



ePACES DME/Supplies Prior Approval  
*REFERENCE GUIDE*



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# ePACES DME/Supplies Prior Approval REFERENCE GUIDE



## INITIAL SCREEN

Help | Log Out

MEDICAL CTR HOSPITAL - 1234567890

Change Provider: MEDICAL CTR HOSPITAL - 1234567890 Go

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 CSC HelpDesk at 800-343-9000.

For further information, please visit these sites:  
[eMedNY](#) [DOH](#)

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**User Admin**  
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IT1-2:47:57 PM

Choose PA Request.



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**PRIOR APPROVAL REQUEST**

•• **Prior Approval Request**

\* Indicates required field(s)

\* Select PA Type:

- Bed Reservation/Nursing Home
- Dental
- DME/Supplies**
- Eye Care
- Hearing Aid
- PDN
- Physician

Select the PA Type DME/Supplies from the drop down list and click on Go.



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**PA – DME/SUPPLIES REQUEST**

•• PA - DME/Supplies Request

General Information

\* Indicates required field(s)

• Client Information

\* Enter a Client ID:  [Go](#)

[Clear](#)

Enter the client ID and click on Go.



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## GENERAL INFORMATION TAB

If the client ID you have entered is a valid ID, the system will present you with this page.

**PA - DME/Supplies Request**

General Information
Prior Approval Items

\* Indicates required field(s)

**Client Information**

\* Enter a Client ID:

Name: LACOSTA DELORES

Gender: F

DOB: 2/3/1944

Fiscal County: Schenectady

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

**Requesting Provider Contact**

\* Required if Requesting Provider is a Group ID

Provider Name:

Contact Name:

Address Line 1:

Address Line 2:

City:

State:

Zip:

Telephone:

**CLIENT INFORMATION** – The client's demographic information including county of fiscal responsibility, will be displayed. If the client displayed is not correct because you entered the wrong ID, you may enter a new client ID and click on Go.

**REQUESTING PROVIDER CONTACT** – The Requesting Provider will be populated with the demographic information of the Provider that is currently logged onto ePACES. You can choose another Provider from the drop down list if necessary. The Providers on the list are those for which you have the authority to submit transactions. The information for the Provider will be taken from the eMedNY Provider file based on the Provider Number of the requestor. You may change the address information if necessary. Any changes will be applicable to this prior approval request only – the eMedNY file will not change.



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<p><b>Requesting Provider</b></p> <p>Taxonomy Code: <input type="text"/></p>		
<p><b>Ordering Provider</b></p> <p><b>Use an Existing Provider</b></p> <p>* Select a Name: <input type="text"/></p> <p><input type="button" value="Go"/></p> <p>OR Search for a Medicaid Provider:</p> <p>Last Name: <input type="text"/></p> <p>Provider Number: <input type="text"/></p> <p><input type="button" value="Go"/></p>		<p><b>Enter a New Non-Medicaid Provider</b></p> <p><input checked="" type="radio"/> Person <input type="radio"/> Non-Person Entity</p> <p>* Last Name: <input type="text"/></p> <p>First Name: <input type="text"/></p> <p>Middle Initial: <input type="text"/></p> <p>* EIN or SSN: <input checked="" type="radio"/> EIN <input type="radio"/> SSN</p> <p><input type="text"/></p> <p>NPI #: <input type="text"/></p> <p>* AND/OR</p> <p>State License #: <input type="text"/></p> <p><input type="button" value="Go"/></p>
<p>Ordering Provider Taxonomy Code: <input type="text"/></p>		
<p><b>Requested Service</b></p> <p>* Service Type Code: <input type="text"/> <input type="button" value="Help"/></p> <p>* Order Date: <input type="text" value="06/13/2008"/> <input type="button" value="Calendar"/></p> <p>* Release of Info: <input type="text"/> <input type="button" value="Help"/></p>		
<p><b>Diagnosis</b></p> <p>Primary: <input type="text"/></p> <p>Secondary: <input type="text"/></p>		

**REQUESTING PROVIDER TAXONOMY** – Enter the Taxonomy of the Requesting Provider if available. This is not a required field.

**ORDERING PROVIDER** – Enter the Ordering Provider. This would be the Physician that is ordering the DME/Supply item. If you are using a Provider from your support file, choose the appropriate Provider Name from the drop down list and click on GO. This will populate the demographic information for the Ordering Provider.



## ePACES DME/Supplies Prior Approval REFERENCE GUIDE



You may use the “Search for a Medicaid Provider” field to search the eMedNY Provider file. Enter either the Provider Name or Provider Number in the appropriate field and click on GO. When the results are returned, click on the appropriate radio button next to the Provider’s name and then click on Select Provider. The Provider’s demographic information will be populated.

You may use the “Enter a New Non-Medicaid Provider” field to enter a new Non-Medicaid Provider. Enter the Provider’s name, EIN or SSN, License number/Profession code and/or NPI. Entry of the License number must be 11 digits. For In-State License numbers, enter the Profession code, then 2 zeros followed by the 6 digit License number. For Out of State License numbers, enter the Profession code, then the alpha State abbreviation code followed by the 6-digit License number. License numbers that include a Privilege code must be entered as Profession code, then a zero and the Privilege code followed by the 6-digit License number. Click on GO.

