eMedNY

Training Video

For NYS Medicaid Providers

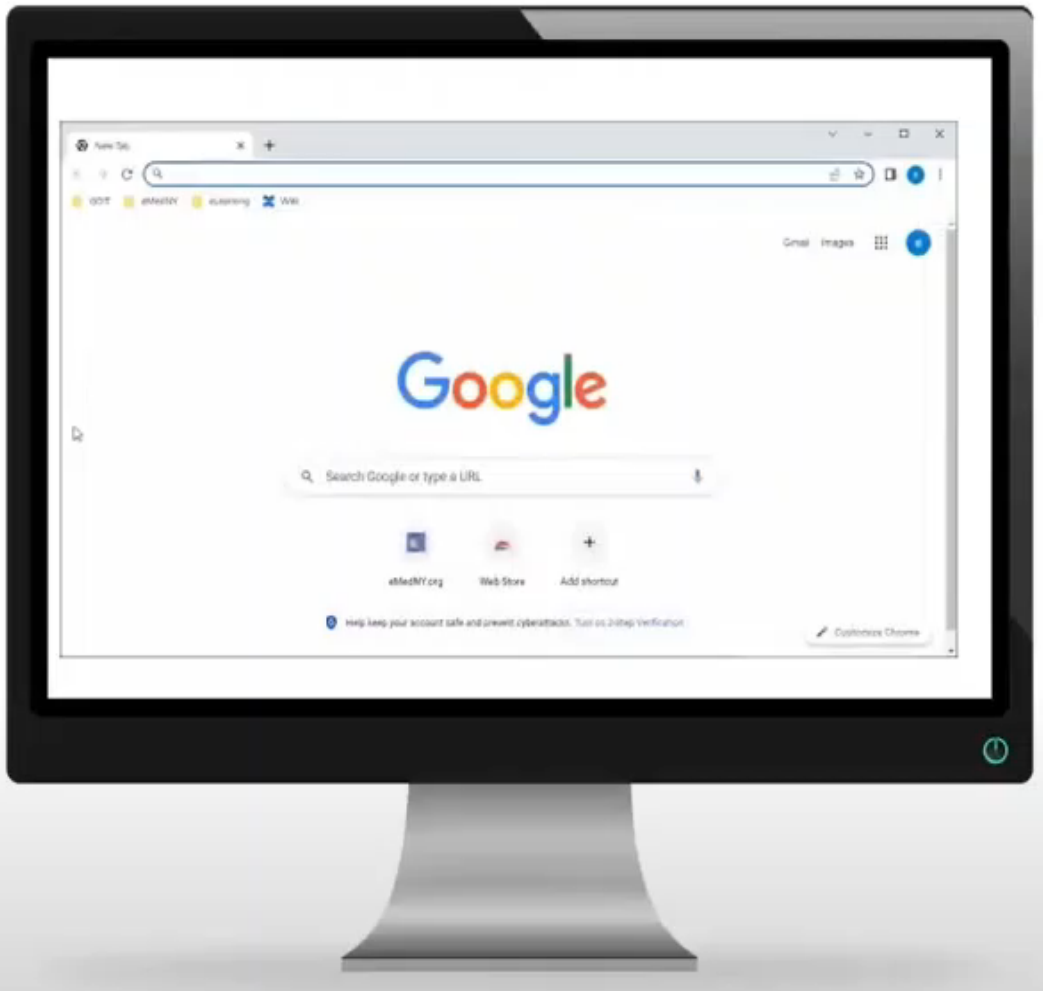
Prior Approval

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


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

Private Duty Nursing Resources

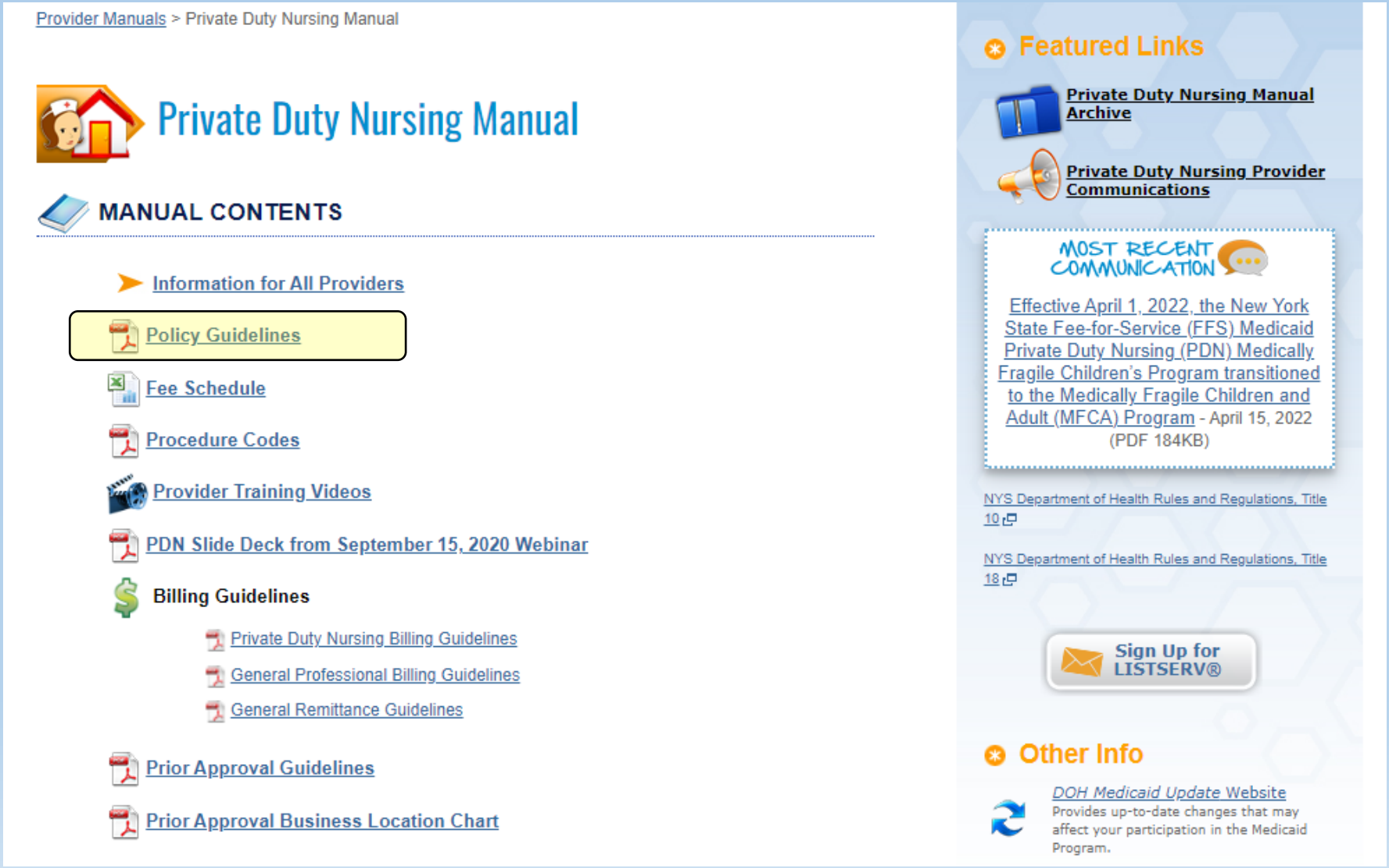
PDN Provider Manual

Private Duty Nursing Resources

PDN Provider Manual

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

NEW YORK STATE OF OPPORTUNITY. Department of Health

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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.

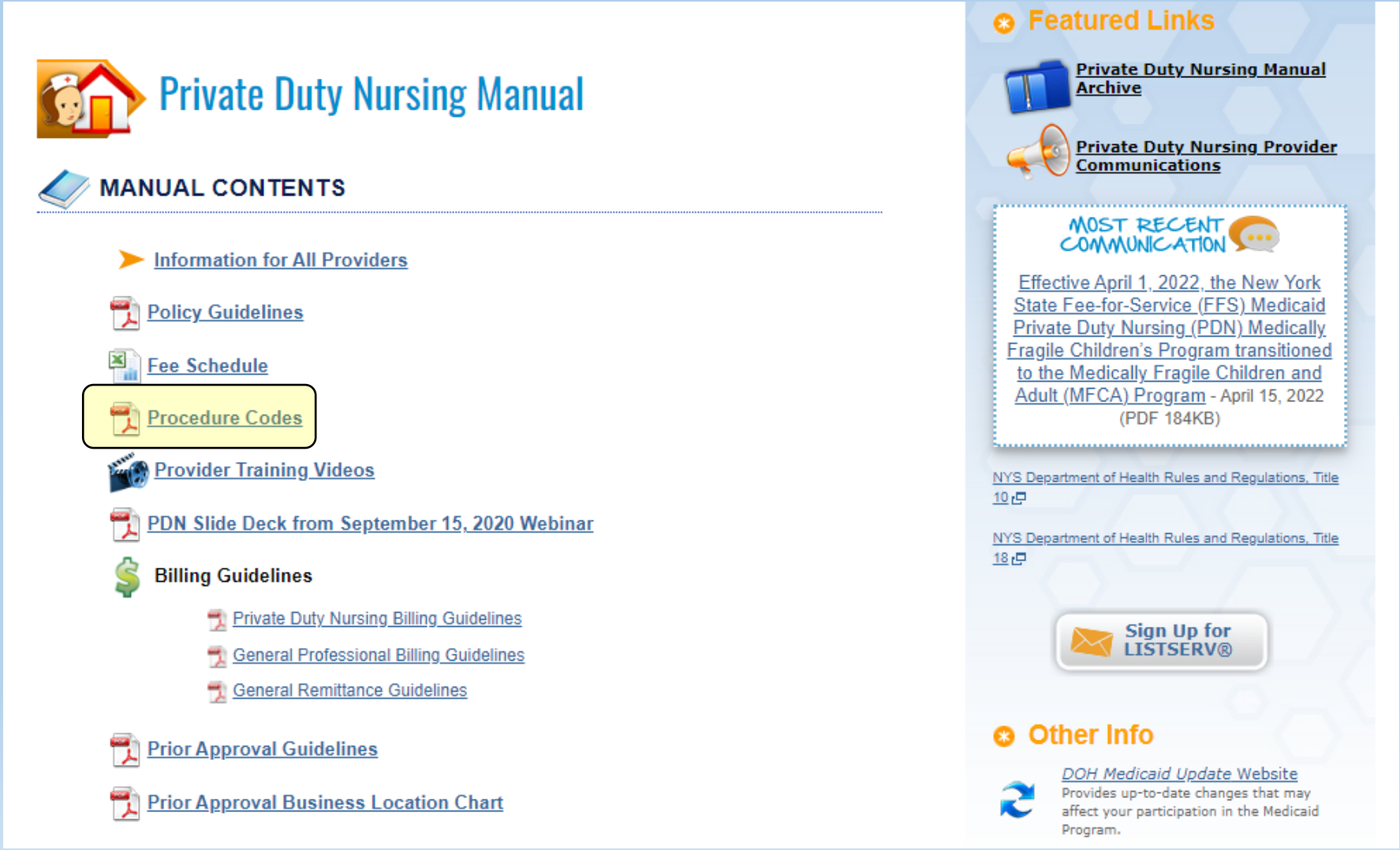
Information Required	New Cases	Every 6 Months	Every 12 Months
Physician's Order for Nursing Services, including: - RN or LPN level of care - Statement justifying RN level of care (annually, if applicable) - Number of PDN hours requested (per day or per week) and distribution of hours (daytime, nighttime, flexible use hours) See section 6.8 for more information	✓	✓	✓
Physician Plan of Care/Skilled Nursing Tasks: - 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

