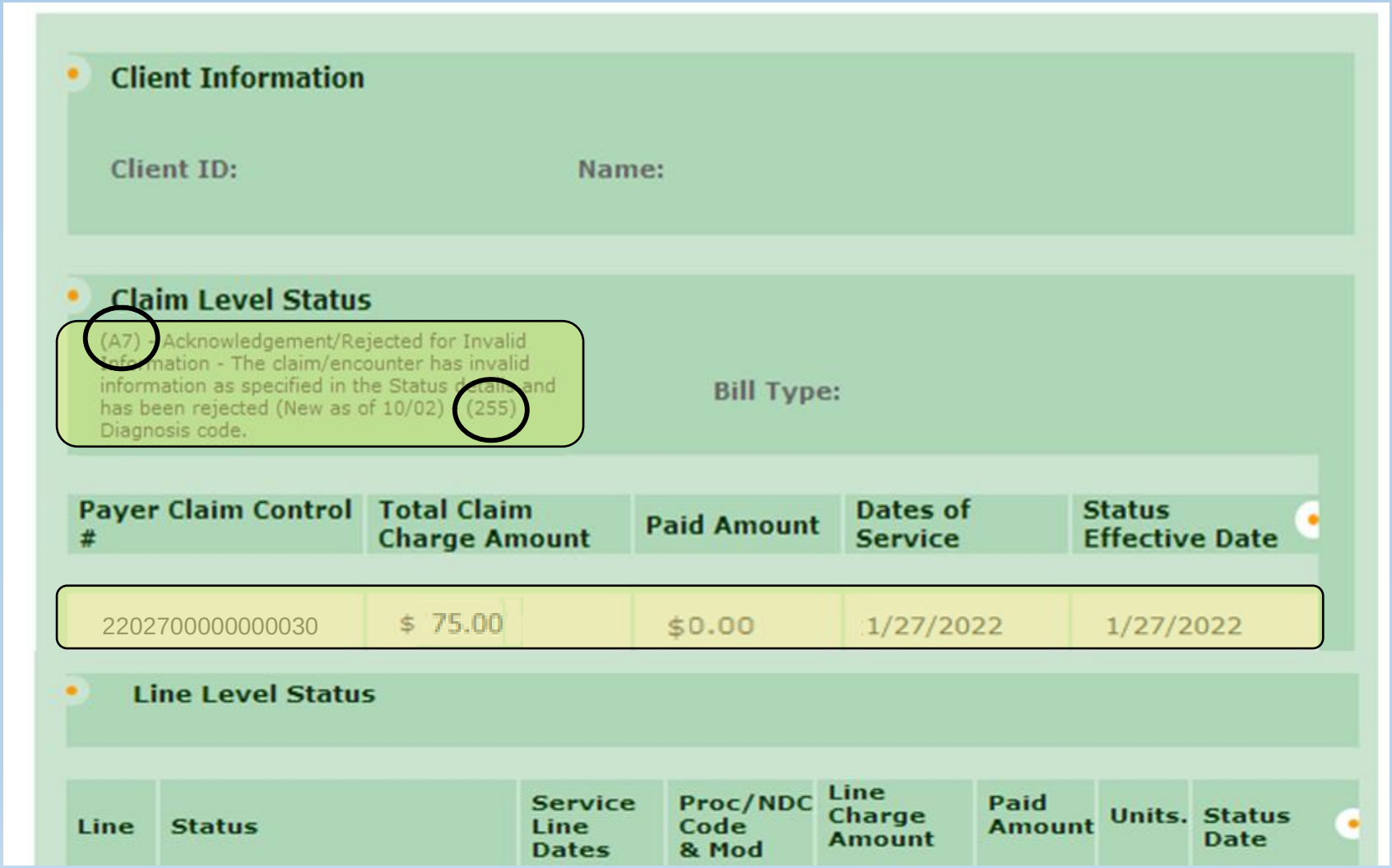
CAUSE:
The Specialty Code derived by the system is not a valid specialty for the Procedure Code on the claim.

