



**Training Video
For NYS Medicaid Providers**

Prior Approval

Key Objectives

Familiarize Private Duty Nursing providers
with the process of requesting prior
approvals through ePACES

Key Objectives

1

OVERVIEW OF PDN
RESOURCES

2

REVIEW OF
PRIOR APPROVAL

3

ePACES PA
REQUEST

4

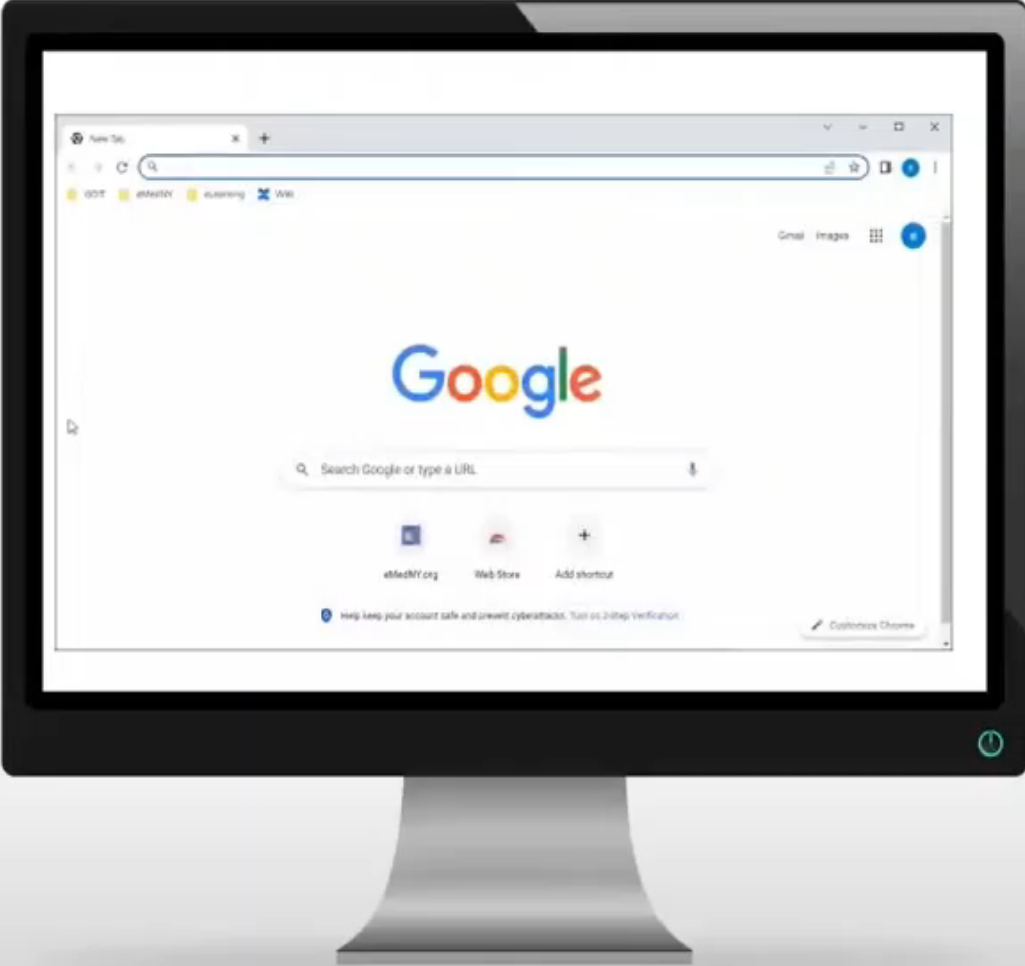
ePACES PA
RESPONSES

5

IMPORTANT
REMINDERS

6

REFERENCE &
CONTACT INFO



Private Duty Nursing Resources

PDN Provider Manual

The screenshot shows the eMedNY website interface. At the top, there is a navigation bar with the eMedNY logo on the left and links for 'home', 'self help', 'glossary', and 'site map' on the right. Below the logo is a search bar with the text 'ENHANCED BY Google'. A horizontal menu contains several items: 'What's New', 'Information', 'Enrollment', 'Provider Manuals' (highlighted with a red arrow and a green circle), 'Provider Outreach and Training', 'Contacts', 'eMedNY HIPAA Support', 'eMedNY Tools Center', and 'PTAR'. Below the navigation bar is a large banner for 'NEW! For Practitioners ONLY PROVIDER ENROLLMENT PORTAL ENROLL TODAY!'. To the right of the banner is a yellow box with a red exclamation mark that says 'Are you compliant with NYSDOH EFT Requirement?'. Below this are several buttons for 'Login ePACES', 'Login eXchange', 'Provider Enrollment Portal', 'Web Portal', 'Login PTAR', and 'Wage Parity'. At the bottom of the page, there are four green buttons: 'NEW MEDICARE CARDS', 'MEDICAID MANAGED CARE NETWORK', 'PTAR click here for more information', and 'REVALIDATION click here for more information'. The background of the page features a cityscape with the Statue of Liberty.

Private Duty Nursing Resources

PDN Provider Manual

Provider Manuals

Welcome! Your Provider Manual to the New York Medicaid Program offers you a wealth of information about Medicaid, as well as specific instructions on how to submit a claim for rendered services.

[Information for All Providers](#) gives you pertinent policy and resource information!

Click on your provider manual below, and read about specific rules governing the provision of your care and service to Medicaid recipients. This section also contains billing instructions, as well as pertinent procedure codes and fee schedules.