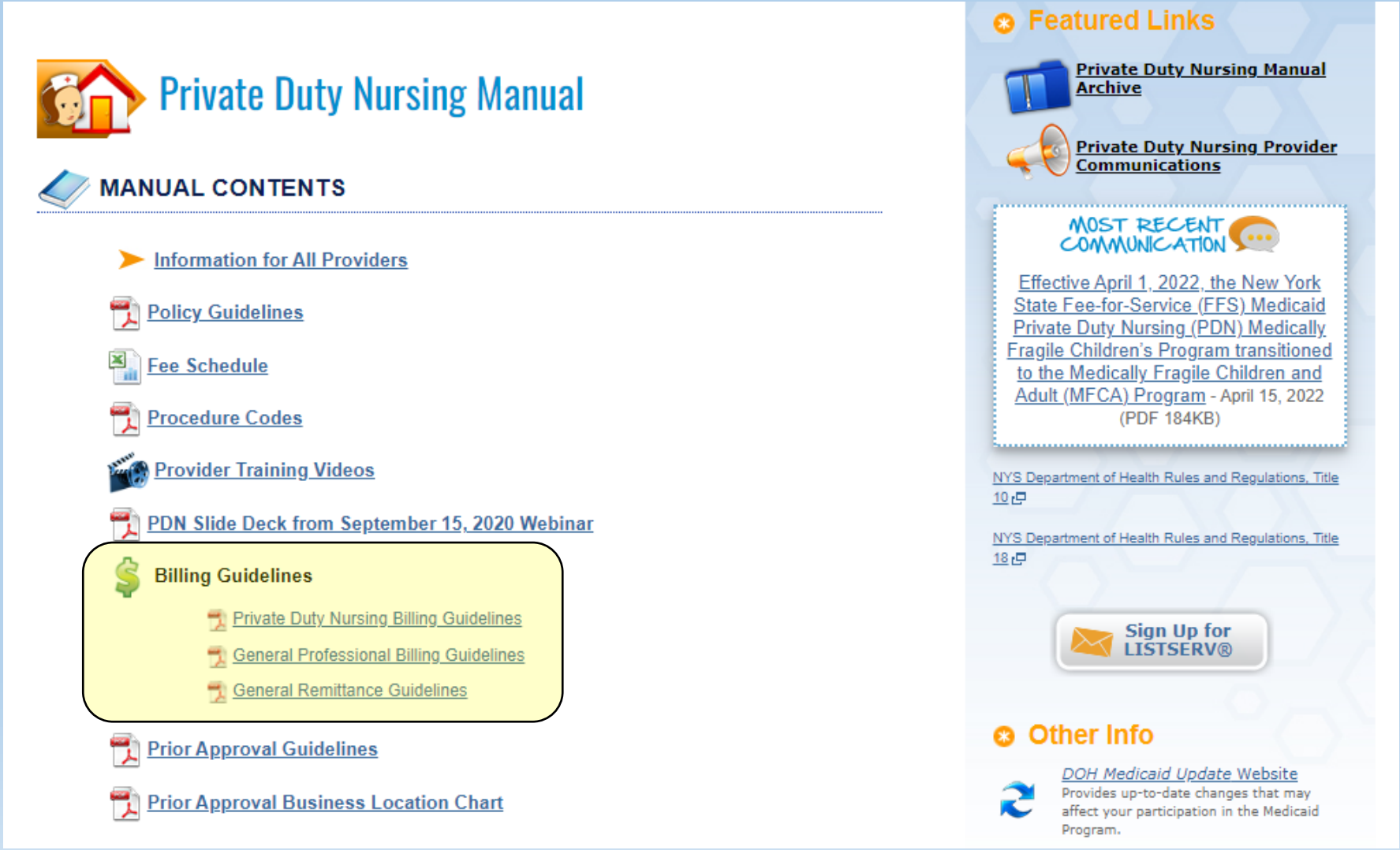
Private Duty Nursing Resources

PDN Procedure Codes



Private Duty Nursing Resources

PDN Billing Guidelines



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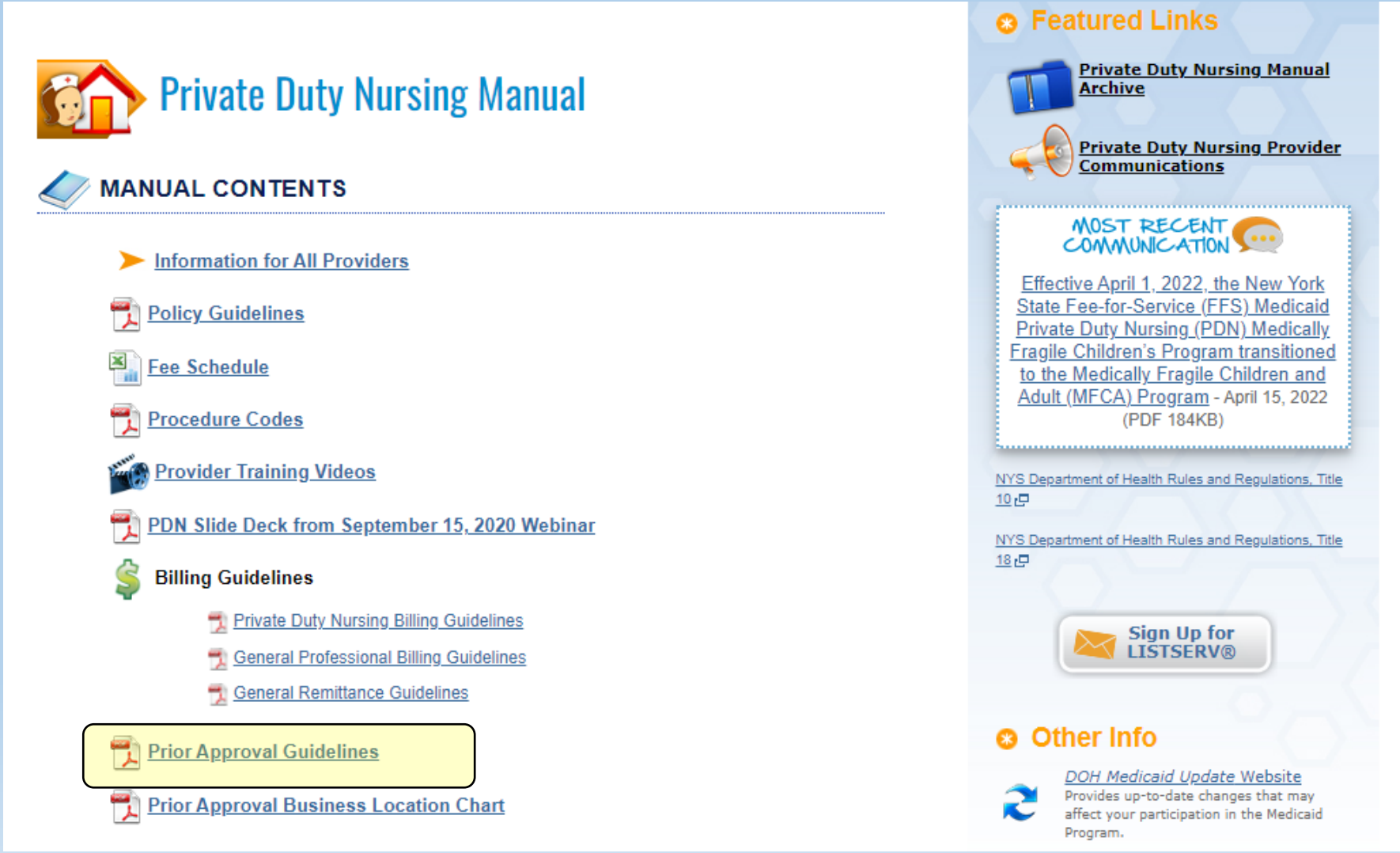
PDN Prior Approval Guidelines



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Private Duty Nursing Resources

PDN Most Recent Communication

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Private Duty Nursing Resources

Self Help

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

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- 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

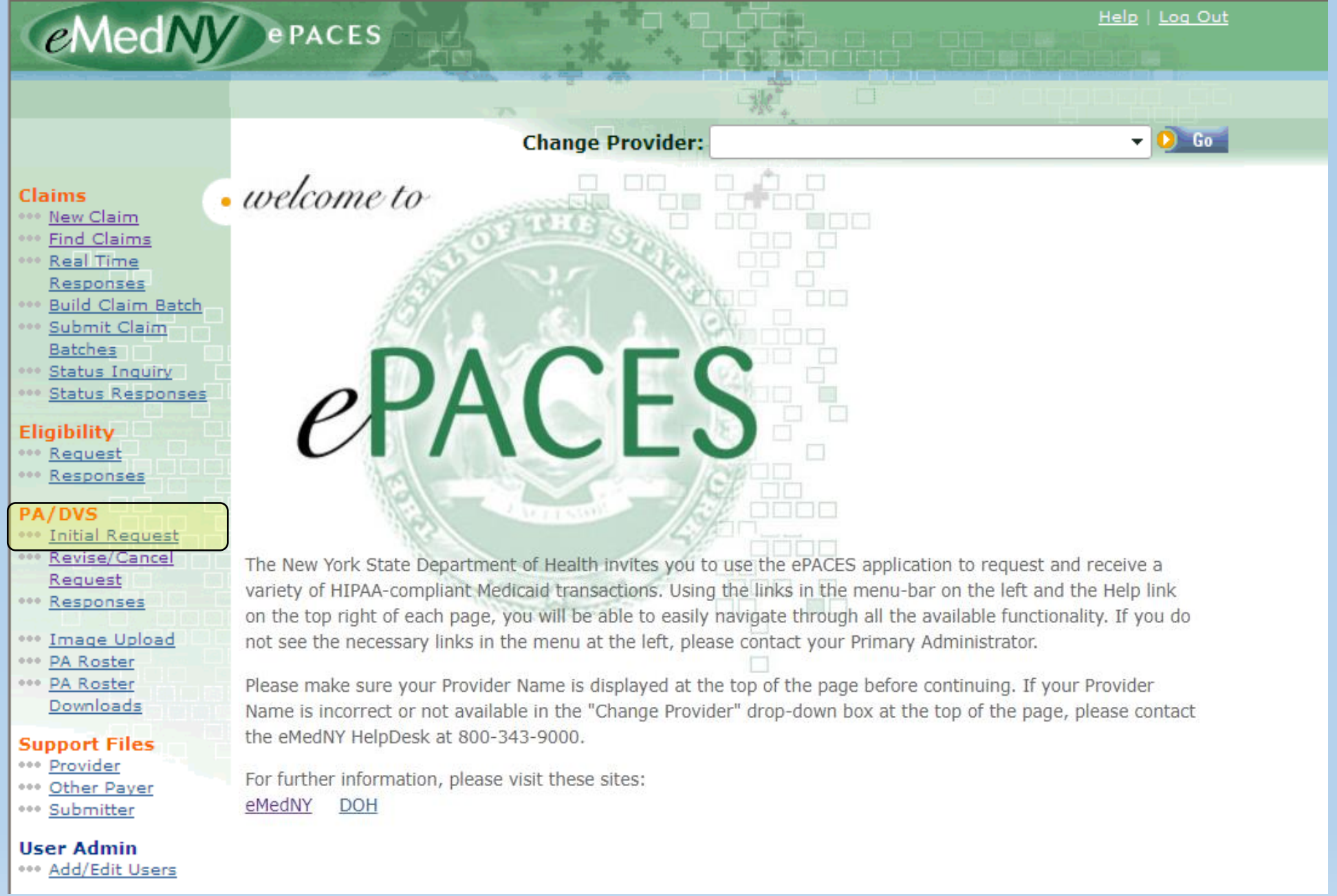
7

PAPER, ePACES ELECTRONICALLY

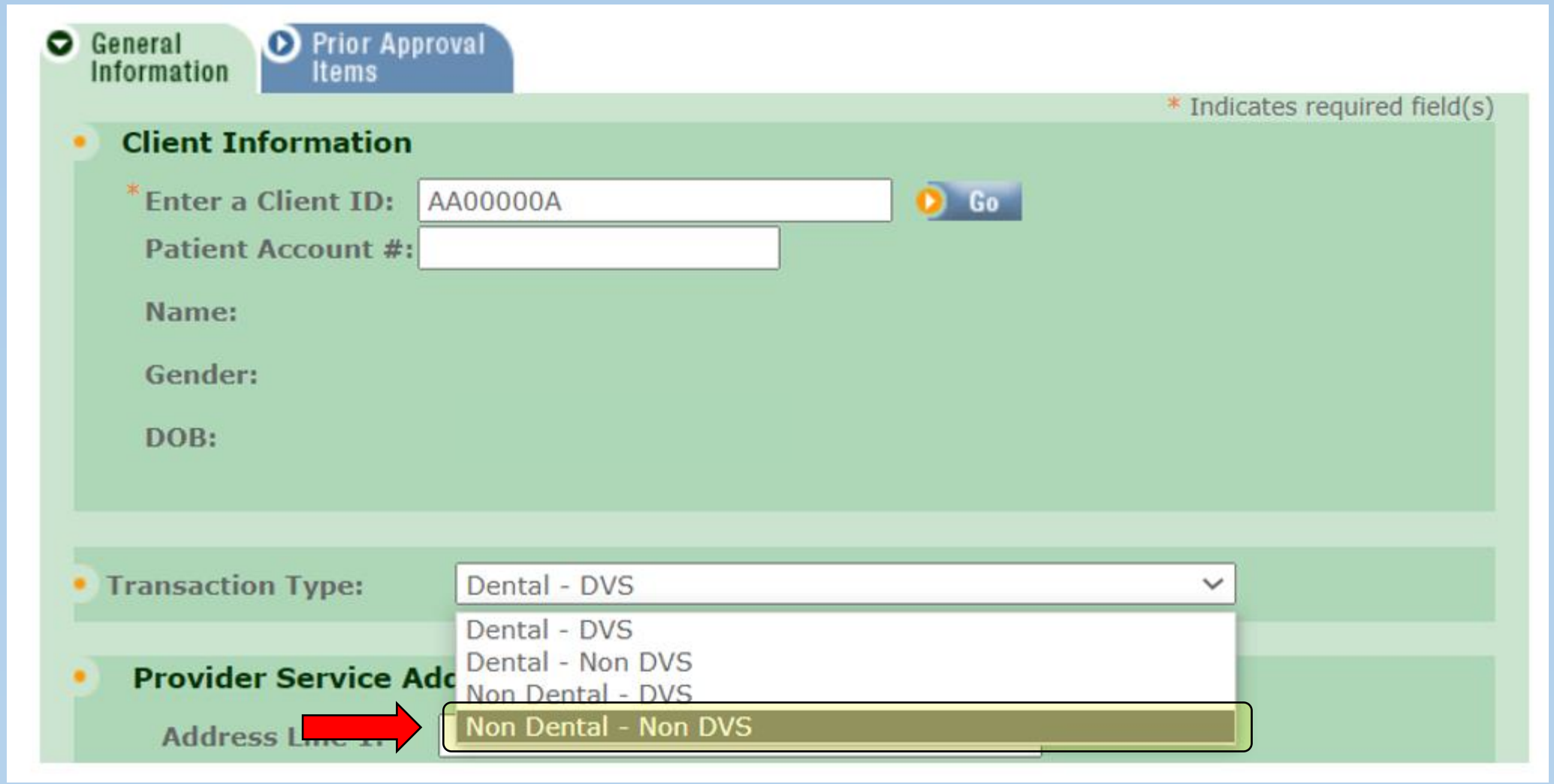
Prior Approval for PDN services can be requested on paper, electronically and on ePACES

