



## ePACES - Voiding and Replacing Claims

### Overview

If a claim, submitted for processing, was paid and 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. Both Voiding and Replacing a claim require the Payer Claim Control Number associated with that previously paid claim. The Payer Claim Control Number is a 16-digit control number, also known as the Transaction Control Number (TCN) assigned to the original claim by NYS Medicaid to identify a unique claim. This number is required in order to submit a Replacement or Void for a previously paid claim. Note: ePACES may be used to Void or Replace a claim submitted by other submission methods.

### ***Included in this document***

Overview .....	1
A. Voiding a Claim .....	2
Method A: Voiding a claim submitted through ePACES. ....	2
Method B: Voiding a Claim submitted by a means other than ePACES. ....	4
B. Replacing a Claim .....	9
Method A: Replacing claims submitted through ePACES. ....	9
Method B: Replacing or adjusting a Claim originally submitted by a means other than ePACES. ....	13
Phone Contact .....	16



## ePACES - Voiding and Replacing Claims

### A. Voiding a Claim

There are two ways in ePACES to Void a previously paid claim. Method A should be used for claims previously sent to NYS Medicaid for processing through ePACES, and Method B may be used if the claim was **not** submitted through ePACES.

#### METHOD A: VOIDING A CLAIM SUBMITTED THROUGH EPACES.

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

The screenshot shows the ePACES application interface. On the left, there is a vertical menu bar with several sections: 'Claims', 'Eligibility', 'PA/DVS', 'Support Files', 'User Admin', and 'Certificate Admin'. Under the 'Claims' section, the 'Find Claims' link is highlighted with a red arrow. The main content area features the 'ePACES' logo and a welcome message: 'welcome to ePACES'. Below the logo, there is a paragraph of text explaining the application's purpose and providing contact information for the Primary Administrator. At the bottom of the page, there is a footer with the text '-C10-3141-146 DM'.

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

Any one of the following values may be used to search for a claim: Patient Control #, Entry Status, Client ID, Client Last Name, Type of Claim, and Begin Date

Select the value from the drop down list next to *Find Claim By*:

Then enter text in the following field. The text entered must be exactly as it appears in the claim. Click on *Go* to find the specified claim.

The screenshot shows the 'Find Claims' search interface. At the top, there is a search bar labeled 'Claim(s) by User ID:' with the value 'BBURKE' and a 'Go' button. Below this, there is a 'Find Claim By:' dropdown menu with a 'Go' button. The dropdown menu is open, showing a list of search criteria: Patient Control #, Entry Status, Client ID, Client Name, Type of Claim, and Begin Date. Below the dropdown menu, there is a table with the following data:

Patient Control #	Entry Status	Client ID	Client Name	Type of Claim	Begin Date
1234	Sent	LL12345X	DOE, JANE	Institutional	
JTC07022008	Draft	LL12345X	DOE, JANE	RT-Professional	
00000000000000000000	Draft	LL12345X	DOE, JANE	Institutional	
123	Draft	LL12345X	DOE, JANE	Professional	

A red arrow points to the 'Patient Control #' field in the first row of the table. At the bottom of the page, there is a footer with the text '-C10-3141-146 DM'.



## ePACES - Voiding and Replacing Claims

**Step 2:** Once you locate the claim you wish to void, Click on the **Patient Control #** associated with the claim and the following screen will be displayed:

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 at the top of the screen 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

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



## ePACES - Voiding and Replacing Claims

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

Submission Reason: Void NPI Number:

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

**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.** Professional Real-Time Claims do not need to be batched. If it was a Professional Real-Time claim, after finishing the claim, it may be submitted by selecting Submit Real-Time Claim.

**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.

### Find Claims

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

**METHOD B: VOIDING A CLAIM SUBMITTED BY A MEANS OTHER THAN ePACES.**



## ePACES - Voiding and Replacing Claims

**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.

**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.



## ePACES - Voiding and Replacing Claims

**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*. Click on **Go** to continue.

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



## ePACES - Voiding and Replacing Claims

continue the claim entry process.

### 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:



## 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.**

**Note:** Professional Real-Time Claims do not need to be batched. If it was a Professional Real-Time claim, after finishing the claim, it may be submitted by selecting Submit Real-Time Claim.

### •• New Claim - 837 Professional

General Claim Information Professional Claim Information Physician Information Diagnosis Other Payers Service Line(s)

\* Indicates required field(s)

Detailed Screen Information omitted.

Previous Delete Claim Finish Save As Draft Cancel

For information about entering claims, Please visit <https://www.emedny.org/selfhelp/ePACES/ClaimQuickRefDocs.aspx> 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



## ePACES - Voiding and Replacing Claims

### 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 an originally paid 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 adjusting erroneous errors that were made on the original submission.

#### 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.

Any one of the following values may be used to search for a claim: Patient Control #, Entry Status, Client ID, Client Last Name, Type of Claim, and Begin Date

Select the value from the drop down list next to *Find Claim By*:

Then enter text in the following field. 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:

Records 1 - 25 of 27 | [Next Page>>](#)

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 adjust. 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

[Next ▶](#)

[▶ Void Claim](#) | [▶ \*\*Replace Claim\*\*](#) | [▶ Edit Claim](#)

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

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## ePACES - Voiding and Replacing Claims

**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)

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

**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)

Submission Reason: Replace NPI Number: [redacted]

\* Payer Claim Control Number: [input field] 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**



## 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 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.** Professional Real-Time Claims do not need to be batched. If it was a Professional Real-Time claim, after finishing the claim, it may be submitted by selecting Submit Real-Time Claim.

**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.

### •• New Claim - 837 Institutional

\* Indicates required field(s)

Previous Detailed Screen Information omitted. Next

Delete Claim Finish Save As Draft Cancel

For information about entering claims, Please visit <https://www.emedny.org/selfhelp/ePACES/ClaimQuickRefDocs.aspx> 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



## ePACES - Voiding and Replacing Claims

### 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.

**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:



## 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:

\* 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*, then click on **Go** to continue

**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 4:** The next screen asks for the type of claim to be created. Choose from the drop down list. Click on **Next** to continue the claim entry process.

**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



## 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 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:** Professional Real-Time Claims do not need to be batched. If it was a Professional Real-Time claim, after finishing the claim, it may be submitted by selecting Submit Real-Time Claim.

### •• New Claim - 837 Institutional

\* Indicates required field(s)

Detailed Screen Information omitted.

For information about entering claims, Please visit <https://www.emedny.org/selfhelp/ePACES/ClaimQuickRefDocs.aspx>

and review the following documents:

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- 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, 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