### **REQUESTED SERVICE**

Service Type Code – Enter, or choose from the pop-up box one of the following Service Type codes:

- 12 – DME Purchase
- 18 – DME Rental
- 75 - Prosthetic Device

Order Date – Enter the date that the prior approval is being requested. Date must be entered in MM/DD/YYYY format or selected from available calendar.

Release of Info – Choose the appropriate code from the drop down list. For example: Enter a ‘Y’ for Yes - Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim. Enter an ‘I’ for Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes.

Diagnosis – Enter the ICD-9-CM Diagnosis Code that describes the client’s condition or symptom that establishes the need for the service requested.



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### ATTACHMENTS

This section gives the Provider a mechanism to indicate that attachments are associated with this prior approval request. Attachments identified in this section apply at the Header level. If you need to identify an attachment that applies to a specific line on the PA, use the Attachments section available through the More Details button on the Prior Approval Items tab. Each attachment is identified and described by the fields listed below. Providers sending attachments must obtain the Electronic Transaction Attachment Scanning Sheet from the emedny.org website. Each attachment must have an ETA submitted with it to ensure that the scanned document is properly filed in the eMedNY Image Repository.

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...](#)

**Comments**

Next

Submit Clear

**Type** – This field is used to identify the type of attachment. You can only populate this field using the choices in the pop-up box. Some of the choices available are Cost Invoice, Physician, and Order Rental Agreement etc.

**Transmission Code** – This field is used to identify how the attachment will be sent to the eMedNY system. You can only populate this field using the choices in the pop-up box. The most common method for sending the attachments is by mail because the Electronic Transmission Attachment Scanning Sheet must be submitted with the attachment.

**Control Number** – This field is used to assign a control number for the Provider's records.

**Description** – This field is used to enter a description of the attachment.

**Enter More Attachments** – This field is used to enter up to 5 additional attachments, if necessary. When you click on the Enter More Attachments button, the number of lines is increased to ten.

**Comments** – This field is used to enter any free form text, if necessary, to clarify the prior approval request.



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## PRIOR APPROVAL ITEMS TAB

• PA – DME/Supplies Request

General Information
  Prior Approval Items

\* Indicates required field(s)

Line	Service Date	*Item/Proc & Modifier	*Req'd Quantity	*Req'd Times	*Req'd Amount	More Details	Remove
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		

Line – The Line number is assigned by the system.

Service Date – Enter the estimated or proposed date that the requested service is to be performed.

Item/Proc & Modifier – Enter the Procedure/Item Code in this field. You may also enter the appropriate modifier in the Modifier field if necessary.

- Mod RP – Replacement and Repair – Prior approval is required when a patient owned device requires repair more frequently than once per year.
- Mod RR – Rental – indicates the item is to be rented.
- Mod BO – Orally Administered Enteral Nutrition – indicates the enteral formula is to be taken my mouth.

Req'd Quantity – Enter the quantity being requested. If the prior approval request is for a supply item; enter the total number of units to be dispensed in the initial fill plus any refills.

Req'd Times – If the item is to be purchased this field may be left blank. If the item is to be rented, enter the number of months that the item will be rented.



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Req'd Amount – Enter the dollar amount requested for the item requested. For rental, enter the total dollar amount for the number of months the item is requested.

More Details – If you click on the More Details button, the Home Oxygen Therapy Screen will be displayed. This screen can also be used to identify attachments specific to an individual prior approval line.

The Home Oxygen Therapy screen can be used to provide information regarding a patient's use of oxygen (see next page).

After completing these fields, scroll to the bottom of the page and click on the Close button. This will bring you back to the Prior Approval Items page.

Remove – This field can be used to remove a line from the prior approval request.

When all of the required information has been entered on the prior approval request, click on the Submit button and the request will be submitted to the eMedNY System.



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## HOME OXYGEN THERAPY (MORE DETAILS BUTTON)

• PA – DME/Supplies Request

General Information  Prior Approval Items

\* Indicates required field(s)

More Details - PA Item #1

Close Clear

Line	Service Date	*Item/Proc & Modifier	*Req'd Quantity	*Req'd Times	*Req'd Amount
1		K0010	1.000	1	\$ 100.00

• Home Oxygen Therapy

\*Oxygen Equipment Type:

Equipment Reason:

\*Oxygen Delivery System:

\*Oxygen Flow Rate:

Portable Oxygen System Flow Rate:

\*Test Type and Results:  Arterial Blood Gas  Oxygen Saturation

\*Test Condition:

Test Findings:

Daily Oxygen Use Count:

Oxygen Use Period Hour Count:

Respiratory Therapist Order:

Oxygen Equipment Type – This field allows you to identify the requested equipment type as Liquid Stationary, Liquid Portable etc. An entry must be made in at least one of these fields. Choose one of the available equipment types from the drop down box.