NOTE: Access to ePACES requires enrollment
Please contact the eMedNY Call Center at 800-343-9000 to enroll in 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


eMedNY ePACES
Help | Log Out
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:
AA00000A
Go
Clear



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

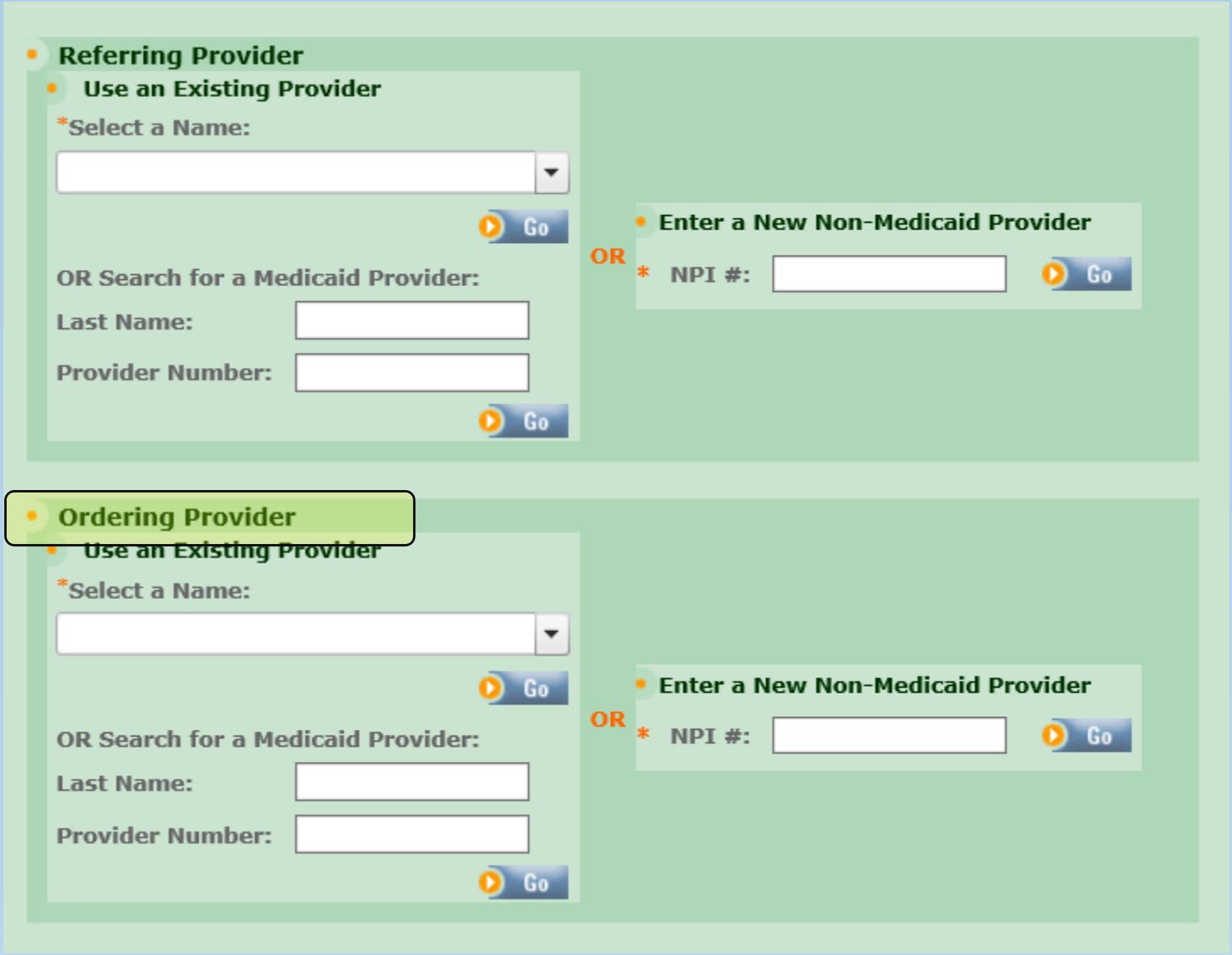
Name:

Telephone:

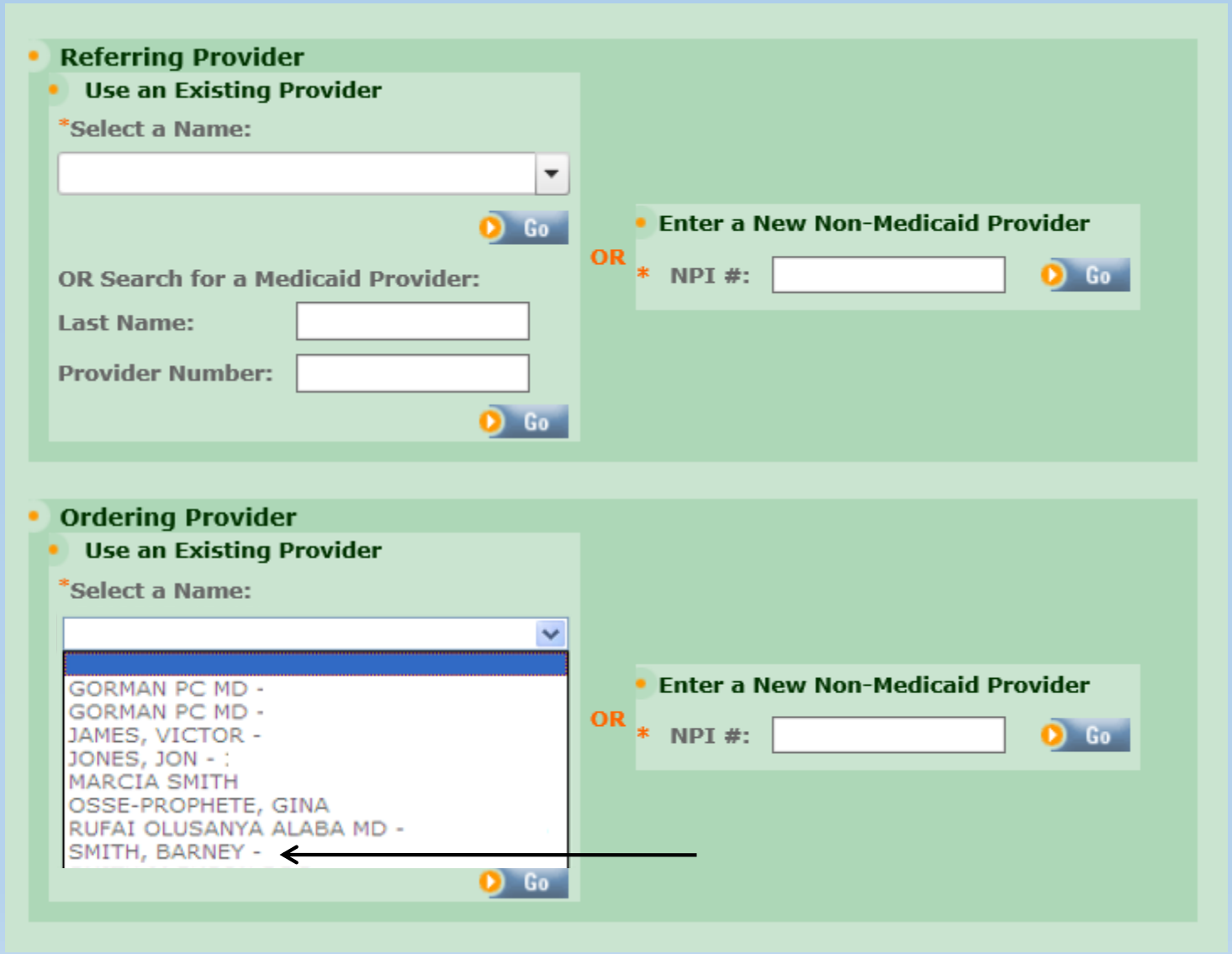
Ext:

E-Mail:

Fax #:



An Ordering Provider is required on all PDN PA 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:
GORMAN PC MD -
GORMAN PC MD -
JAMES, VICTOR -
JONES, JON - :
MARCIA SMITH
OSSE-PROPHETE, GINA
RUFAI OLUSANYA ALABA MD -
SMITH, BARNEY -
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

Use an Existing Provider

*Select a Name:

SMITH, BARNEY

Go

OR Search for a Medicaid Provider:

Last Name:

Provider Number:

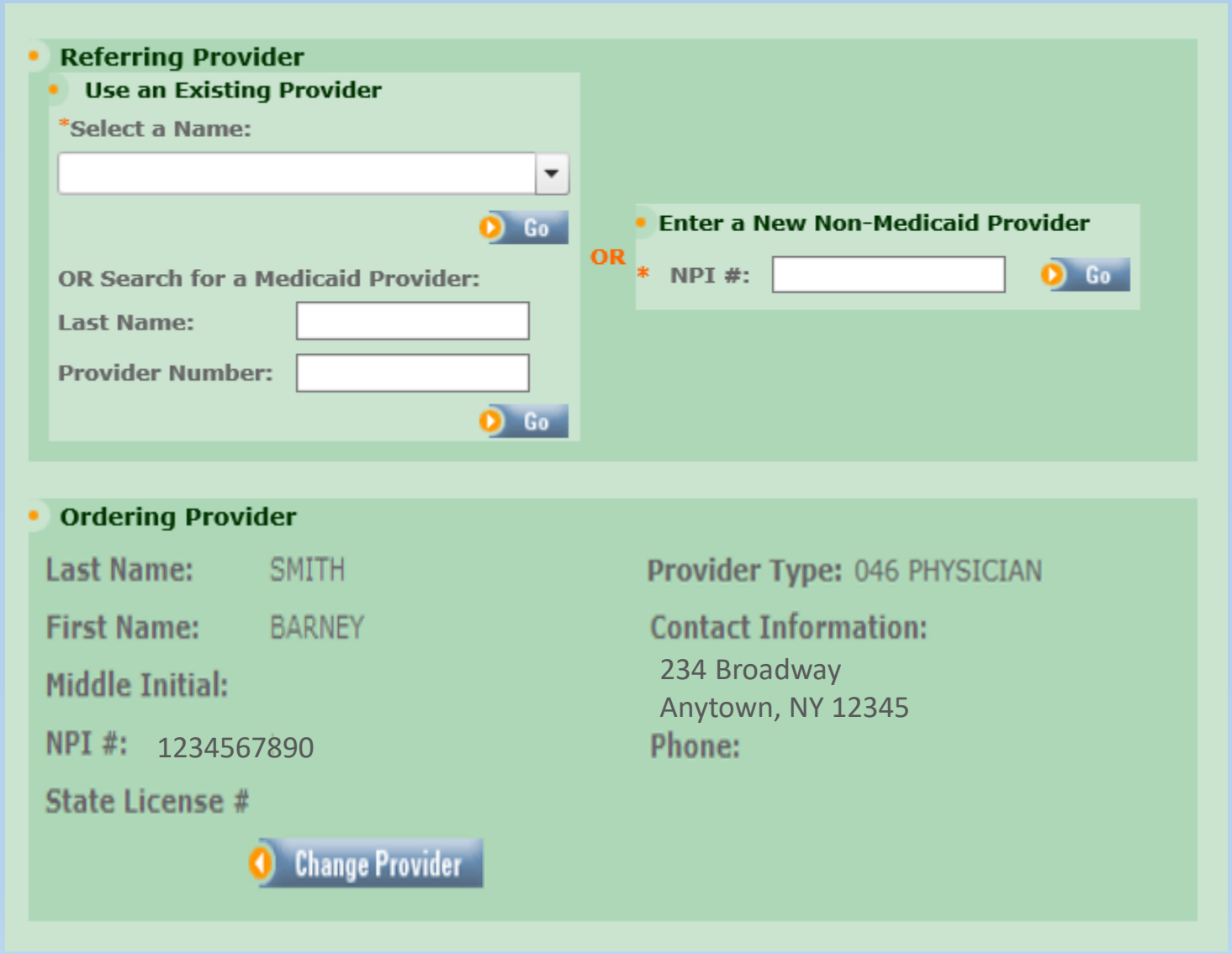
Go

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: SMITH
First Name: BARNEY
Middle Initial:
NPI #: 1234567890
State License #
Provider Type: 046 PHYSICIAN
Contact Information:
234 Broadway
Anytown, NY 12345
Phone:
Change Provider

