



## ePACES - Voiding and Replacing Claims

### Overview

If a claim, submitted for processing, needs to be voided or adjusted because of an error during the claim entry process, it may be Voided (which will stop or reverse payment of the claim) or Replaced (which allows the Submitter to replace any erroneous information on a claim). Incorrect information on a claim may lead to incorrect payment for the claim or possibly cause the claim to be pended or denied. Both Voiding and Replacing a claim requires the Payer Claim Control Number associated with that claim. The Payer Claim Control Number is a control number assigned to the original claim by NYS Medicaid to identify a unique claim. This number is required if the claim is a Replacement or Void for a previously transmitted claim. **Note:** The original claim need not have been entered via ePACES. ePACES may be used to Void or Replace a claim submitted by another other submission methods. For more detailed information, please see the Help Documentation available on the eMedNY website: [https://www.emedny.org/selfhelp/ePACES/ePACES\\_Help.pdf](https://www.emedny.org/selfhelp/ePACES/ePACES_Help.pdf).

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### A. Voiding a Claim

There are two ways to Void a submitted claim. The first should be used for claims previously sent to NYS Medicaid for processing through ePACES, and the second may be used if the claim was **not** submitted by ePACES.

**Method A:** Voiding a claim submitted through ePACES.

**Step 1:** Click on the *Find Claims* hyperlink on the left-hand menu bar.

**Note:** Only Claims with a Sent status may be voided.

Claims may be searched by any one of the values shown below. Select the *value* from the drop down list. Then enter text in this *field*. **Note:** The text entered must be exactly as it appears in the claim. Click on *Go* to find the specified claim.

#### •• Find Claims

Claim(s) by User ID:

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Find Claim By: <input type="text"/> <input type="button" value="Go"/>					
Patient Control # ▼	Entry Status ▼	Client ID ▼	Client Name ▼	Type of Claim ▼	Begin Date ▼
<a href="#">1234</a>	Sent	LL12345X	DOE, JANE	Institutional	
<a href="#">JTD07022008</a>	Draft	LL12345X	DOE, JANE	RT-Professional	
<a href="#">00000000000000000000</a>	Draft	LL12345X	DOE, JANE	Institutional	
<a href="#">123</a>	Draft	LL12345X	DOE, JANE	Professional	



### ePACES - Voiding and Replacing Claims

**Step 2:** Click on the *Patient Control #* associated with the claim you wish to void. The following screen is displayed:

**General Claim Information** | Institutional Claim Information | Provider Information | Diagnosis/Procedure | Other Payers | Service Line(s)

\* Indicates required field(s)

Submission Reason: Original      NPI Number: [REDACTED]

\* Patient Control Number: TEST

**Location Information**

Address Line 1:  
Address Line 2:  
City:  
State: NY  
Zip Code: 12143- 0023

**Client Information**

\* Enter a Client ID: LL12345X [▶ Replicate Claim For New Client](#)

Jane Doe  
Address Line 1  
Address Line 2  
City, State Zip

\* DOB: 01/01/0001

\* Gender: F

\* Type of Claim: Institutional

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As a *Sent* claim, this information is read-only. To void the claim, click on the *Void Claim* button.

**Step 3:** You will be prompted to verify that you wish to void the claim. Click on Yes to continue the voiding process.

Do you wish to void this claim?

[▶ Yes](#)   [▶ No](#)

**General Claim Information** | Institutional Claim Information | Provider Information | Diagnosis/Procedure | Other Payers | Service Line(s)

\* Indicates required field(s)

Submission Reason: Original      NPI Number: [REDACTED]

\* Payer Claim Control Number: 1234567898765420

\* Patient Control Number: TEST

**Location Information**

Address Line 1:  
Address Line 2:  
City:  
State: NY  
Zip Code: 10522 - 1924

**Client Information**

\* Enter a Client ID: LL12345X [▶ Replicate Claim For New Client](#)

