

Document Number FOD - 4021



ePACES MEVS Service Authorization Request



Service Authorization Request

A Service Authorization Request may be submitted by either an individual Provider or a Provider Group. If submitted for a Group, the ID must be entered on the claim which applies to the request. The following data may be entered when generating a Service Authorization request.

* Client ID:

Name: DELORES LACOSTA

Gender: F

DOB: 2/3/1944

If this is not the correct Client, enter another and click "Go" above.

Enter the desired Client ID and click Go, this will return the associated Client information below the prompt. The client's full name, gender, and birth date will be displayed as confirmation that the correct ID was entered. If this is not the desired client, re-enter the ID and search again.

Card Sequence Number:

Card Sequence Number: The 2-digit sequence number of the Client's Medicaid card must be entered for all requests.

* **Requesting Provider**

Taxonomy Code:

Requesting Provider

Taxonomy Code: Enter the Taxonomy code of the provider requesting the Service Authorization. The Requesting Provider is that which is currently logged into the ePACES system; validate the name displayed in the upper left hand corner of the page is the proper Provider. See the Appendix for appropriate Taxonomy Code/Service Type combinations for **NYS Providers** and **Out-of-State Providers**.

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Referring Provider

Use an Existing Provider

* Select a Name:

OR Search for a Medicaid Provider:

Last Name:

Provider Number:

Enter a New Non-Medicaid Provider

Person Non-Person Entity

* Last Name:

First Name:

Middle Initial:

OR

* EIN or SSN: EIN SSN

NPI #:

* AND/OR

State License #:

Referring Provider

A Referring Provider must be a Medicaid Provider if the client is restricted. If a Non-Medicaid Provider is entered the request will not be processed. You may choose to **select an existing provider** from the list or **search the database for a Medicaid provider**. See Appendix for details.

Ordering Provider

If an Ordering Provider is available, the information should be entered here. You may choose to **select an existing provider** from the list, **search the database for a Medicaid provider**, or **enter a new Non-Medicaid provider**.

Requested Service

Type of Service:

* Service Date:

* Release of Information:

Requested Service

Type of Service: Enter or select the code for the type of service rendered, for which service is to be authorized. See the Appendix for appropriate Taxonomy Code/Service Type combinations for **NYS Providers** and **Out-of-State Providers**.

Service Date: The date for which Authorization is being requested. The date may not be greater than the current date. The format for the date is: MM/DD/YYYY and may either be entered in the field or selected from the calendar available by pressing the button to the right of the field. The field will default to the current date.

Release of Information: Enter or select the code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations. A value must be selected for all requests.

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Co-Payment Information

* Exempt from Copay? Yes No

Co-payment Information

Exempt From Co-Pay? To bypass Co-pay processing select 'Yes', otherwise select 'No'.

Service Authorization Units Information (Requested Services)		OR	Service Authorization for Rx / Lab Only (Rendered Services)	
Units Provided	Units		Units Provided	Units
Service Units Delivered:	<input type="text"/>		Laboratory Tests:	<input type="text"/>
Laboratory Units Ordered:	<input type="text"/>		Generic Over the Counter:	<input type="text"/>
Pharmacy Units Ordered:	<input type="text"/>		Brand:	<input type="text"/>
			Supplies:	<input type="text"/>

Either Units information or Rx/Lab quantities must be entered. For each type, up to 999 units may be entered. On the response for Rx/Lab requests, the Generic/OTC, Brand, and Supplies quantities will be summed into a general Pharmacy category.

Service Authorization Units Information

Service Units Delivered: The number of Service Units provided by the Requesting Provider. For Hospital/Clinic Providers only - if the primary service is x-ray and the Type of Service entered is "4 -Diagnostic X-Ray" or "62 - MRI/CAT Scan", enter the number of Radiological Services performed. This is used to calculate the co-payment.

Laboratory Units Ordered: The number of lab units ordered.

Pharmacy Units Ordered: The number of prescriptions ordered.

Service Authorization for Rx/Lab Only

Laboratory Tests: The number of lab tests ordered.

Generic Over the Counter: The number of prescriptions filled generically.

Brand: The number of Brand-name prescriptions ordered.

Supplies: The number of non-drug prescriptions filled.

Once all necessary information has been entered, clicking Submit will transmit the request and clear the data entered so that you may submit another request for authorization. To see the details of a response to your request, click the **SA Responses** link in the left-hand menu to open the **SA Activity Worklist**.

Phone Contact

- CSC Call Center: (800) 343-9000

Hours of Operation:

For provider inquiries pertaining to non-pharmacy billing or claims, or provider enrollment: Monday through Friday: 7:30 a.m. - 6:00 p.m., Eastern Time (excluding holidays)

For provider inquiries pertaining to eligibility, service authorizations, DVS, and pharmacy claims: Monday through Friday: 7:00 a.m. - 10:00 p.m., Eastern Time (excluding holidays) Weekends and Holidays: 8:30 a.m. - 5:30 p.m., Eastern Time

Note: This information was extracted from the **ePACES Help** documentation available internally in the ePACES application (click on the red *Help* link in the upper right corner of the screen) or on www.emedny.org: click on NYHIPAADESK and scroll down to and click on *ePACES General Information and Enrollment* then select *ePACES Help Documentation*.