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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.

Included in this document:

Voiding a Claim

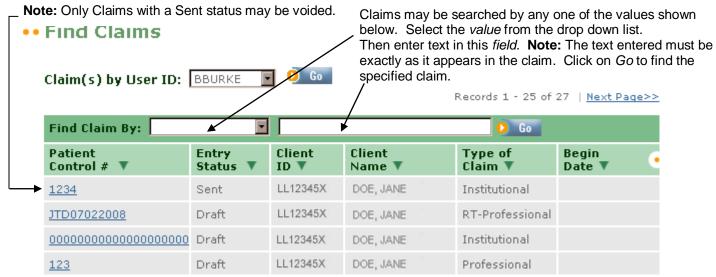
Method A	Step 1	Step 2	Step 3	Step 4	Step 5
Method B	<u>Step 1</u>	Step 2	Step 3	<u>Step 4</u>	Step 5
Replacing a Claim					
Method A	Step 1	Step 2	Step 3	Step 4	Step 5
Method B	Step 1	Step 2	Step 3	Step 4	Step 5

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.



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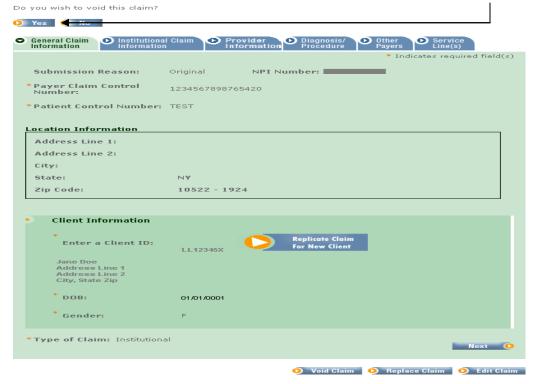


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Step 2: Click on the Patient Control # associated with the claim you wish to void. The following screen is displayed:



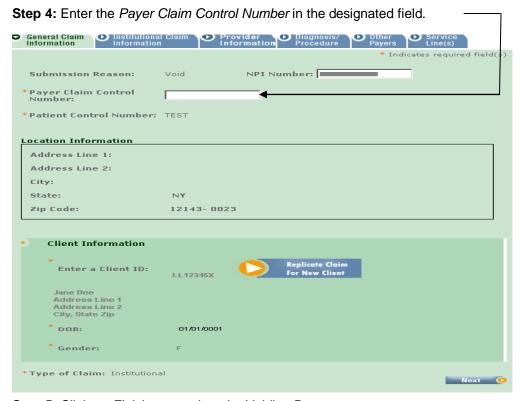
Step 3: You will be prompted to verify that you wish to void the claim. Click on Yes to continue the voiding process.



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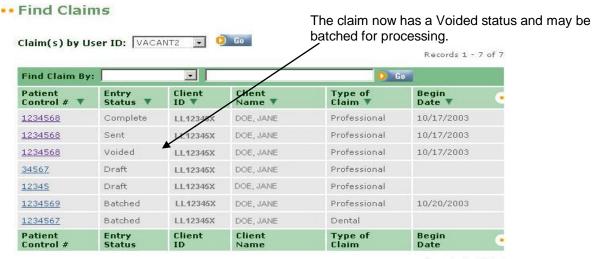


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Step 5: Click on Finish to complete the Voiding Process.

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.



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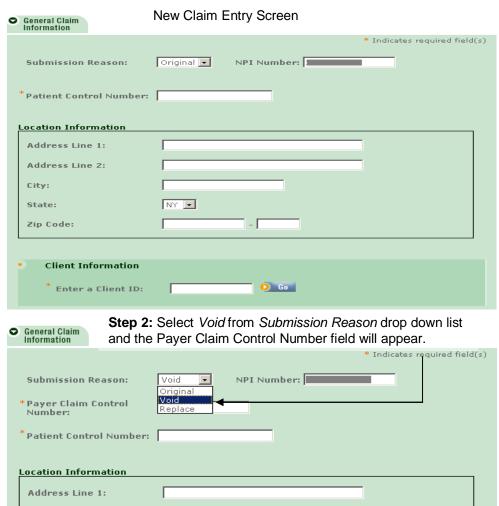
Address Line 2:

City:

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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.

