



ePACES Dental Prior Approval
REFERENCE GUIDE



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INITIAL SCREEN

Claims

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Prior Approval

- *** [PA Request](#)
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Support Files

- *** [Provider](#)
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User Admin

- *** [Add/Edit Users](#)

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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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 Dental from the drop down list and click on Go.



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PA – DENTAL REQUEST

• • PA - Dental 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 - Dental 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 on to 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. For Dental prior approval requests, this number should be for a Dentist. 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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Requesting Provider

Taxonomy Code:

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:

* EIN or SSN: EIN SSN

NPI #:

AND/OR

State License #:

OR

Requested Service

* Service Type Code:

* Order Date:

* Release of Info:

Diagnosis

Primary: Secondary:

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

REFERRING PROVIDER – Enter the Referring Provider if applicable. 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 Referring Provider.

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.



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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, the appropriate Service Type Code that best describes the service that prior approval is being requested for. Example: a Periodontal Service, Restorative Service, Oral Surgery etc.

Order Date – Enter the date that the prior approval is being requested. The Date must be entered in MM/DD/YYYY format or selected from the 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 – This field is not required for Dental prior approval requests.



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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 Plan of Treatment, Dental Models, Radiology Films 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 – Dental Request

General Information
 Prior Approval Items

* Indicates required field(s)

Line	Service Date	*Proc & Modifier	Arch/Quad	Tooth Number	*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" value="1"/>	\$ <input type="text"/>		
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>	\$ <input type="text"/>		
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>	\$ <input type="text"/>		
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>	\$ <input type="text"/>		
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>	\$ <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. Example: If a Dental treatment plan is scheduled to begin in May, enter 05/01/05 as the Service Date.

Proc & Modifier – Enter the Procedure Code in this field. You may also enter a Mod if necessary.

Arch/Quad - When appropriate, enter or choose from the pop-up box, the oral cavity identification. The procedure code section of the MMIS Provider Manual will indicate in the description of the procedure if oral cavity identification is required. Identification will be shown in the following manner:

Quadrant Identification:

- 10 = Upper Right Teeth 1-8
- 20 = Upper Left Teeth 9-16
- 30 = Lower Left Teeth 17-24
- 40 = Lower Right Teeth 25-32



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Arch Identification

- 01 = Arch Upper
- 02 = Arch Lower
- 00 = Entire Oral Cavity

Tooth Number - When appropriate, enter or choose from the pop-up box, the tooth identification. The procedure code section of the MMIS Provider Manual will indicate in the description of the procedure if tooth identification is required. Identification will be shown in the following manner:

- Permanent teeth are identified by numbers
- Primary teeth are identified by letters

Req'd Times – Enter the number of times the Procedure is being requested for.

Req'd Amount – Enter the dollar amount requested for the service being requested on this line.

More Details – If you click on the More Details button, a screen will be displayed to allow you to enter Attachments specific to this PA Line Item. The instructions for entering Attachments at the Line Level are identical to the instructions for entering Attachments at the Header Level. After completing these fields, click on the Close button. This will bring you back to the Prior Approval items page.

After completing these fields 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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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 <input type="text" value="30"/> days	Order Date: <small>(mm/dd/yyyy)</small>	<input type="text"/>	
Client Last Name: <input type="text"/>	DOH Status:	<input type="text"/>	
Client ID: <input type="text"/>	Provider Status:	<input type="text"/>	
Service Type: <input type="text"/>	PA Number:	<input type="text"/>	

Service Type:

Show all transactions for this provider just my transactions

Client ID	Name	Order Date	Service Type	PA Number	DOH Status	Provider Status
AA00000Z	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. PA 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

Dental 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

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.

• • **PA – Dental Request**

[Return to Response Details](#)

General Information **Prior Approval Items**

* Indicates required field(s)

Line	Service Date	*Proc & Modifier	Arch/Quad	Tooth Number	*Req'd Times	*Req'd Amount	More Details
1	07/28/2008	D1351		2	1	\$500.00	

Previous