Jane Doe  
Address Line 1  
Address Line 2  
City, State Zip

\* DOB: 01/01/0001

\* Gender: F

\* Type of Claim: Institutional

[Next ▶](#)

[▶ Void Claim](#)   [▶ Replace Claim](#)   [▶ Edit Claim](#)



### ePACES - Voiding and Replacing Claims

**Step 4:** Enter the *Payer Claim Control Number* in the designated field.

**Step 5:** Click on *Finish* to complete the Voiding Process.

The claim now shows a Void *Entry Status* in the Claim list. The Voided claim needs to be batched and submitted for the actual voiding of the claim to occur.

#### Find Claims

The claim now has a Voided status and may be batched for processing.

Claim(s) by User ID:

Records 1 - 7 of 7

Patient Control #	Entry Status	Client ID	Client Name	Type of Claim	Begin Date
<a href="#">1234568</a>	Complete	LL12345X	DOE, JANE	Professional	10/17/2003
<a href="#">1234568</a>	Sent	LL12345X	DOE, JANE	Professional	10/17/2003
<a href="#">1234568</a>	Voided	LL12345X	DOE, JANE	Professional	10/17/2003
<a href="#">34567</a>	Draft	LL12345X	DOE, JANE	Professional	
<a href="#">12345</a>	Draft	LL12345X	DOE, JANE	Professional	
<a href="#">1234569</a>	Batched	LL12345X	DOE, JANE	Professional	10/20/2003
<a href="#">1234567</a>	Batched	LL12345X	DOE, JANE	Dental	

Records 1 - 7 of 7



## ePACES - Voiding and Replacing Claims

**Method B:** Voiding a Claim submitted by a means other than ePACES.

**Step 1:** Click on the *New Claim* hyperlink on the left-hand menu bar to create a new claim. A new claim entry screen is displayed.

### New Claim Entry Screen

**General Claim Information**

\* Indicates required field(s)

Submission Reason:  NPI Number:

\* Patient Control Number:

**Location Information**

Address Line 1:

Address Line 2:

City:

State:

Zip Code:  -

**Client Information**

\* Enter a Client ID:

**Step 2:** Select *Void* from *Submission Reason* drop down list and the Payer Claim Control Number field will appear.

**General Claim Information**

\* Indicates required field(s)

Submission Reason:  NPI Number:

\* Payer Claim Control Number:

\* Patient Control Number:

**Location Information**

Address Line 1:

Address Line 2:

City:

State:

Zip Code:  -

**Client Information**

\* Enter a Client ID:



### ePACES - Voiding and Replacing Claims

**Step 3:** Complete all fields including the *Payer Claim Control Number*.

**General Claim Information** \* Indicates required field(s)

Submission Reason:  NPI Number:

\* Payer Claim Control Number:

\* Patient Control Number:

**Location Information**

Address Line 1:

Address Line 2:

City:

State:

Zip Code:  -

**Client Information**

\* Enter a Client ID:

Click on Go to continue.

**Step 4:** The next screen asks for the type of claim to be created. Choose from the drop down list.

**General Claim Information** \* Indicates required field(s)

Submission Reason:  NPI Number:

\* Payer Claim Control Number:

\* Patient Control Number:

**Location Information**

Address Line 1:

Address Line 2:

City:

State:

Zip Code:  -

**Client Information**

\* Enter a Client ID:

Jane Doe  
Address Line 1  
Address Line 2  
City, State Zip

\* DOB:

\* Gender:

\* Type of Claim:

Click on Next to continue the claim entry process.



### ePACES - Voiding and Replacing Claims

**Step 5:** Complete the appropriate fields on the various Claim Information Tabs corresponding to the information submitted on the original claim. When all information is entered, click on Finish to save the claim. The claim will have a status of Voided in the claim listing and will need to be batched and submitted for the actual voiding of the claim to occur.