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

Use an Existing Provider

*Select a Name:

Go

OR Search for a Medicaid Provider:

Last Name: Gorman

Provider Number:

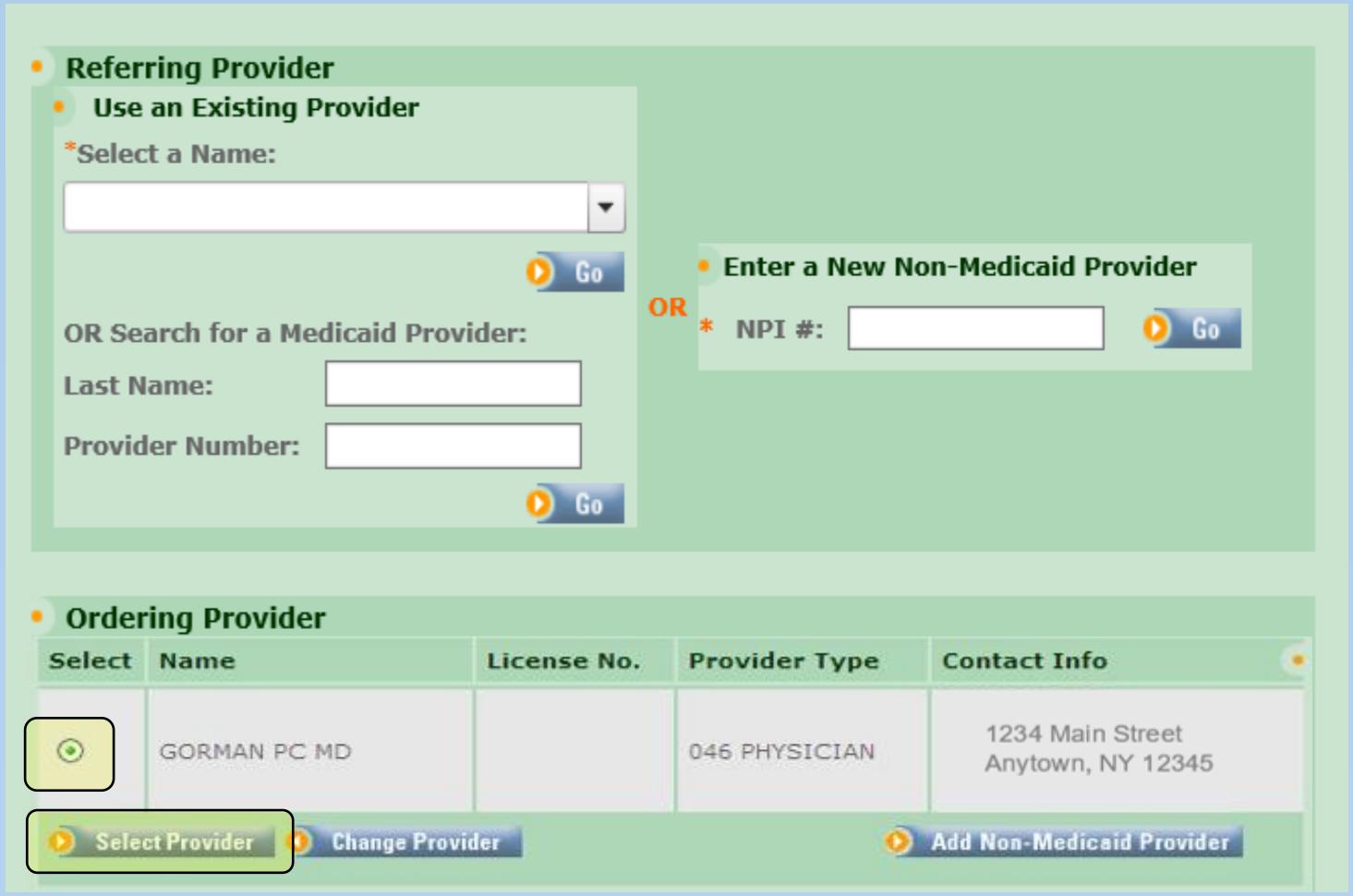
Go

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
Select
Name
License No.
Provider Type
Contact Info
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:

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: GORMAN PC MD

First Name:

Middle Initial:

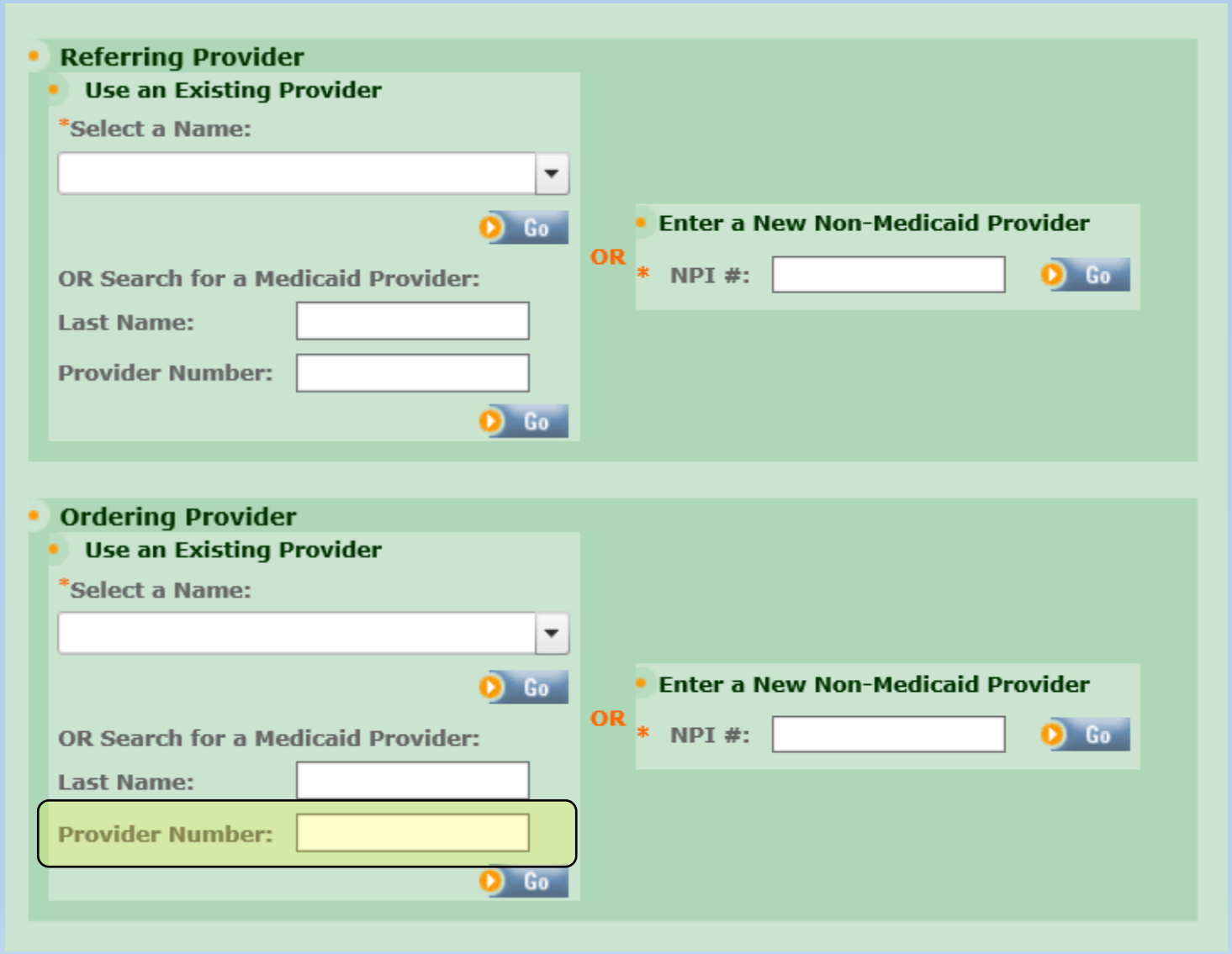
NPI #: 2345678901

Provider Type: 046 PHYSICIAN

Contact Information: 1234 Main Street
Anytown, NY 12345

Phone:

Change Provider


Referring Provider
Use an Existing Provider
*Select a Name:
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OR Search for a Medicaid Provider:
Last Name:
Provider Number:
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OR
Enter a New Non-Medicaid Provider
* NPI #:
Go
Ordering Provider
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OR Search for a Medicaid Provider:
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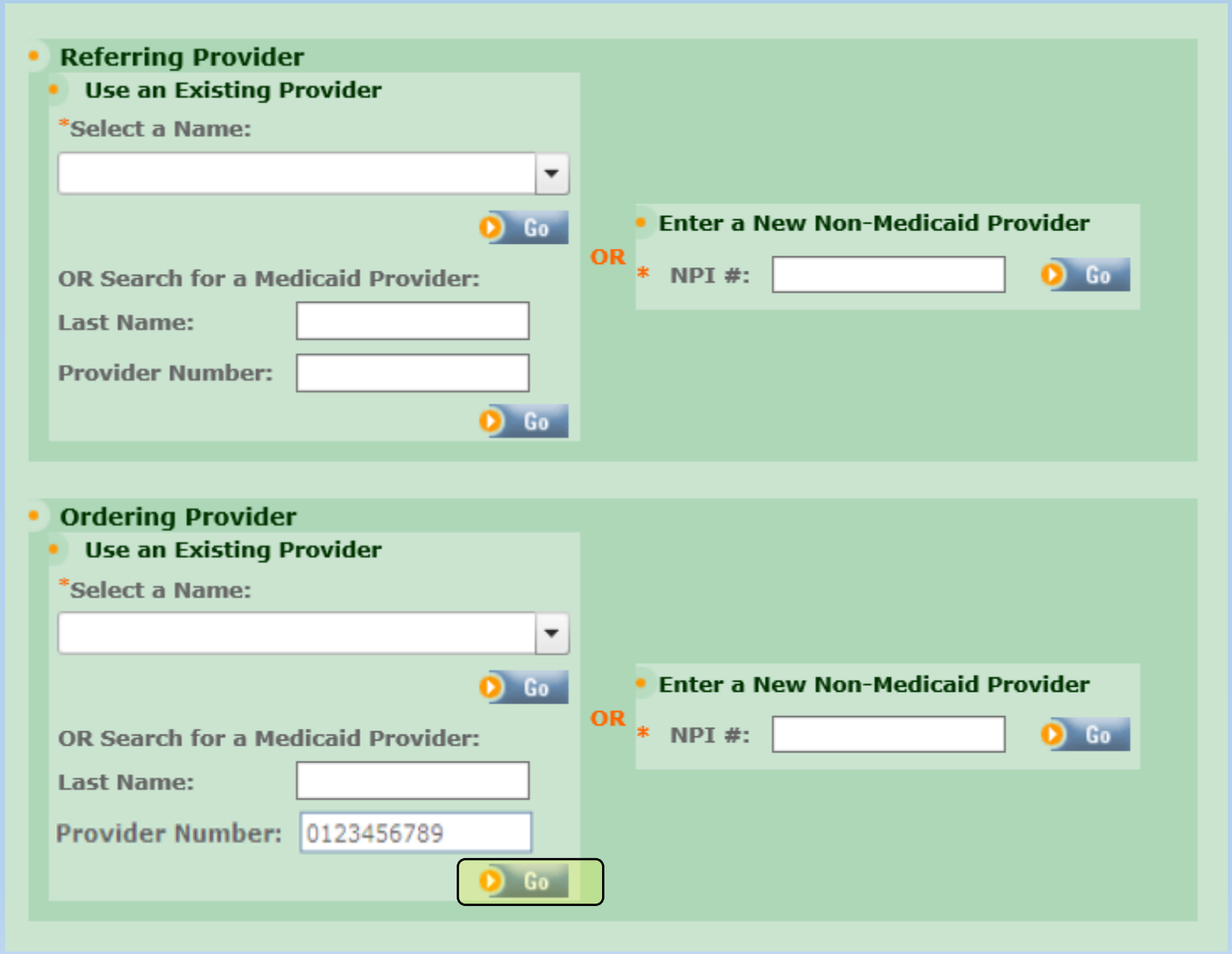
Provider Number:
Go
OR
Enter a New Non-Medicaid Provider
* NPI #:
Go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Use an Existing Provider
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Go
OR Search for a Medicaid Provider:
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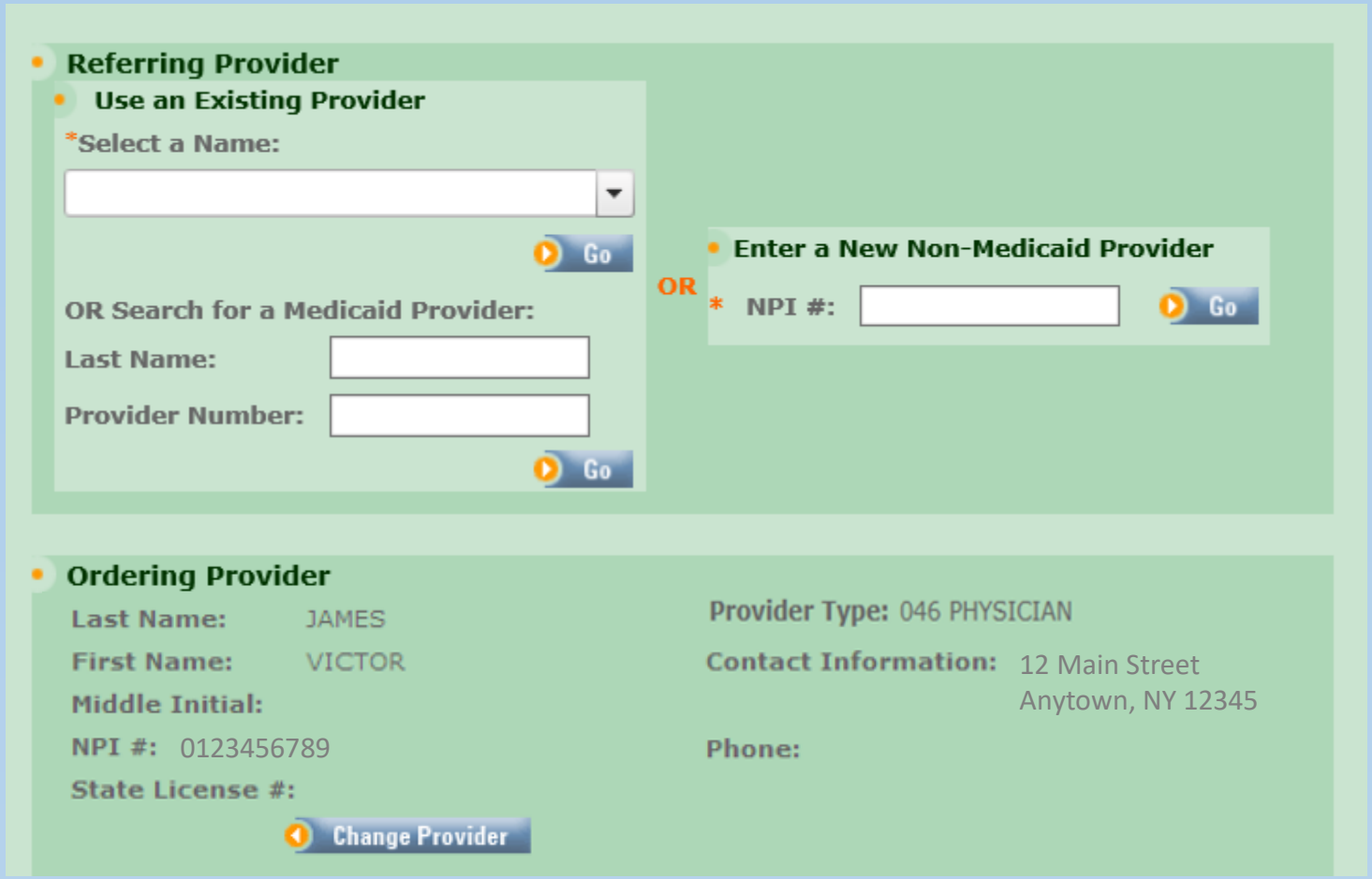
Provider Number:
Go
OR
Enter a New Non-Medicaid Provider
* NPI #:
Go
Ordering Provider
Use an Existing Provider
*Select a Name:
Go
OR Search for a Medicaid Provider:
Last Name:
Provider Number:
0123456789
Go
OR
Enter a New Non-Medicaid Provider
* NPI #:
Go


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 #:
Change Provider
Provider Type: 046 PHYSICIAN
Contact Information: 12 Main Street
Anytown, NY 12345
Phone:

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

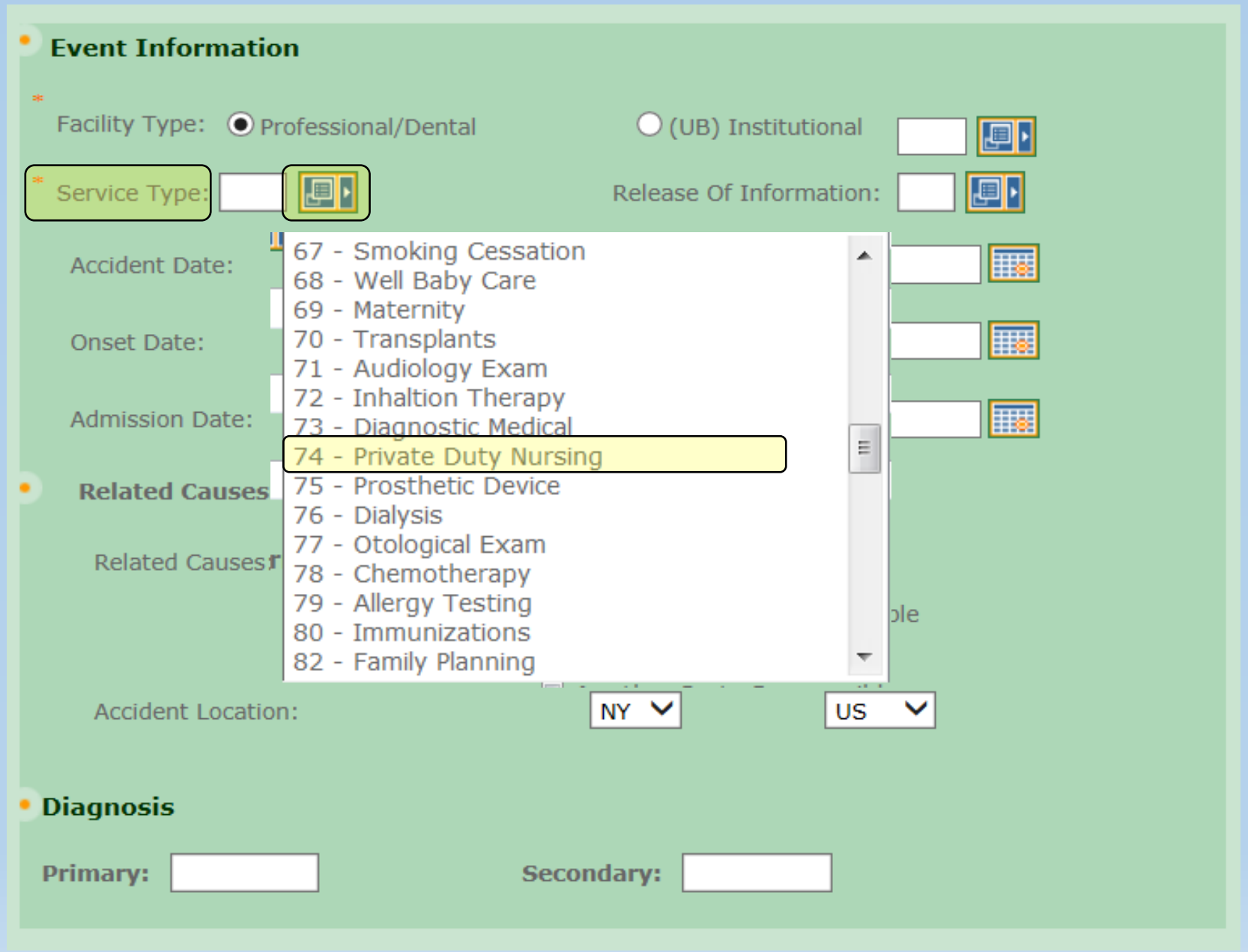
Related Causes:

- [ ] Employment
- [ ] Another Party Responsible
- [ ] Auto Accident

Accident Location: NY US

Diagnosis

Primary: **Secondary:**


Event Information
Facility Type:
Professional/Dental
(UB) Institutional
Service Type:
Release Of Information:
Accident Date:
Onset Date:
Admission Date:
67 - Smoking Cessation
68 - Well Baby Care
69 - Maternity
70 - Transplants
71 - Audiology Exam
72 - Inhaltion 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
Related Causes
Related Causes
Accident Location:
NY
US
Diagnosis
Primary:
Secondary:

Event Information

Facility Type: (•) Professional/Dental ( ) (UB) Institutional

Service Type:

Release Of Information:

M - The Provider has Limited or Restricted Ability to Release Data
Y - Yes, Provider has a Signed Statement Permitting Release of Medica

Accident Date:

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:**

Event Information

Facility Type: (•) Professional/Dental ( ) (UB) Institutional

Service Type:

Release Of Information:

Accident Date:

Onset Date:

Admission Date:

Service Date: From:

To:

Discharge Date:

Related Causes Information

Related Causes:

- [ ] Employment
- [ ] Another Party Responsible
- [ ] Auto Accident

Accident Location: NY US

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

Enter More Attachments...

Certification Category	Condition Codes				

Enter More Certification Information...

Comments

Next

General Information | Prior Approval Items

* Indicates required field(s)

Line	Service Dates	*NDC/Proc & Modifiers	Unit Count Basis Meas.	Line Amount	More Details	Remove
1	From: To:		UN-Unit	$		
2	From: To:		UN-Unit	$		
3	From: To:		UN-Unit	$		
4	From: To:		UN-Unit	$		
5	From: To:		UN-Unit	$		

Add More PA Items

Previous

Submit Clear

General Information | Prior Approval Items

* Indicates required field(s)

Line	Service Dates	*NDC/Proc & Modifiers	Unit Count Basis Meas.	Line Amount	More Details	Remove
1	From: To:		UN-Unit	$		
2	From: To:		UN-Unit	$		
3	From: To:		UN-Unit	$		
4	From: To:		UN-Unit	$		
5	From: To:		UN-Unit	$		

Add More PA Items

Previous

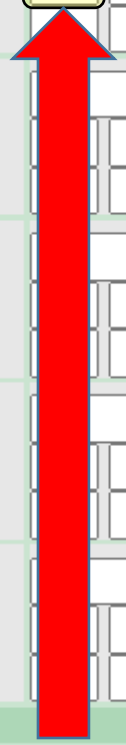
Procedure Code:
S9123 – RN
S9124 – LPN

Submit Clear

General Information | Prior Approval Items

* Indicates required field(s)

Line	Service Dates	*NDC/Proc & Modifiers	Unit Count Basis Meas.	Line Amount	More Details	Remove
1	From: To:		UN-Unit	$		
2	From: To:		UN-Unit	$		
3	From: To:		UN-Unit	$		
4	From: To:		UN-Unit	$		
5	From: To:		UN-Unit	$		



Add More PA Items

Previous

Sample Modifier – TT

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

Submit Clear

General Information | Prior Approval Items

* Indicates required field(s)

Line	Service Dates	*NDC/Proc & Modifiers	Unit Count Basis Meas.	Line Amount	More Details	Remove
1	From: To:		UN-U	$		
2	From: To:		UN-U	$		
3	From: To:		UN-U	$		
4	From: To:		UN-U	$		
5	From: To:		UN-U	$		

Add More PA Items

Previous

Total number of hours

Submit Clear

General Information | Prior Approval Items

* Indicates required field(s)