SOLUTION:
Check the Procedure Code entered to ensure the correct Procedure Code was used. Please note, only those Procedure Codes in the Medicaid fee schedule can be used on a Medicaid claim. Ensure you are using the correct fee schedules for the type of claim submitted. If you need a fee schedule contact eMedNY Call Center at 1-800-343-9000.

If there were errors, correct and re-submit.

Sample Claim Responses

REJECTED Claim



Client Information

Client ID: Name:

Claim Level Status

(A7) - Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected (New as of 10/02) (255) Diagnosis code.

Bill Type:

Payer Claim Control #	Total Claim Charge Amount	Paid Amount	Dates of Service	Status Effective Date
2202700000000030	$ 75.00	$0.00	1/27/2022	1/27/2022

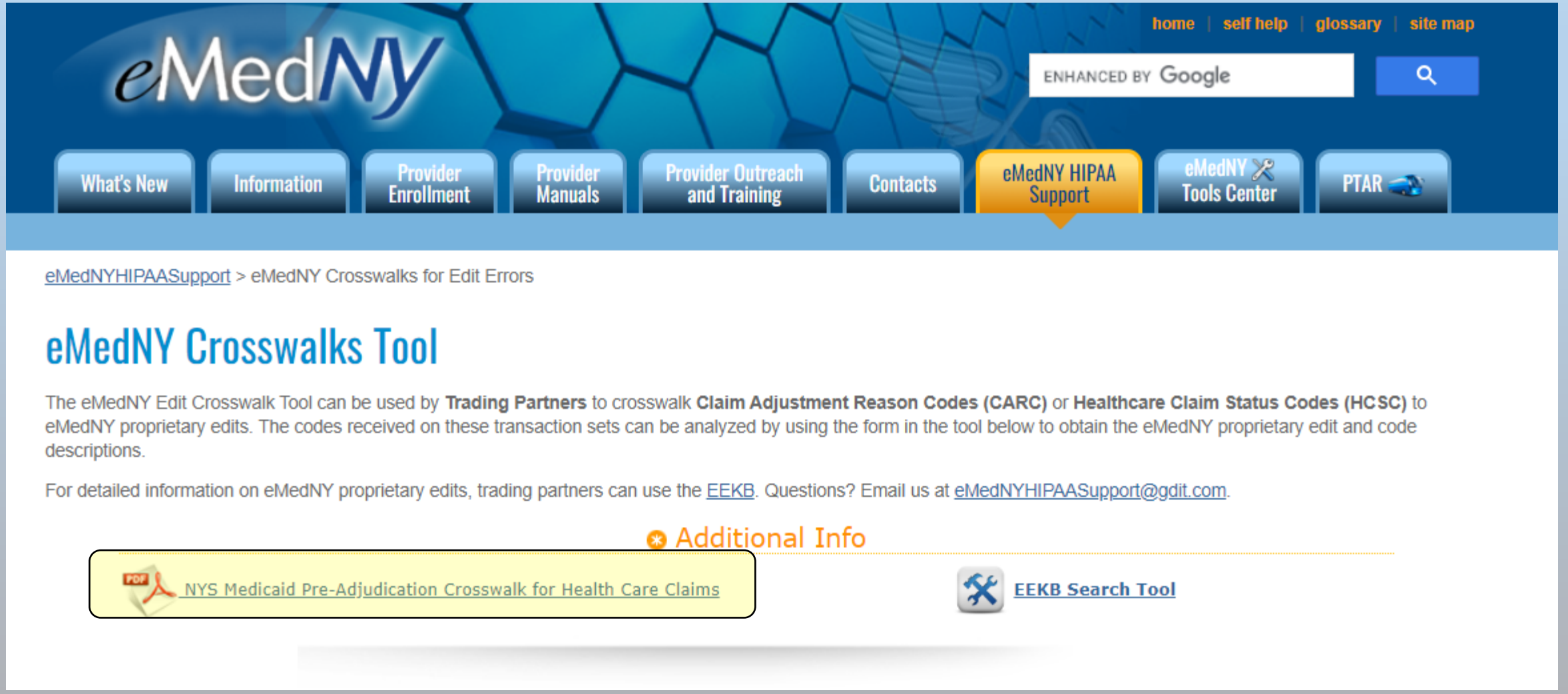
Line Level Status

Line	Status	Service Line Dates	Proc/NDC Code & Mod	Line Charge Amount	Paid Amount	Units.	Status Date