Click on the link to the [Department of Health's Medicaid Update website](#). This monthly publication is mailed to active providers, and informs providers of up-to-date changes in the Medicaid Program. This website has an index that makes finding relevant articles an easy task!

Your provider manual, along with recent Medicaid Update articles, will act as an effective guide to your participation in Medicaid.

SELECT A PROVIDER MANUAL



[Physician](#)



[Private Duty Nursing](#)



[Rehabilitation Services](#)



[Podiatry](#)



[Radiology Prior Approval](#)



[Residential Health](#)

Adobe Reader is required to view documents.



[MEVS and Supplemental Documentation](#)

Medicaid Eligibility Verification System (MEVS) Reference Material

The following information is a list of MEVS resources, including quick reference guides and the full manual.

- [MEVS/DVS Provider Manual](#)
- [MEVS Quick Reference Guides](#)
- [Choosing which MEVS method is right for you](#)

Private Duty Nursing Resources

PDN Policy Guidelines

[Provider Manuals](#) > Private Duty Nursing Manual




Private Duty Nursing Manual



MANUAL CONTENTS

Information for All Providers


 [Policy Guidelines](#)

 [Fee Schedule](#)

 [Procedure Codes](#)

 [Provider Training Videos](#)

 [PDN Slide Deck from September 15, 2020 Webinar](#)

 **Billing Guidelines**

 [Private Duty Nursing Billing Guidelines](#)

 [General Professional Billing Guidelines](#)

 [General Remittance Guidelines](#)

 [Prior Approval Guidelines](#)

 [Prior Approval Business Location Chart](#)

* Featured Links



[Private Duty Nursing Manual Archive](#)



[Private Duty Nursing Provider Communications](#)

MOST RECENT COMMUNICATION

[Effective April 1, 2022, the New York State Fee-for-Service \(FFS\) Medicaid Private Duty Nursing \(PDN\) Medically Fragile Children's Program transitioned to the Medically Fragile Children and Adult \(MFCA\) Program - April 15, 2022 \(PDF 184KB\)](#)

[NYS Department of Health Rules and Regulations, Title 10](#)

[NYS Department of Health Rules and Regulations, Title 18](#)

 [Sign Up for LISTSERV®](#)

* Other Info



[DOH Medicaid Update Website](#)
Provides up-to-date changes that may affect your participation in the Medicaid Program.