Line	Service Dates	*NDC/Proc & Modifiers	Unit Count Basis Meas.	Line Amount	More Details	Remove
1	From: To:		UN-Unit	$		
2	From: To:		UN-Unit	$		
3	From: To:		UN-Unit	$		
4	From: To:		UN-Unit	$		
5	From: To:		UN-Unit	$		

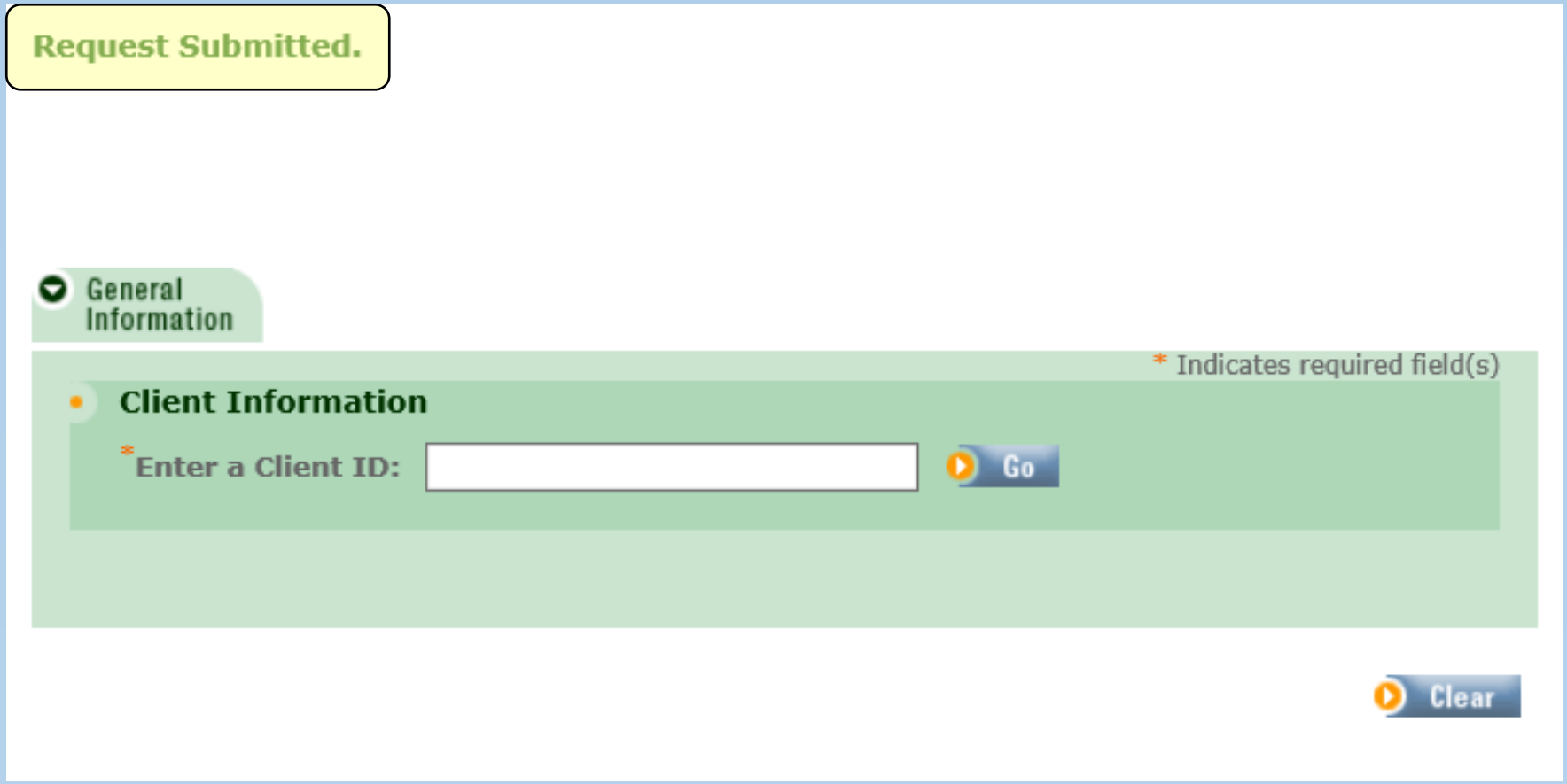
Add More PA Items

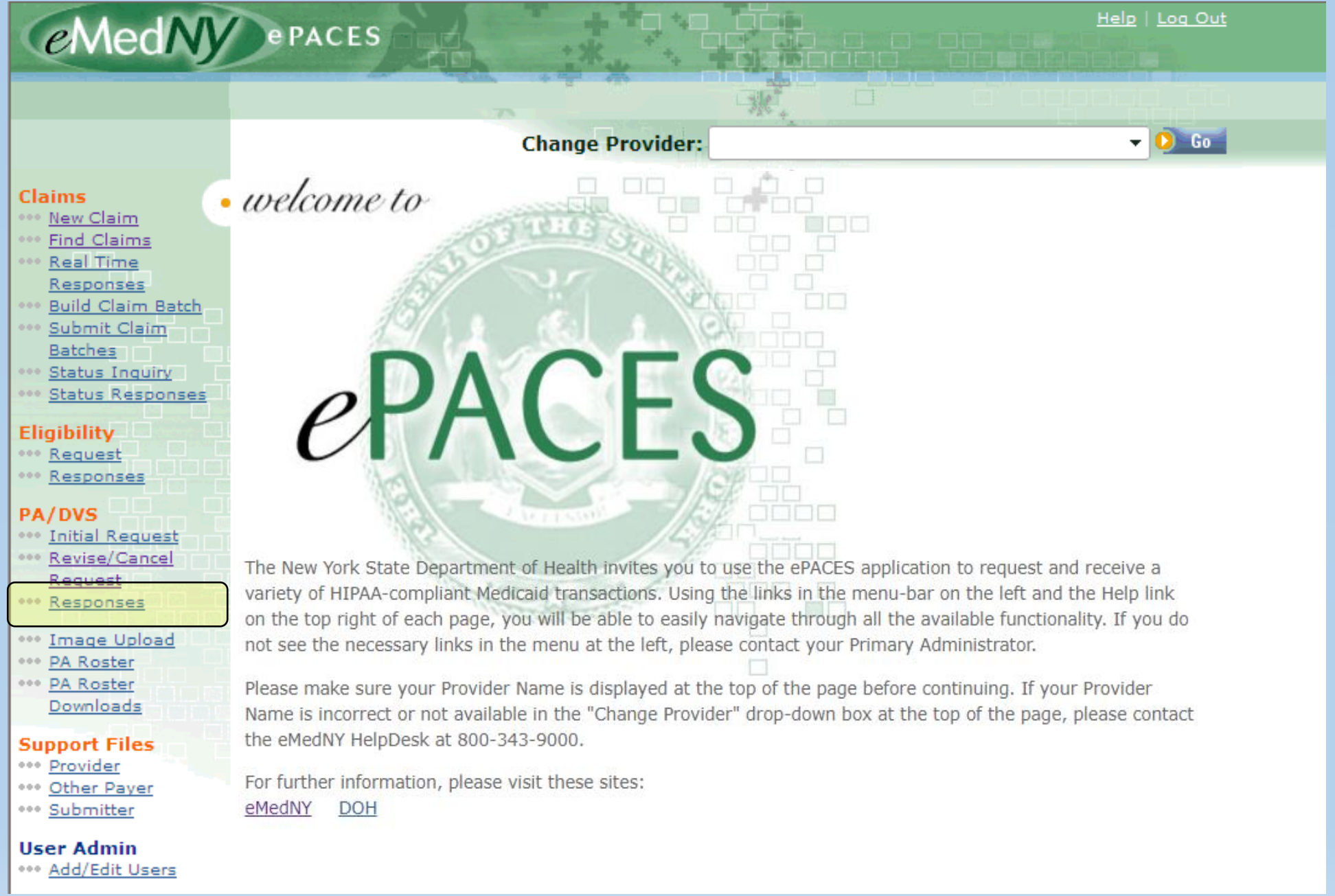
Previous

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


eMedNY ePACES
Help | Log Out
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.
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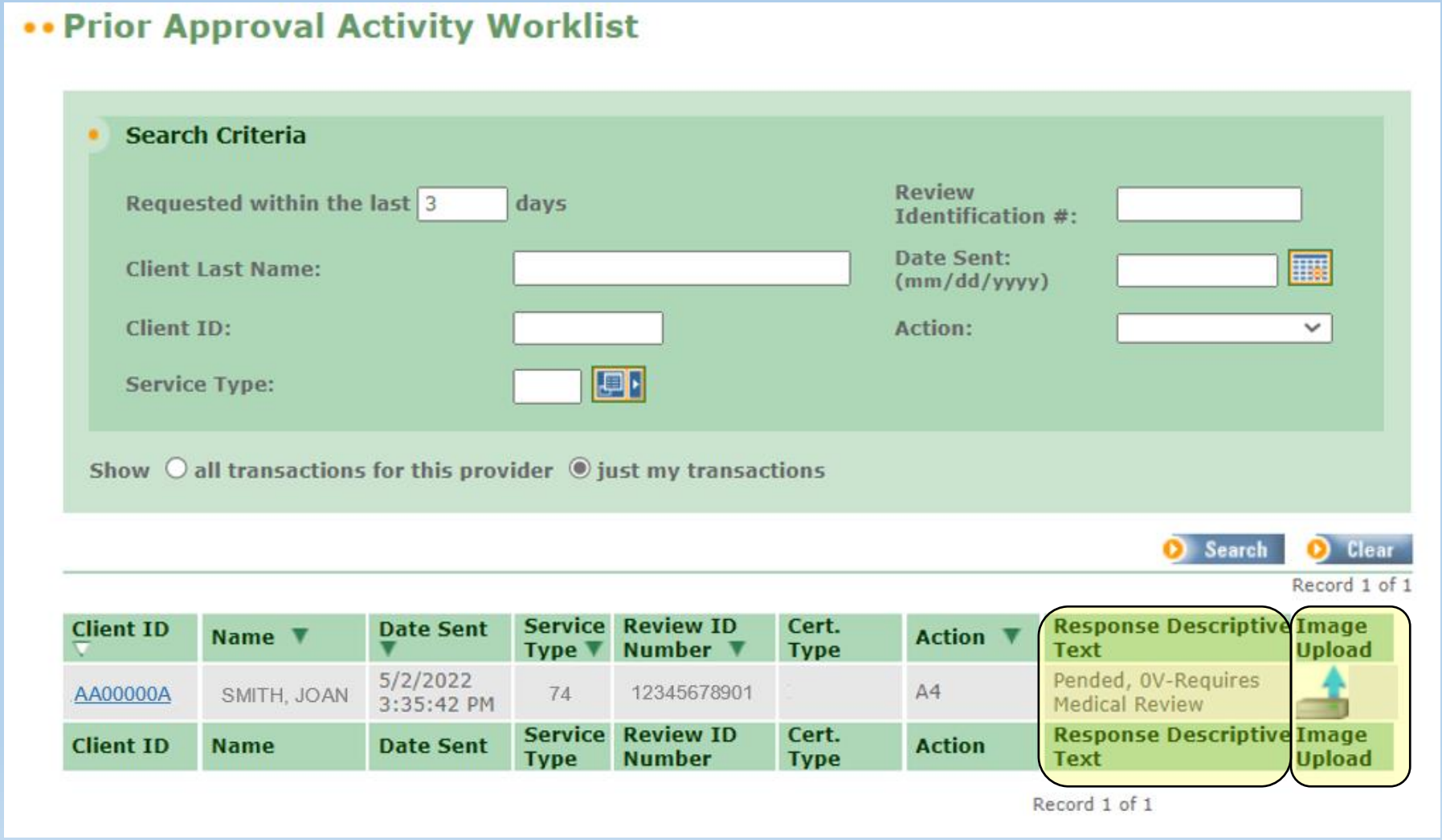
For further information, please visit these sites:
eMedNY DOH

Required Documents – Image Upload Option



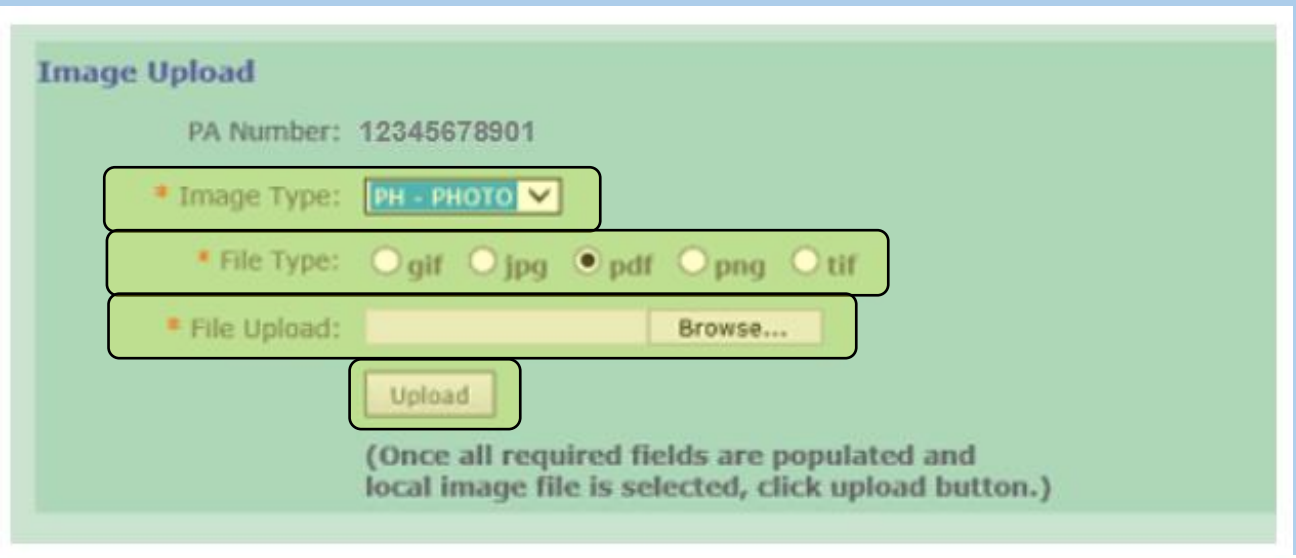


Image Upload
PA Number: 12345678901
* Image Type: PH - PHOTO
* File Type: gif jpg pdf png tif
* File Upload: Browse...
Upload
(Once all required fields are populated and local image file is selected, click upload button.)