Equipment Reason – This field allows you to enter any text that you want to provide to DOH that justifies the use of the equipment.

Oxygen Delivery System – This field is used to identify the method of oxygen delivery – how the patient receives the oxygen. Example: through a nasal cannula. Choose the appropriate method from the drop down box.

Oxygen Flow Rate – This field is used to indicate the patient's oxygen flow rate in liters per hour.



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Portable Oxygen System Flow Rate – This field is used to indicate a device's oxygen flow rate in liters per hour. This field is optional.

Test Type and Results – Indicate “Arterial Blood Gas” or “Oxygen Saturation” using the appropriate radio button and enter the test results in the text field.

Test Condition – Use the drop down box to indicate the condition under which the test was administered. Example: Was the patient on oxygen, exercising, at rest etc.

Test Findings – This field is used to identify the test findings. Choose the appropriate finding from the drop down box.

Daily Oxygen Use Count – This field is used to indicate the number of times per day that the patient must use the oxygen.

Oxygen Use Period Hour Count – This field is used to indicate the number of hours in a period of oxygen use. Example: if the patient uses oxygen 4 times per day for 2 hours, enter 2 in this field.

Respiratory Therapist Order – This field is used to indicate any comments you wish to enter to describe treatment provided by a Respiratory Therapist. This field is optional.



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### PRIOR APPROVAL RESPONSE

Only prior approval requests that were submitted through ePACES will be displayed here. Prior approval requests submitted via paper or an electronic 278 PA transaction will not appear in ePACES.

When you click on PA Response from the Main Menu, the Prior Approval Activity Worklist page is displayed. You can enter the appropriate search criteria and the ePACES System will return a results list of prior approvals that match the criteria entered. The system will automatically default the search range to prior approvals entered within the last 3 days. You may change the "Requested within the last \_\_\_ days" field to search for older prior approvals.

•• **Prior Approval Activity Worklist**

**Search Criteria**

Requested within the last  days      Order Date:  (mm/dd/yyyy)

Client Last Name:       DOH Status:

Client ID:       Provider Status:

Service Type:       PA Number:

Show  all transactions for this provider  just my transactions

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Record 1 of 1

Client ID	Name	Order Date	Service Type	PA Number	DOH Status	Provider Status
<a href="#">AA000002</a>	LACOSTA, DELORES	7/28/2008 3:38:19 PM	25	12000016972	PENDING	Received

Record 1 of 1

The search results will be displayed under the Search Criteria section. Each row contains key fields within the prior approval such as Client ID and Name, Order Date, Service Type, PA Number and Status.

Review the DOH Status to determine if the prior approval request was granted. The 2 statuses that may be displayed are as follows:



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1. PENDING – A status of Pending means the PA Request was submitted successfully and was received by the eMedNY System. The Prior Authorization Subsystem assigns the 11-digit prior approval number and routes the PA to the appropriate Business Location for review. The status will remain as Pending until the DOH review has been completed and the final determination is sent.
2. FINALIZED – A status of Finalized could identify one of the following issues:
  - The prior approval request received an up front rejection usually due to an invalid Provider ID or ETIN/TSN. Requests that are rejected up front do not enter the eMedNY System therefore no prior approval number will be assigned.
  - The prior approval received a denial with a PA Edit. PA requests that are denied are entered in the eMedNY System and the 11-digit prior approval number will be assigned. These PA requests are denied by the Prior Authorization Subsystem (usually due to errors) and are not routed to DOH for review.
  - The prior approval was reviewed by DOH and a Final Determination was made. Prior approval requests that are submitted via ePACES and are accepted by the eMedNY System are automatically suspended. The status will be displayed as Pending until the Prior Approval Office completes the review and sends back the final determination.

Click on the Client ID link to open the prior approval.



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**PA RESPONSE DETAILS – GENERAL INFORMATION TAB**

•• **PA Response Details**

[View Original Request Information](#)

**General Information**

- Client Information**
  - \* **Client ID:** AA00000Z
  - Name:** LACOSTA DELORES
  - Gender:** F
  - DOB:** 9/12/1972
  - Fiscal County:** NYC
- Prior Approval Response**
  - PA Number:** 12000016972 Not for Billing

[Close](#)

This screen displays the Prior Approval response. The Prior Approval Response section will display the PA Number for all requests that have been assigned one. The Issue Date, Effective Date and Expiration Date will be completed for all prior approvals that have been reviewed and approved by DOH.

Click on the View Original Request Information link to view information pertaining to the prior approval. You can scroll the entire page to view the original Client Information, Response Information, Requesting and Ordering Provider Information, Requested Service, Diagnosis and Comments.



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## PA RESPONSE DETAILS – PRIOR APPROVAL ITEMS TAB

This tab will display details such as the Procedure Code, Quantity and Amounts.

[Return to Response Details](#)

▶ General Information
✔ Prior Approval Items

\* Indicates required field(s)

Line	Service Date	*Item/Proc & Modifier	*Req'd Quantity	*Req'd Amount	More Details
1	06/26/2008	T1234	1.000	\$ 135.44	

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