Private Duty Nursing Resources

PDN Prior Approval Requirements

PDN Manual

eMedNY > Private Duty Nursing Provider Policy



Table of Contents

1.0	Document Control Properties.....	5
2.0	Definitions.....	5
3.0	Overview of Private Duty Nursing.....	7
3.1	Overview.....	7
3.2	Intention.....	7
3.3	Family Responsibilities.....	7
4.0	Written Order Required.....	7
4.1	Maintain Documentation.....	7
4.2	Orders.....	7
5.0	Physician Plan of Care.....	7
5.1	Skilled Nursing Tasks.....	7
6.0	Prior Approval Requirements.....	9
6.1	Documentation Chart.....	9
6.2	Additional Information.....	12
6.3	Determination in Writing.....	12
6.4	Requests.....	12
6.5	ePACES.....	12

Private Duty Nursing Resources

PDN Prior Approval Requirements



6.0 Prior Approval Requirements

6.1 Documentation Chart

Prior approval for all PDN services is required before the start of providing services and the request must be submitted by a Medicaid enrolled PDN provider. There are two categories of prior approvals: New Case and Renewal/Reevaluation prior approvals. Prior approval requests are reviewed in the order in which they are received by the Department. It is the provider's responsibility to obtain all necessary paperwork and submit those requests prior to the start of providing services.

The following chart summarizes the documentation requirements for each approval interval. Requirements needing additional explanation will be discussed in more detail in other sections of the manual.

All required documentation must be dated within 6 months of the PA start date.

Information Required	New Cases	Every 6 Months	Every 12 Months
Physician's Order for Nursing Services, including: <ul style="list-style-type: none">- RN or LPN level of care- Statement justifying RN level of care (annually, if applicable)- Number of PDN hours requested (per day or per week) and distribution of hours (daytime, nighttime, flexible use hours) See section 6.8 for more information	✓	✓	✓
Physician Plan of Care/Skilled Nursing Tasks: <ul style="list-style-type: none">- Documentation of the skilled nursing needs and physician plan of care for the member. See Section 5.1 for detailed requirements	✓	✓	✓

Private Duty Nursing Resources

PDN Fee Schedule



Private Duty Nursing Manual



MANUAL CONTENTS

Information for All Providers



[Policy Guidelines](#)



[Fee Schedule](#)



[Procedure Codes](#)



[Provider Training Videos](#)



[PDN Slide Deck from September 15, 2020 Webinar](#)



Billing Guidelines



[Private Duty Nursing Billing Guidelines](#)



[General Professional Billing Guidelines](#)



[General Remittance Guidelines](#)



[Prior Approval Guidelines](#)



[Prior Approval Business Location Chart](#)

* Featured Links



[Private Duty Nursing Manual Archive](#)



[Private Duty Nursing Provider Communications](#)

MOST RECENT COMMUNICATION

[Effective April 1, 2022, the New York State Fee-for-Service \(FFS\) Medicaid Private Duty Nursing \(PDN\) Medically Fragile Children's Program transitioned to the Medically Fragile Children and Adult \(MFCA\) Program - April 15, 2022 \(PDF 184KB\)](#)

[NYS Department of Health Rules and Regulations, Title 10](#)

[NYS Department of Health Rules and Regulations, Title 18](#)



Sign Up for LISTSERV®

* Other Info



[DOH Medicaid Update Website](#)

Provides up-to-date changes that may affect your participation in the Medicaid Program.

Private Duty Nursing Resources

PDN Procedure Codes



Private Duty Nursing Manual




MANUAL CONTENTS

➤ [Information for All Providers](#)


 [Policy Guidelines](#)

 [Fee Schedule](#)

 [Procedure Codes](#)

 [Provider Training Videos](#)

 [PDN Slide Deck from September 15, 2020 Webinar](#)

 [Billing Guidelines](#)

 [Private Duty Nursing Billing Guidelines](#)

 [General Professional Billing Guidelines](#)

 [General Remittance Guidelines](#)

 [Prior Approval Guidelines](#)

 [Prior Approval Business Location Chart](#)

* Featured Links



[Private Duty Nursing Manual Archive](#)



[Private Duty Nursing Provider Communications](#)

MOST RECENT COMMUNICATION

[Effective April 1, 2022, the New York State Fee-for-Service \(FFS\) Medicaid Private Duty Nursing \(PDN\) Medically Fragile Children's Program transitioned to the Medically Fragile Children and Adult \(MFCA\) Program - April 15, 2022 \(PDF 184KB\)](#)

[NYS Department of Health Rules and Regulations, Title 10](#)

[NYS Department of Health Rules and Regulations, Title 18](#)



[Sign Up for LISTSERV®](#)

* Other Info



[DOH Medicaid Update Website](#)

Provides up-to-date changes that may affect your participation in the Medicaid Program.