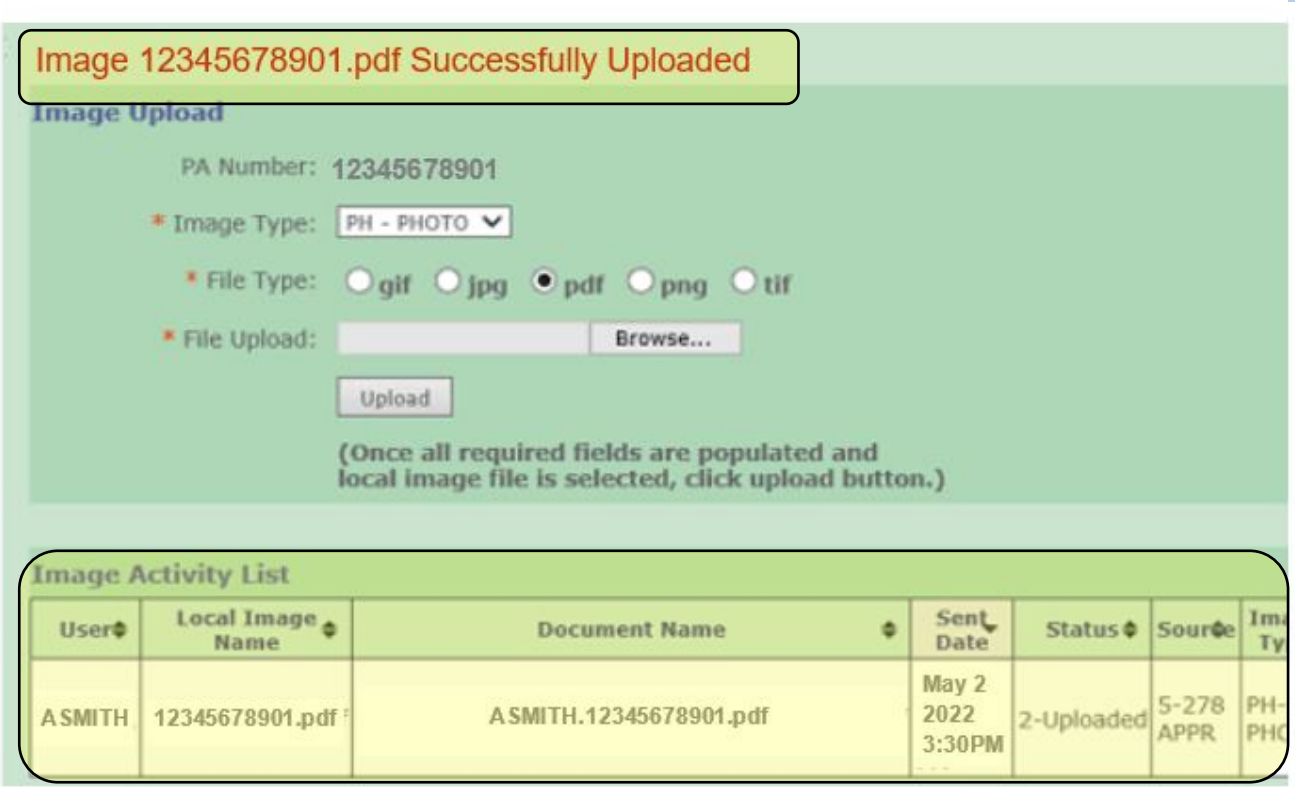


Image 12345678901.pdf Successfully Uploaded
Image Upload
PA Number: 12345678901
* Image Type: PH - PHOTO
* File Type: gif jpg pdf png tif
* File Upload: Browse...
Upload
(Once all required fields are populated and local image file is selected, click upload button.)
Image Activity List
User
Local Image Name
Document Name
Sent Date
Status
Source
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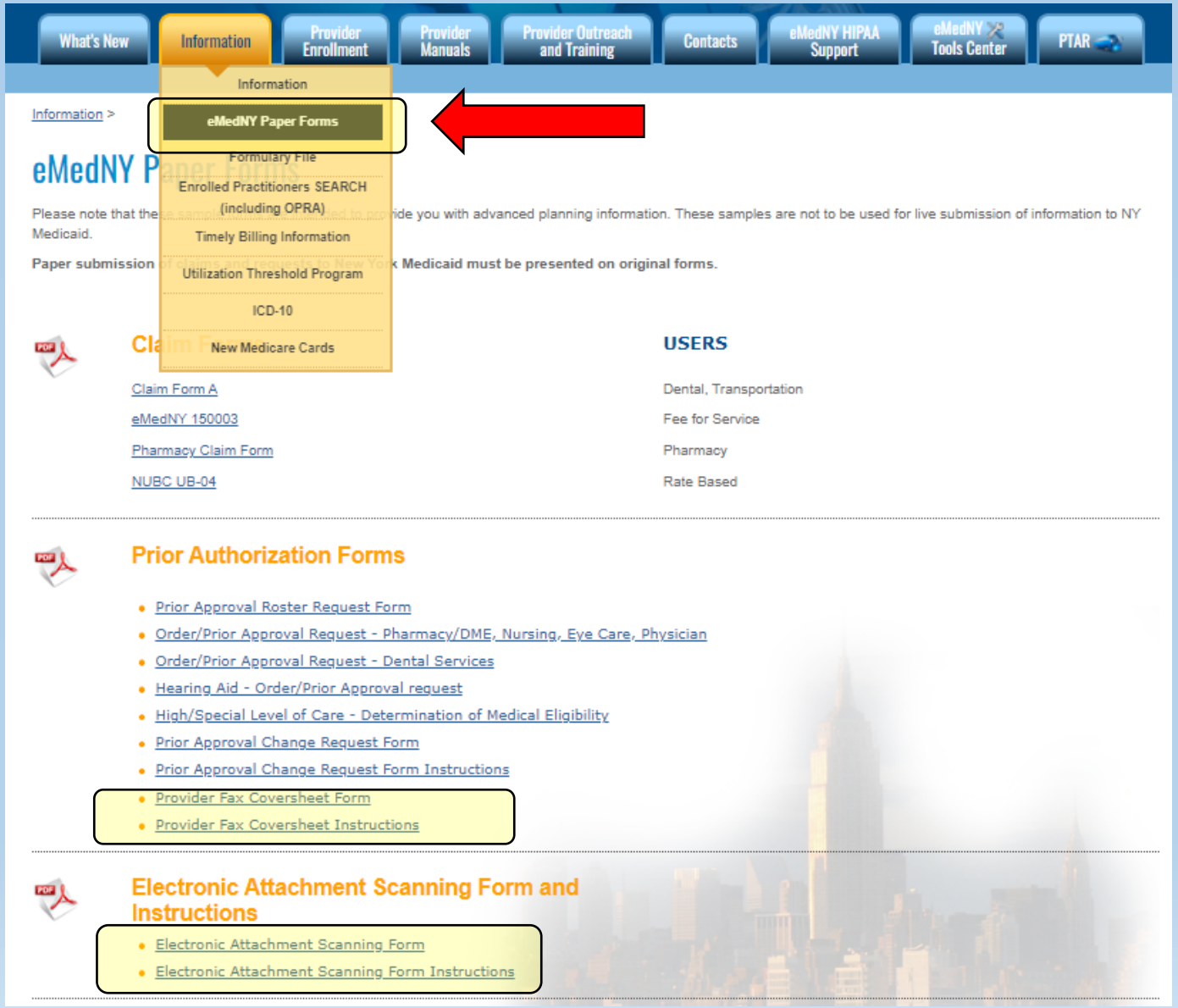
ASMITH.12345678901.pdf
May 2 2022 3:30PM
2-Uploaded
5-278 APPR

Required Documents – Paper Option



Fax Cover Sheet

eMedNY

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

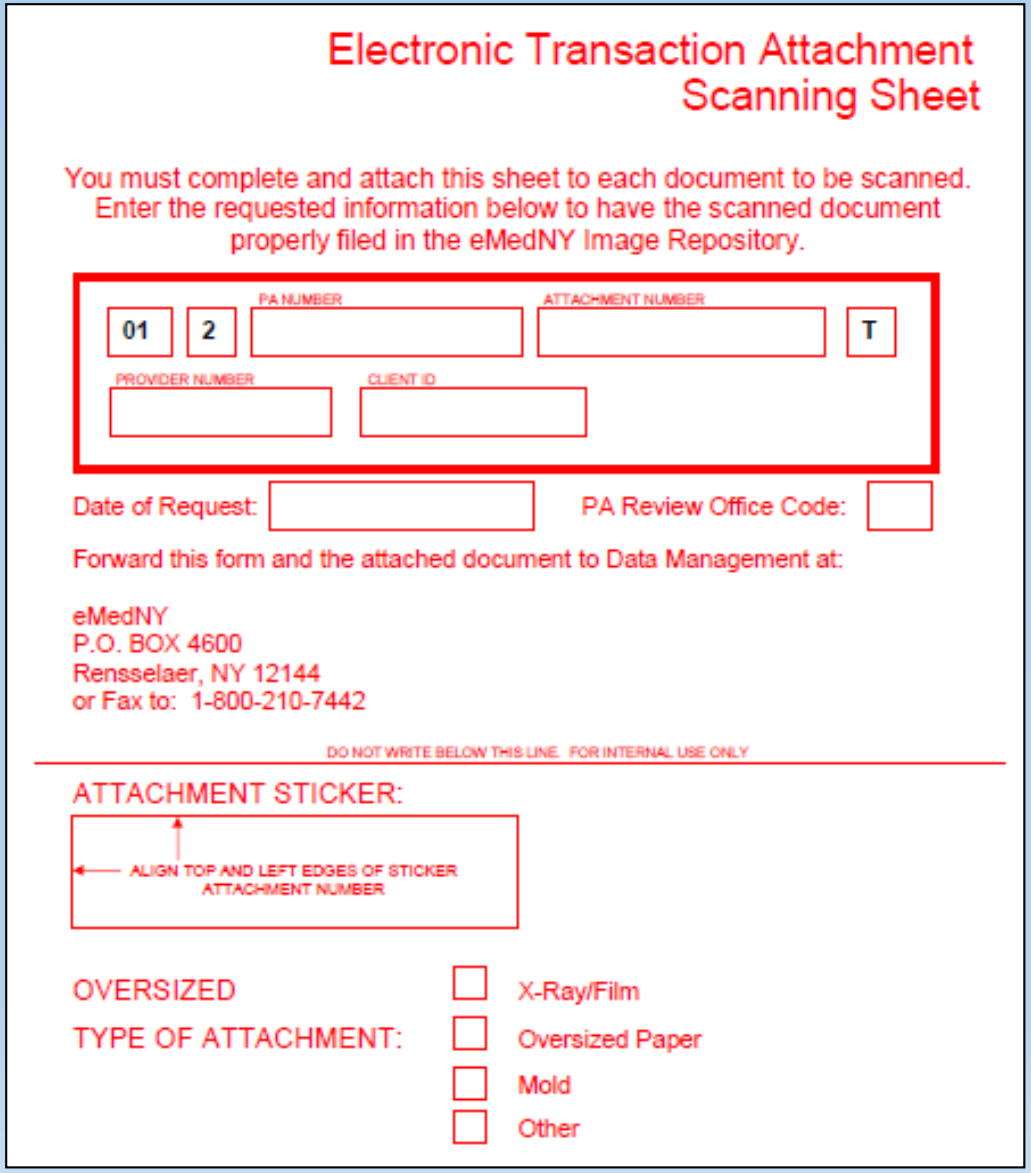
Number Pages (Including this Cover Sheet and Sheet/Form checked above): _____