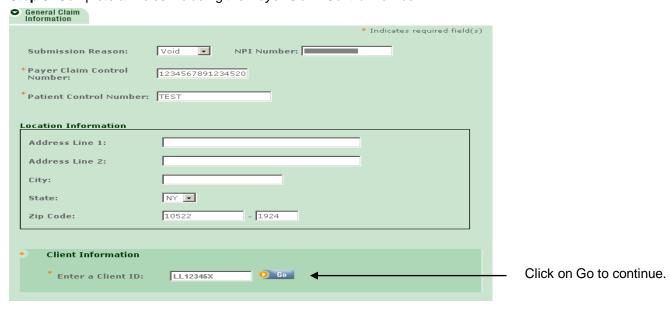


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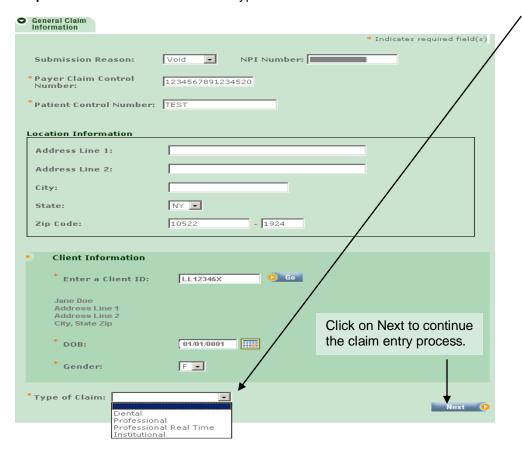


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Step 3: Complete all fields including the Payer Claim Control Number.



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



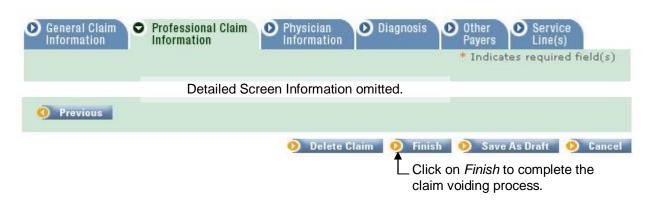
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Step 5: Complete the appropriate fields on the various Claim Information Tabs corresponding to the information submitted on the original claim. When all information is entered, click on Finish to save the claim. The claim will have a status of Voided 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

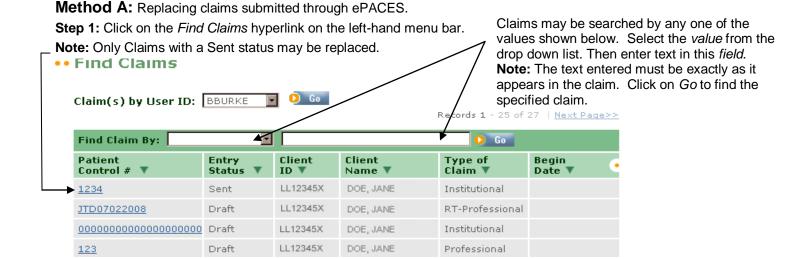


For information about entering claims, Please visit http://www.emedny.org/selfhelp/ePACES/ClaimQuickRefDocs.html and review the following documents:

- 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.

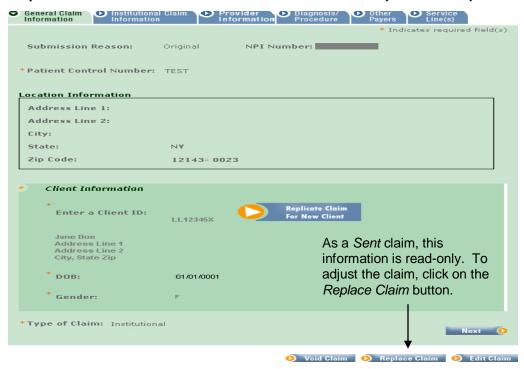


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Step 2: Click on the Patient Control # associated with the claim you wish to adjust. The following screen is displayed:



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

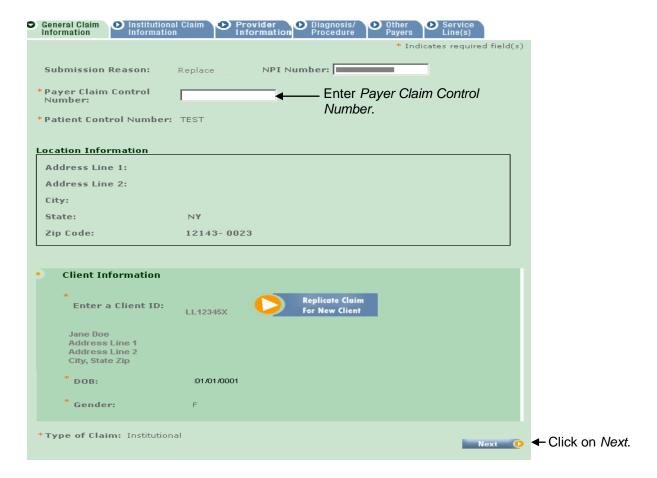


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Step 4: Enter the Payer Claim Control Number and click on Next to continue.



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.

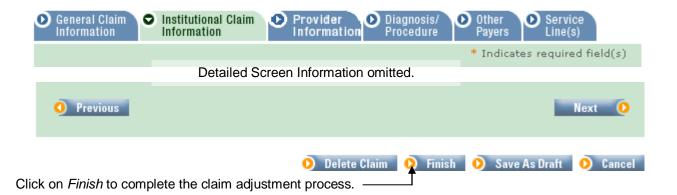
Note: If Service Provider, Referring Provider or Pay to Group information was entered on a claim submitted through ePACES, that information must be re-entered on the replaced (adjusted) claim. ePACES does not copy the data in these fields from the original claim into the adjusted claim.

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** New Claim - 837 Institutional



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.

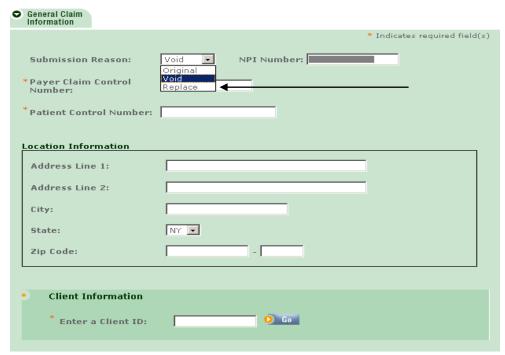


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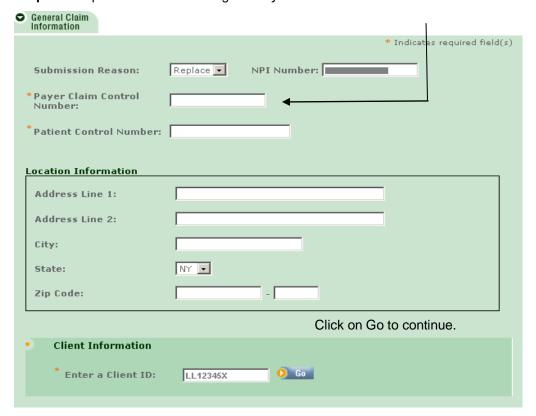


ePACES - Voiding and Replacing Claims

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



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

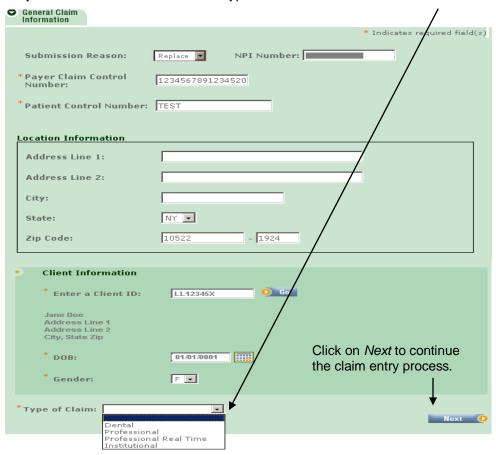


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Step 4: The next screen asks for the type of claim to be created. Choose from the drop down list.



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.

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** New Claim - 837 Institutional



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

Phone Contact

eMedNY 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, 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