Private Duty Nursing Resources

PDN Billing Guidelines



Private Duty Nursing Manual



MANUAL CONTENTS

Information for All Providers



[Policy Guidelines](#)



[Fee Schedule](#)



[Procedure Codes](#)



[Provider Training Videos](#)



[PDN Slide Deck from September 15, 2020 Webinar](#)



Billing Guidelines



[Private Duty Nursing Billing Guidelines](#)



[General Professional Billing Guidelines](#)



[General Remittance Guidelines](#)



[Prior Approval Guidelines](#)



[Prior Approval Business Location Chart](#)

* Featured Links



[Private Duty Nursing Manual Archive](#)



[Private Duty Nursing Provider Communications](#)

MOST RECENT COMMUNICATION

[Effective April 1, 2022, the New York State Fee-for-Service \(FFS\) Medicaid Private Duty Nursing \(PDN\) Medically Fragile Children's Program transitioned to the Medically Fragile Children and Adult \(MFCA\) Program - April 15, 2022 \(PDF 184KB\)](#)

[NYS Department of Health Rules and Regulations, Title 10](#)

[NYS Department of Health Rules and Regulations, Title 18](#)



[Sign Up for LISTSERV®](#)

* Other Info



[DOH Medicaid Update Website](#)

Provides up-to-date changes that may affect your participation in the Medicaid Program.

Private Duty Nursing Resources

PDN Prior Approval Guidelines



Private Duty Nursing Manual



MANUAL CONTENTS

Information for All Providers

 [Policy Guidelines](#)

 [Fee Schedule](#)

 [Procedure Codes](#)

 [Provider Training Videos](#)


 [PDN Slide Deck from September 15, 2020 Webinar](#)

Billing Guidelines

 [Private Duty Nursing Billing Guidelines](#)

 [General Professional Billing Guidelines](#)

 [General Remittance Guidelines](#)

 [Prior Approval Guidelines](#)

 [Prior Approval Business Location Chart](#)

* Featured Links



[Private Duty Nursing Manual Archive](#)



[Private Duty Nursing Provider Communications](#)

MOST RECENT COMMUNICATION

[Effective April 1, 2022, the New York State Fee-for-Service \(FFS\) Medicaid Private Duty Nursing \(PDN\) Medically Fragile Children's Program transitioned to the Medically Fragile Children and Adult \(MFCA\) Program - April 15, 2022 \(PDF 184KB\)](#)

[NYS Department of Health Rules and Regulations, Title 10](#)

[NYS Department of Health Rules and Regulations, Title 18](#)



[Sign Up for LISTSERV®](#)

* Other Info



[DOH Medicaid Update Website](#)

Provides up-to-date changes that may affect your participation in the Medicaid Program.

Private Duty Nursing Resources

PDN Most Recent Communication



Private Duty Nursing Manual



MANUAL CONTENTS

Information for All Providers

 [Policy Guidelines](#)

 [Fee Schedule](#)

 [Procedure Codes](#)

 [Provider Training Videos](#)

 [PDN Slide Deck from September 15, 2020 Webinar](#)

Billing Guidelines

 [Private Duty Nursing Billing Guidelines](#)

 [General Professional Billing Guidelines](#)

 [General Remittance Guidelines](#)

 [Prior Approval Guidelines](#)

 [Prior Approval Business Location Chart](#)

* Featured Links



[Private Duty Nursing Manual Archive](#)



[Private Duty Nursing Provider Communications](#)

MOST RECENT COMMUNICATION

Effective April 1, 2022, the New York State Fee-for-Service (FFS) Medicaid Private Duty Nursing (PDN) Medically Fragile Children's Program transitioned to the Medically Fragile Children and Adult (MFCA) Program - April 15, 2022 (PDF 184KB)

[NYS Department of Health Rules and Regulations, Title 10](#)

[NYS Department of Health Rules and Regulations, Title 18](#)



Sign Up for LISTSERV®

* Other Info



[DOH Medicaid Update Website](#)

Provides up-to-date changes that may affect your participation in the Medicaid Program.