#### •• New Claim - 837 Professional



Click on *Finish* to complete the claim voiding process.

For information about entering claims, Please visit <http://www.emedny.org/selfhelp/ePACES/ClaimQuickRefDocs.html> and review the following documents:

- ePACES Dental Claim Reference Guide
- ePACES Professional Real Time Claim Reference Guide
- ePACES Professional Claim Reference Guide
- ePACES Institutional Claim Reference Guide

#### B. Replacing a Claim

Replacing a claim is the HIPAA terminology used to refer to the more familiar 'adjusting a claim' to correct errors in the original claim. Replacing a claim is similar to voiding a claim. The only differences between the two are choosing Replace instead of Void as the Submission Reason and adjustments are made to the claim if either Method A or Method B is used.

##### Method A: Replacing claims submitted through ePACES.

**Step 1:** Click on the *Find Claims* hyperlink on the left-hand menu bar.

**Note:** Only Claims with a Sent status may be replaced.

#### •• Find Claims

Claim(s) by User ID:

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Find Claim By:

Patient Control #	Entry Status	Client ID	Client Name	Type of Claim	Begin Date
<a href="#">1234</a>	Sent	LL12345X	DOE, JANE	Institutional	
<a href="#">JTD07022008</a>	Draft	LL12345X	DOE, JANE	RT-Professional	
<a href="#">00000000000000000000</a>	Draft	LL12345X	DOE, JANE	Institutional	
<a href="#">123</a>	Draft	LL12345X	DOE, JANE	Professional	

Claims may be searched by any one of the values shown below. Select the *value* from the drop down list. Then enter text in this *field*. **Note:** The text entered must be exactly as it appears in the claim. Click on Go to find the specified claim.



## ePACES - Voiding and Replacing Claims

**Step 2:** Click on the *Patient Control #* associated with the claim you wish to adjust. The following screen is displayed:

\* Indicates required field(s)

Submission Reason: Original      NPI Number: [REDACTED]

\* Patient Control Number: TEST

**Location Information**

Address Line 1:  
Address Line 2:  
City:  
State: NY  
Zip Code: 12143-0023

**Client Information**

\* Enter a Client ID: LL12345X      **Replicate Claim For New Client**

Jane Doe  
Address Line 1  
Address Line 2  
City, State Zip

\* DOB: 01/01/0001

\* Gender: F

\* Type of Claim: Institutional

**Next**

**Void Claim    Replace Claim    Edit Claim**

**Step 3:** You will be prompted to verify that you wish to replace the claim. Click on Yes to continue the process.

Do you wish to replace this claim?

**Yes    No**

**General Claim Information    Institutional Claim Information    Provider Information    Diagnosis/Procedure    Other Payers    Service Line(s)**

\* Indicates required field(s)

Submission Reason: Original      NPI Number: [REDACTED]

\* Patient Control Number: TEST

**Location Information**

Address Line 1:  
Address Line 2:  
City:  
State: NY  
Zip Code: 12143-0023

**Client Information**

\* Enter a Client ID: LL12345X      **Replicate Claim For New Client**

Jane Doe  
Address Line 1  
Address Line 2  
City, State Zip

\* DOB: 01/01/0001

\* Gender: F

\* Type of Claim: Institutional

**Next**

**Void Claim    Replace Claim    Edit Claim**



### ePACES - Voiding and Replacing Claims

**Step 4:** Enter the *Payer Claim Control Number* and click on *Next* to continue.

General Claim Information | Institutional Claim Information | Provider Information | Diagnosis/Procedure | Other Payers | Service Line(s)

\* Indicates required field(s)

Submission Reason: Replace      NPI Number:

\* Payer Claim Control Number:  ← Enter *Payer Claim Control Number*.