NOTE: REJECTED CLAIMS WILL NOT APPEAR ON THE REMITTANCE ADVICE

Pre-Adjudication Crosswalk

Pre-Adjudication Crosswalk



NYS MEDICAID PRE-ADJUDICATION CROSSWALK FOR HEALTH CARE CLAIMS

VERSION 5010 (BATCH AND REAL-TIME)

277CA (OUTBOUND RESPONSE TO CLAIMS)									NYS Medicaid Conditions	INBOUND CLAIM (VERSION 5010)			
CLAIM LEVEL (LOOP 2200D)						LINE LEVEL (LOOP 2220D)				BATCH			REAL-TIME
STC01-			STC10-			STC01-				837-			837-
-1	-2	-3	-1	-2	-3	-1	-2	-3		INST	PROF	DENT	PROF
A7	231								Invalid NUBC Admission Type Code	✓			
A7	232								ICD-10 diagnosis code for Admitting Diagnosis is invalid or not payable per NYSDOH policy (also applies to ICD-9 for services or discharges before October 1, 2015)	✓			
A7	234								Invalid Patient Discharge Status	✓			
A7	249								Invalid Place-of-Service Code		✓	✓	✓
A7	254								ICD-10 diagnosis code for Principal Diagnosis is invalid or not payable per NYSDOH policy (also applies to ICD-9 for services or discharge before October 1, 2015)	✓			
A7	255								ICD-10 diagnosis code for Other Diagnosis (837I) or Health Care Diagnosis Code (837P, 837D) is invalid or not payable per NYSDOH policy (also applies to ICD-9 for services or discharges before October 1, 2015)	✓	✓	✓	✓
A7	726								Rate Code validation error	✓			
A7	465								ICD-10 procedure code for Principal Procedure is invalid or not payable per NYSDOH policy (also applies to ICD-9 for services or discharges before October 1, 2015)	✓			
A7	490								ICD-10 procedure code for Other Procedure is invalid or not payable per NYSDOH policy (also applies to ICD-9 for services or discharges before October 1, 2015)	✓			
A7	500	77							Invalid zip-code for Service Facility address	✓	✓	✓	✓
A7	500	85							Invalid zip-code for Billing Provider address	✓	✓	✓	✓
A7	501	85							Invalid state for Billing Provider address	✓	✓	✓	✓
A7	501	87							Invalid state for Pay-to address	✓	✓	✓	✓
A7	501	FA							Invalid state for facility or laboratory address	✓	✓	✓	✓
A7	501	GB							Invalid state for other insured address	✓	✓	✓	✓
A7	501	IL							Invalid state for subscriber address	✓	✓	✓	✓
A7	501	P4							Invalid state for payer address				✓
A7	501	PR							Invalid state for payer address	✓	✓	✓	
A7	501	P4							Invalid state for other payer address				✓

Important Reminders

1) Denied claims – refer to the Edit Error Knowledge Base (EEKB)

2) Rejected claims – refer to the Pre-Adjudication Crosswalk

3) Rejected claims will not appear up on the remittance advice

4) Claim status is based on the individual provider identification number (NPI/PID) displayed in ePACES and includes claims submitted on ePACES, electronically or on paper

Reference and Contact Information

1) eMedNY Website
   - www.emedny.org

2) eMedNY Edit/Error Knowledge Base (EEKB)
   - www.emedny.org/HIPAA/5010/edit_error/index.aspx

3) eMedNY Pre-Adjudication Crosswalk
   - www.emedny.org/HIPAA/5010/transactions/crosswalks/eMedNY%20Pre-adjudication%20Crosswalk%20(837%20Health%20Care%20Claims).pdf

4) ePACES Reference Sheets
   - www.emedny.org/selfhelp/ePACES/Reference Sheets.html

5) eMedNY Call Center
   - 800-343-9000

Conclusion

Claim Status Inquiry and Response

eMedNY

www.emedny.org