Private Duty Nursing Resources

Self Help

The screenshot displays the eMedNY website interface. At the top left is the eMedNY logo. To its right is a search bar with the text "ENHANCED BY Google" and a magnifying glass icon. Further right are navigation links for "self help", "glossary", and "site map", with a red arrow pointing to "self help". Below the search bar is a horizontal menu 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 main content area features a banner for the "PROVIDER ENROLLMENT PORTAL" with the text "NEW! For Practitioners ONLY" and "ENROLL TODAY!". Below this is a "welcome to eMedNY" message over a cityscape background.

On the right side, there is a sidebar with a yellow warning box: "Are you compliant with NYSDOH EFT Requirement?". Below this are several login buttons: "Login ePACES" (with "ePACES Information" link), "Login eXchange" (with "eXchange Information" link), "Provider Enrollment Portal", "Web Portal" (with "Web Portal Information" link), and "Login PTAR" (with "PTAR Information" link).

Private Duty Nursing Resources

Prior Approval Quick Reference Guides

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](#)



Private Duty Nursing Resources

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](#)



Private Duty Nursing Resources

ePACES - PA/DVS Request 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](#)

Prior Approval – General Information

1
PA REQUIRED

Prior Approval (PA) for all PDN services is required before the start of providing services

2
SUBMITTED BY
ENROLLED PDN

A PA request must be submitted by a Medicaid enrolled PDN or PDN Agency and ordered by a Medicaid enrolled Physician or Nurse Practitioner

3
OBTAIN ALL
PAPERWORK

It is the provider's responsibility to obtain and submit all necessary paperwork

Prior Approval – General Information

4

APPROVAL UP TO
SIX MONTHS

Approval of PDN services will be for a period of up to six months

5

PRIMARY INSURANCE
MUST BE DISCLOSED

Full disclosure of primary insurance must be made to Medicaid. Providers must submit for approval to the primary insurance before requesting PDN hours from Medicaid

6

PA DOES NOT
GUARANTEE PAYMENT

Receipt of prior approval does NOT guarantee payment. Payment is subject to client's eligibility and other guidelines

Prior Approval – General Information

7

PAPER, ePACES
ELECTRONICALLY

Prior Approval for PDN services can be requested on paper, electronically and on ePACES

- 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!



- NEW MEDICARE CARDS**
- MEDICAID MANAGED CARE NETWORK**
- PTAR** click here for more information
- REVALIDATION** click here for more information

Are you compliant with NYSDOH EFT Requirement?

Login ePACES

[ePACES Information](#)

Login eXchange

[eXchange Information](#)

Provider Enrollment Portal

Web Portal

[Web Portal Information](#)

Login PTAR

[PTAR Information](#)

Wage Parity

Electronic Visit Verification (EVV)

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

• *welcome to*

ePACES

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](#)

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

Prior Approval Items

* Indicates required field(s)

Client Information

* Enter a Client ID: AA00000A

Go

Patient Account #:

Name:

Gender:

DOB:

Transaction Type: Dental - DVS

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

Provider Service Address

Address Line 1

Non Dental - Non DVS



Select - **Non Dental – Non DVS** to request a **PA** for PDN



Provider Service Address

Address Line 1:

Address Line 2:

City:

State:



Zip:



Contact Information

Name:

Telephone:

Ext:

E-Mail:

Fax #:

• 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

An Ordering Provider is required on all PDN PA requests

- **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:

GORMAN PC MD -
GORMAN PC MD -
JAMES, VICTOR -
JONES, JON - :
MARCIA SMITH
OSSE-PROPHETE, GINA
RUFAI OLUSANYA ALABA MD -
SMITH, BARNEY - ←



OR

- **Enter a New Non-Medicaid Provider**

* NPI #:



- **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 #:



• **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**

Last Name: SMITH

First Name: BARNEY

Middle Initial:

NPI #: 1234567890

State License #

Provider Type: 046 PHYSICIAN

Contact Information:

234 Broadway

Anytown, NY 12345

Phone:



- **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 #:



- **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 #:



• 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

Select	Name	License No.	Provider Type	Contact Info
<input type="radio"/>	GORMAN PC MD		046 PHYSICIAN	1234 Main Street Anytown, NY 12345

▶ Select Provider

▶ Change Provider

▶ Add Non-Medicaid Provider

• **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**

Last Name: GORMAN PC MD

First Name:

Middle Initial:

NPI #: 2345678901

Provider Type: 046 PHYSICIAN

Contact Information: 1234 Main Street
Anytown, NY 12345

Phone:



- **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 #:



• 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

• **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**

Last Name: JAMES

First Name: VICTOR

Middle Initial:

NPI #: 0123456789

State License #:

Provider Type: 046 PHYSICIAN

Contact Information: 12 Main Street
Anytown, NY 12345

Phone:

 Change Provider

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:  Release Of Information: 

Accident Date: 

Onset Date: 

Admission Date: 

Related Causes

Related Causes:

- 67 - Smoking Cessation
- 68 - Well Baby Care
- 69 - Maternity
- 70 - Transplants
- 71 - Audiology Exam
- 72 - Inhalation Therapy
- 73 - Diagnostic Medical
- 74 - Private Duty Nursing**
- 75 - Prosthetic Device
- 76 - Dialysis
- 77 - Otological Exam
- 78 - Chemotherapy
- 79 - Allergy Testing
- 80 - Immunizations
- 82 - Family Planning

Accident Location: NY US

Diagnosis


Primary:

Secondary:

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:  

Diagnosis

Primary:

Secondary:

Event Information

* Facility Type: Professional/Dental (UB) Institutional

* Service Type: Release Of Information:

Accident Date: Service Date: From: To:

Onset Date: Discharge Date:

Admission Date:

Related Causes Information

Related Causes:

Employment

Another Party Responsible


Auto Accident

Accident Location:


Diagnosis

Primary: Secondary:

Private Duty Nursing (PDN) providers should not enter any information in these fields.

 **Pattern of Delivery**













 **Home Oxygen Therapy**



 **Home Health Care**



• 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

<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 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: <input type="text"/>  To: <input type="text"/> 	<input type="text"/> <input type="text"/>	<input type="text"/> UN-Unit <input type="text"/>	\$ <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"/>	\$ <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"/>	\$ <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"/>	\$ <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"/>	\$ <input type="text"/>		

 Add More PA Items

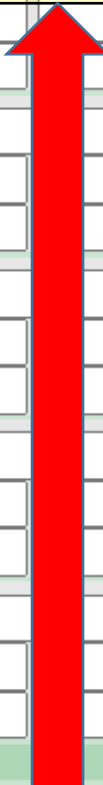
 Previous

 Submit

 Clear

* 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"/> UN-Unit <input type="text"/>	\$ <input type="text"/>		
2	From: <input type="text"/> To: <input type="text"/>	<input type="text"/>	<input type="text"/> UN-Unit <input type="text"/>	\$ <input type="text"/>		
3	From: <input type="text"/> To: <input type="text"/>	<input type="text"/>	<input type="text"/> UN-Unit <input type="text"/>	\$ <input type="text"/>		
4	From: <input type="text"/> To: <input type="text"/>	<input type="text"/>	<input type="text"/> UN-Unit <input type="text"/>	\$ <input type="text"/>		
5	From: <input type="text"/> To: <input type="text"/>	<input type="text"/>	<input type="text"/> UN-Unit <input type="text"/>	\$ <input type="text"/>		



Add More PA Items

Previous

Procedure Code:
S9123 – RN
S9124 – LPN

Submit

Clear

* 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"/> UN-Unit <input type="text"/>	\$ <input type="text"/>		
2	From: <input type="text"/> To: <input type="text"/>	<input type="text"/>	<input type="text"/> UN-Unit <input type="text"/>	\$ <input type="text"/>		
3	From: <input type="text"/> To: <input type="text"/>	<input type="text"/>	<input type="text"/> UN-Unit <input type="text"/>	\$ <input type="text"/>		
4	From: <input type="text"/> To: <input type="text"/>	<input type="text"/>	<input type="text"/> UN-Unit <input type="text"/>	\$ <input type="text"/>		
5	From: <input type="text"/> To: <input type="text"/>	<input type="text"/>	<input type="text"/> UN-Unit <input type="text"/>	\$ <input type="text"/>		