\* Patient Control Number: TEST

**Location Information**

Address Line 1:  
Address Line 2:  
City:  
State: NY  
Zip Code: 12143- 0023

**Client Information**

\* Enter a Client ID: LL12345X Replicate Claim For New Client

Jane Doe  
Address Line 1  
Address Line 2  
City, State Zip

\* DOB: 01/01/0001

\* Gender: F

\* Type of Claim: Institutional

Next ← Click on *Next*.

**Step 5:** Complete the appropriate fields on the various Claim Information Tabs corresponding to the information submitted on the original claim that needs adjustment. When all information is entered, click on *Finish* to save the claim. The claim will have a status of **Replaced** in the claim listing and will need to be batched and submitted for the actual adjustment of the claim occurs.

**Note:** If Service Provider, Referring Provider or Pay to Group information was entered on a claim submitted through ePACES, that information must be re-entered on the replaced (adjusted) claim. ePACES does not copy the data in these fields from the original claim into the adjusted claim.





## ePACES - Voiding and Replacing Claims

### New Claim - 837 Institutional

\* Indicates required field(s)

Detailed Screen Information omitted.

Click on *Finish* to complete the claim adjustment process. →

For information about entering claims, Please visit <http://www.emedny.org/selfhelp/ePACES/ClaimQuickRefDocs.html> and review the following documents:

- ePACES Dental Claim Reference Guide
- ePACES Professional Real Time Claim Reference Guide
- ePACES Professional Claim Reference Guide
- ePACES Institutional Claim Reference Guide

**Method B:** Replacing or adjusting a Claim originally submitted by a means other than ePACES.

**Step 1:** Click on the *New Claim* hyperlink on the left-hand menu bar to create a new claim. A new claim entry screen is displayed.

**New Claim Entry Screen**

\* Indicates required field(s)

Submission Reason:  NPI Number:

\* Patient Control Number:

**Location Information**

Address Line 1:   
 Address Line 2:   
 City:   
 State:   
 Zip Code:  -

**Client Information**

\* Enter a Client ID:



## ePACES - Voiding and Replacing Claims

**Step 2:** Select *Replace* from *Submission Reason* drop down list and the Payer Claim Control number field will appear.

**General Claim Information** \* Indicates required field(s)

Submission Reason:  NPI Number:

\* Payer Claim Control Number:  ←

\* Patient Control Number:

**Location Information**

Address Line 1:

Address Line 2:

City:

State:

Zip Code:  -

**Client Information**

\* Enter a Client ID:

**Step 3:** Complete all fields including the *Payer Claim Control Number*.

**General Claim Information** \* Indicates required field(s)

Submission Reason:  NPI Number:

\* Payer Claim Control Number:  ←

\* Patient Control Number:

**Location Information**

Address Line 1:

Address Line 2:

City:

State:

Zip Code:  -

Click on Go to continue.

**Client Information**

\* Enter a Client ID:



## ePACES - Voiding and Replacing Claims

**Step 4:** The next screen asks for the type of claim to be created. Choose from the drop down list.

**General Claim Information**

\* Indicates required field(s)

Submission Reason:  NPI Number:

\* Payer Claim Control Number:

\* Patient Control Number:

**Location Information**

Address Line 1:

Address Line 2:

City:

State:

Zip Code:  -

**Client Information**

\* Enter a Client ID:

Jane Doe  
Address Line 1  
Address Line 2  
City, State Zip

\* DOB:

\* Gender:

\* Type of Claim:   
Dental  
Professional  
Professional Real Time  
Institutional

Click on *Next* to continue the claim entry process.

**Step 5:** Complete the appropriate fields on the various Claim Information Tabs corresponding to the information submitted on the original claim. When all the information is entered, click on *Finish* to save the claim. The claim will have a status of Replaced in the claim listing and will need to be batched and submitted for the actual adjustment of the claim to occur.

**Note:** If Service Provider, Referring Provider or Pay to Group information was entered on a claim submitted through ePACES, that information must be re-entered on the replaced (adjusted) claim. ePACES does not copy the data in these fields from the original claim into the adjusted claim.