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.

https://www.emedny.org/info/phase2/PDFS/Provider_Fax_Cover_Sheet.pdf

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

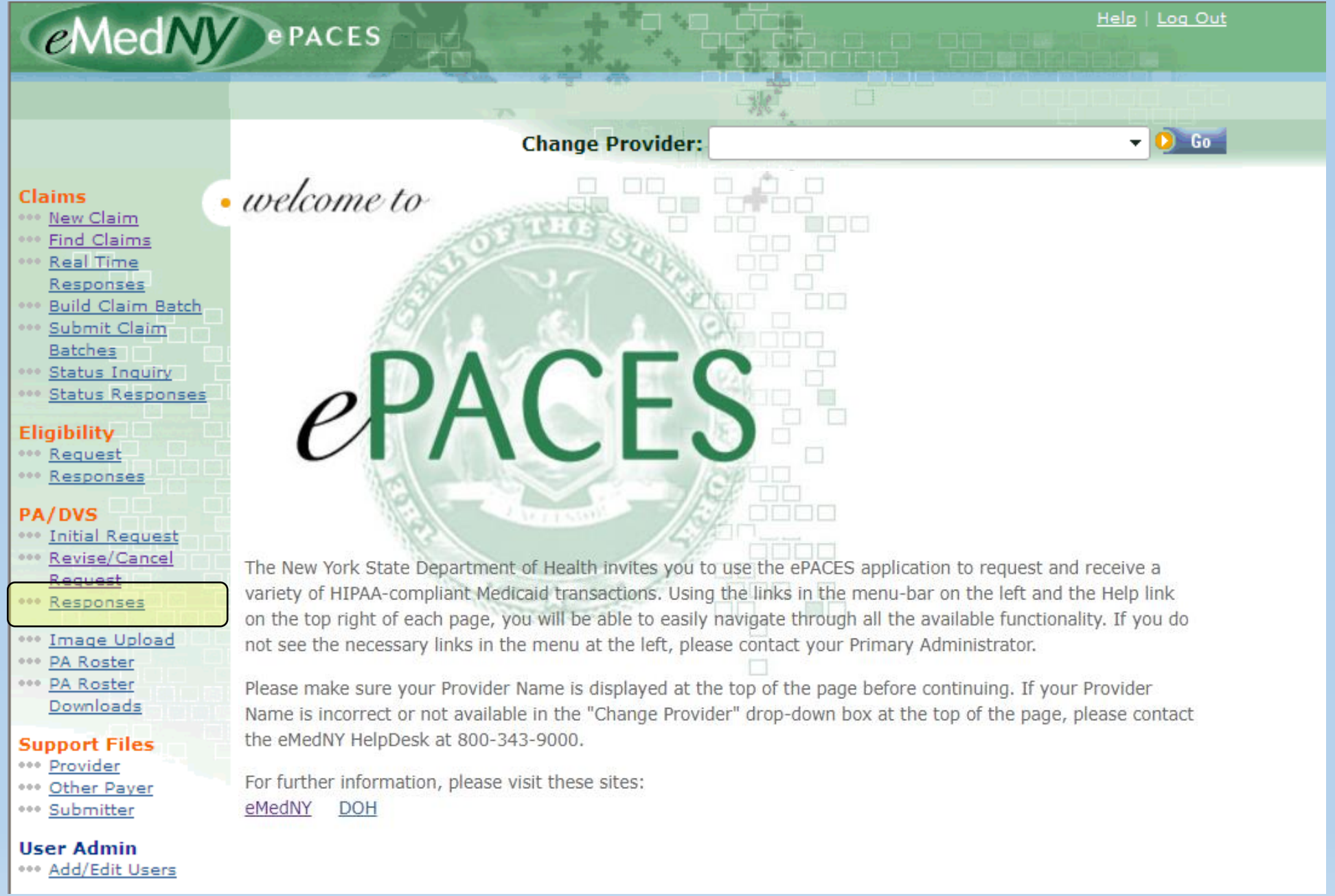
ATTACHMENT STICKER:

ALIGN TOP AND LEFT EDGES OF STICKER
ATTACHMENT NUMBER

OVERSIZED TYPE OF ATTACHMENT:

- ☐ X-Ray/Film
- ☐ Oversized Paper
- ☐ Mold
- ☐ Other

https://www.emedny.org/info/phase2/PDFS/Electronic%20Transaction%20Attachment%20Scanning%20Instructions%20Part%201%20Final.pdf


eMedNY ePACES
Help | Log Out
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
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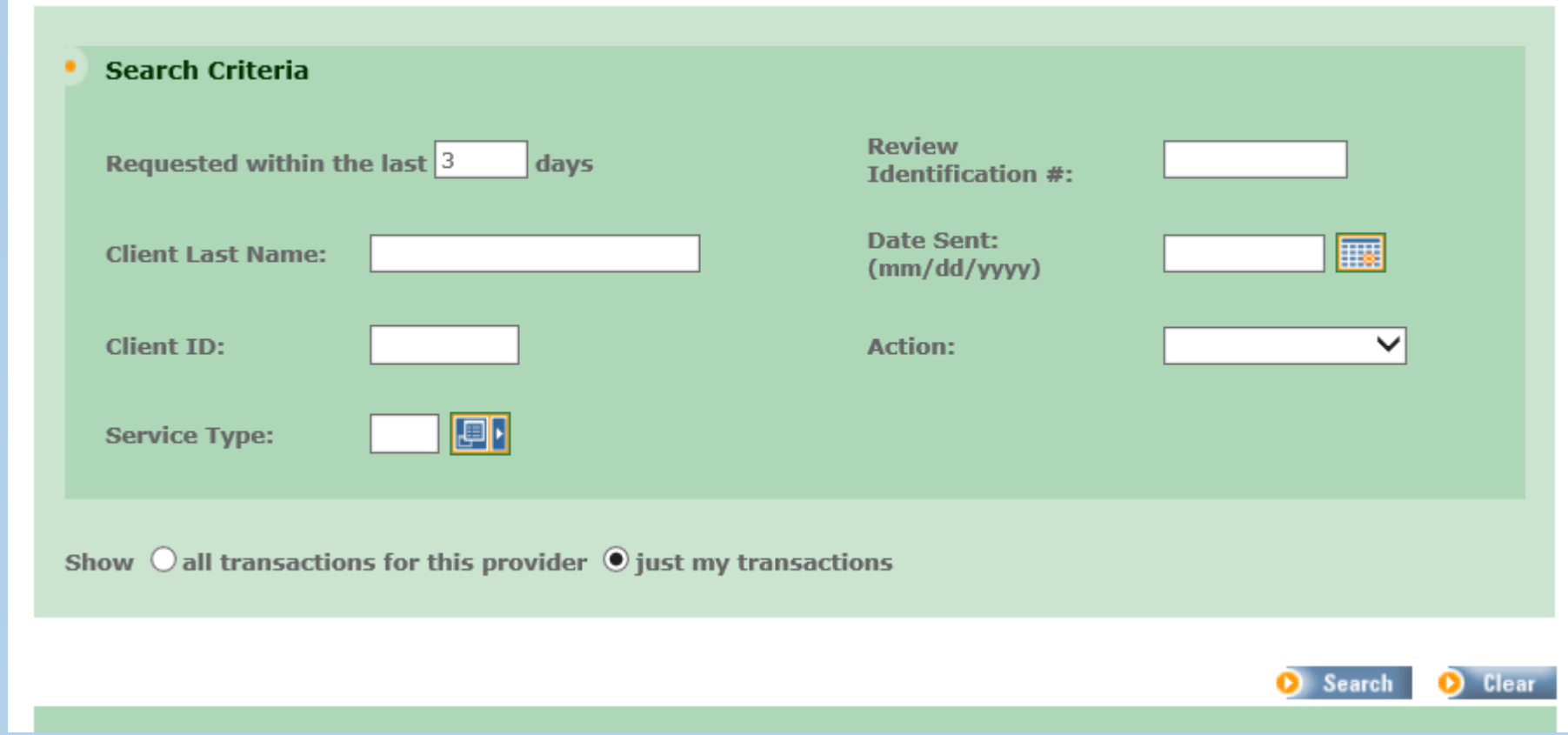
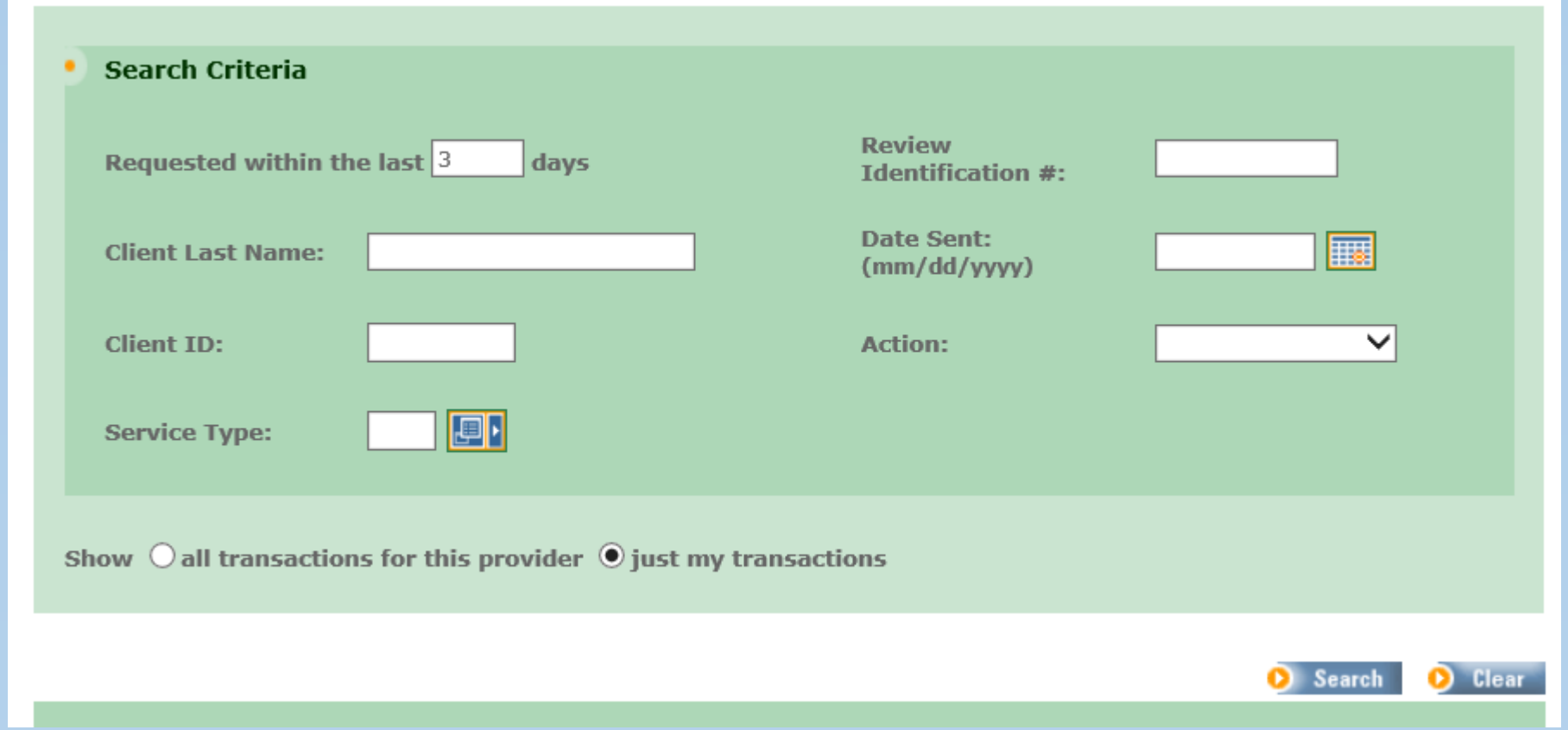


Client ID	Name	Date Sent	Service Type	Review ID Number	Cert. Type	Action	Response Descriptive Text	Image Upload
AA00000A	SMITH, JOAN	5/2/2022 3:35:42 PM	74			A3	Not Certified, 25-Services were not considered due to other errors in the request.	
AA00000A	SMITH, JOAN	5/2/2022 3:35:42 PM	74	12345678901		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:



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

eMedNY

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