Add More PA Items

Previous


























Sample Modifier – TT

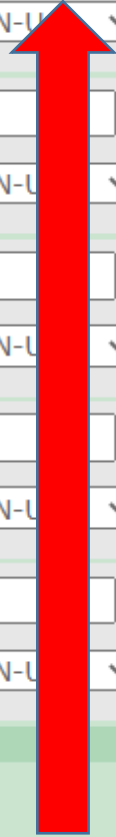
Individualized PDN care provided to more than one patient in the same setting

Submit

Clear

* 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-U 	\$ <input type="text"/>		
2	From: <input type="text"/>  To: <input type="text"/> 	<input type="text"/> <input type="text"/>	<input type="text"/> UN-U 	\$ <input type="text"/>		
3	From: <input type="text"/>  To: <input type="text"/> 	<input type="text"/> <input type="text"/>	<input type="text"/> UN-U 	\$ <input type="text"/>		
4	From: <input type="text"/>  To: <input type="text"/> 	<input type="text"/> <input type="text"/>	<input type="text"/> UN-U 	\$ <input type="text"/>		
5	From: <input type="text"/>  To: <input type="text"/> 	<input type="text"/> <input type="text"/>	<input type="text"/> UN-U 	\$ <input type="text"/>		



Total number of hours





















 Add More PA Items

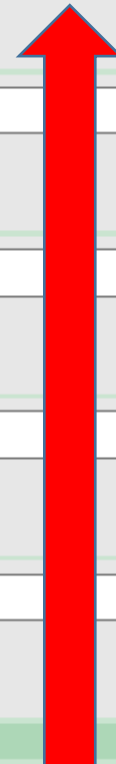
 Previous

 Submit

 Clear

* 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"/>	\$ <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"/>	\$ <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"/>	\$ <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"/>	\$ <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"/>	\$ <input type="text"/>		



Add More PA Items

Previous

Total dollar amount

Refer to PDN Fee Schedule

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](#)
- [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](#)

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](#)

Required Documents – Image Upload Option


•• Prior Approval Activity Worklist

Search Criteria


Requested within the last days

Client Last Name:

Client ID:

Service Type: 

Review Identification #:


Date Sent: (mm/dd/yyyy) 

Action:

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	5/2/2022 3:35:42 PM	74	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
ASMITH	12345678901.pdf	ASMITH.12345678901.pdf	May 2 2022 3:30PM	2-Uploaded	5-278 APPR	PH- PHC

Required Documents – Paper Option

The screenshot displays the eMedNY website interface. At the top, a navigation bar includes links for 'What's New', 'Information', 'Provider Enrollment', 'Provider Manuals', 'Provider Outreach and Training', 'Contacts', 'eMedNY HIPAA Support', 'eMedNY Tools Center', and 'PTAR'. The 'Information' menu is expanded, showing options like 'eMedNY Paper Forms', 'Formulary File', 'Enrolled Practitioners SEARCH (including OPRA)', 'Timely Billing Information', 'Utilization Threshold Program', 'ICD-10', and 'New Medicare Cards'. A red arrow points to the 'eMedNY Paper Forms' option. Below the menu, the 'eMedNY Paper Forms' section is highlighted with a yellow box. It contains a list of links: 'Claim Form A', 'eMedNY 150003', 'Pharmacy Claim Form', and 'NUBC UB-04'. To the right, a 'USERS' section lists 'Dental, Transportation', 'Fee for Service', 'Pharmacy', and 'Rate Based'. Below this, the 'Prior Authorization Forms' section is highlighted with a yellow box, listing various forms such as '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', and 'Provider Fax Coversheet Instructions'. The 'Electronic Attachment Scanning Form and Instructions' section is also highlighted with a yellow box, listing 'Electronic Attachment Scanning Form' and 'Electronic Attachment Scanning Form Instructions'.

Information

- [eMedNY Paper Forms](#)
- [Formulary File](#)
- [Enrolled Practitioners SEARCH \(including OPRA\)](#)
- [Timely Billing Information](#)
- [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](#)

Fax Cover Sheet



PROVIDER FAX COVER SHEET

Date: _____

TO: 1-800-210-7442 (Fax)
eMedNY Operations Claims Processing

FROM: _____ (Fax)
_____ (Phone)
_____ (Contact Name)

(Provider Name)

(Provider MA ID #)

(Address)

Check One: Return Information Routing Sheet
 Prior Approval Change Request Form
 Electronic Transaction Attachment Scanning Sheet

Number Pages (Including this Cover Sheet and Sheet/Form checked above): _____

Message: _____

Confidentiality Notice: The documents accompanying this FACSIMILE transmission may contain confidential information which is legally privileged. The information is intended only for the use of the eMedNY contractor to the New York State Department of Health within the eMedNY system. If you are not the intended recipient or the person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of any of the information contained in the transmission is hereby PROHIBITED. If you have received this transmission in error, please immediately notify us at the telephone number above, and mail the original transmission back to us. Thank you.

Electronic Transaction Attachment Scanning Sheet

Electronic Transaction Attachment Scanning Sheet

You must complete and attach this sheet to each document to be scanned.
Enter the requested information below to have the scanned document properly filed in the eMedNY Image Repository.

01	2	PA NUMBER	ATTACHMENT NUMBER	T
PROVIDER NUMBER	CLIENT ID			

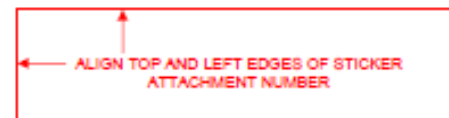
Date of Request: PA Review Office Code:

Forward this form and the attached document to Data Management at:

eMedNY
P.O. BOX 4600
Rensselaer, NY 12144
or Fax to: 1-800-210-7442

DO NOT WRITE BELOW THIS LINE. FOR INTERNAL USE ONLY

ATTACHMENT STICKER:



- OVERSIZED X-Ray/Film
- TYPE OF ATTACHMENT: Oversized Paper
- Mold
- Other

Change Provider: **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](#)

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
AA00000A	SMITH, JOAN	5/2/2022 3:35:42 PM	74			A3	Not Certified, 25-Services were not considered due to other errors in the request.	
AA00000A	SMITH, JOAN	5/2/2022 3:35:42 PM	74	12345678901		A1	Certified in total	

• **Client Information**

• Client ID: AA00000A
Patient Account #:
Name: SMITH JOAN
Gender: F
DOB:

• Transaction Type: Non Dental - Non
DVS

Response

Action Code: **A3-Not Certified, 25-Services were not considered due to other errors in the request.**

Review
ID
Number:

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
AA00000A	SMITH, JOAN	5/2/2022 3:35:42 PM	74			A3	Not Certified, 25-Services were not considered due to other errors in the request.	
AA00000A	SMITH, JOAN	5/2/2022 3:35:42 PM	74	12345678901		A1	Certified in total	

Client Information

Client ID: AA00000A
Patient Account #:
Name: SMITH JOAN
Gender: F
DOB:

Transaction Type: Non Dental - Non DVS

Response

Action Code: A1-Certified in total

Issue Date: 05/02/2022

Effective Date: 05/02/2022

PA number for claim



Review ID Number:
12345678901
Expiration Date:
11/01/2022

Important Reminders

- 1) Prior Approval (PA) for all PDN services is required before the start of providing services
- 2) A PA request must be submitted by a Medicaid enrolled PDN or PDN Agency and ordered by a Medicaid enrolled Physician or Nurse Practitioner
- 3) It is the provider's responsibility to obtain and submit all necessary paperwork
- 4) Approval of PDN services will be for a period of up to six months

Important Reminders

- 5) Full disclosure of primary insurance must be made to Medicaid. Providers must submit for approval to the primary insurance before requesting PDN hours from Medicaid
- 6) Receipt of prior approval does NOT guarantee payment. Payment is subject to client's eligibility and other guidelines
- 7) Prior Approval for PDN services can be requested on paper, electronically and on ePACES

Reference and Contact Information

- 1) eMedNY Website
 - www.emedny.org
- 2) Private Duty Nursing Manual
 - www.emedny.org/ProviderManuals/NursingServices/index.aspx
- 3) ePACES Reference Sheets
 - www.emedny.org/selfhelp/ePACES/ePACESRefSheets.html
- 4) eMedNY Call Center
 - 800-343-9000



Conclusion

ePACES Prior Approvals: Private Duty Nursing



Conclusion

ePACES Prior Approvals: Private Duty Nursing



www.emedny.org