



ePACES - PA Request & Response for DME, Prosthetics, Orthotics, Orthopedic Footwear and Medical Supplies

A Prior Approval (PA) request is submitted by the billing provider. Durable Medical Equipment (DME), Prosthetics, Orthotics, Orthopedic Footwear and Medical Supplies that require a PA are identified in the [DME Procedure Codes & Coverage Guidelines](#) and the [Medical Supply Procedure Codes & Coverage Guidelines](#) manuals by the procedure code being underlined. In the [DMEPOS Fee Schedule](#), a value of '1' in the PA column indicates a PA is required.

Submitting a PA Request

Clicking **Initial Request** located under the 'PA/DVS' section in the left-hand menu, will allow you to submit a PA request.

PA/DVS - Initial Request

General Information

* Indicates required field(s)

Client Information

* Enter a Client ID:

Enter a Client ID: The client ID entered must be in the format of **two letters, five numbers and one letter** (e.g. AA11111A). Click 'Go' and the client's name, gender and date of birth will automatically populate.



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General Information | **Prior Approval Items** * Indicates required field(s)

Client Information

* Enter a Client ID:

Patient Account #:

Name: Client's name

Gender: Client's gender

DOB: Client's date of birth

Transaction Type: Select Non Dental – Non DVS using the drop down arrow.

Transaction Type:

Provider Service Address: These fields may be left blank.

Contact Information: These fields may be left blank.

Provider Service Address

Address Line 1:

Address Line 2:

City: **MAY LEAVE BLANK**

State:

Zip:

Contact Information

Name:

Telephone: Ext: **MAY LEAVE BLANK**

E-Mail:

Fax #:



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Referring Provider: A referring provider is only required if the client is a restricted recipient. A member's restricted provider(s), if any, will be returned in your eligibility response (see [ePACES - MEVS Eligibility Request](#) and [ePACES - MEVS Eligibility Response](#)).

- **Referring Provider**
 - **Use an Existing Provider**

*Select a Name:

Go
 - OR Search for a Medicaid Provider:

Last Name:

Provider Number:

Go
- OR
- **Enter a New Non-Medicaid Provider**

* NPI #: Go

Ordering Provider: An ordering provider is always required when obtaining a PA. Select a name from the previously added providers using the drop down arrow. Alternatively, enter a provider's last name or provider number (NPI or Medicaid ID). After a name has been selected or last name/provider number has been entered, you **must** click 'Go'. The provider's name, type, NPI and contact information will automatically populate.

- **Ordering Provider**
 - **Use an Existing Provider**

*Select a Name:

Go
 - OR Search for a Medicaid Provider:

Last Name:

Provider Number:

Go
- OR
- **Enter a New Non-Medicaid Provider**

* NPI #: Go

- **Ordering Provider**

Last Name:	Provider's Last Name	Provider Type: Provider Type
First Name:	Provider's First Name	Contact Information:
Middle Initial:		Provider's Address
NPI #:	NPI Number	Phone: Provider's Telephone #
State License #:		

Change Provider



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Event Information

Facility Type: Select the Professional/Dental radio button.

Service Type: Select 12 - DME Purchase or 18 - DME Rental using the drop down arrow.

The screenshot shows the 'Event Information' section of the form. The 'Facility Type' is set to 'Professional/Dental'. The 'Service Type' dropdown menu is open, showing a list of options: 3 - Consultation, 4 - Diagnostic X-Ray, 5 - Diagnostic Lab, 6 - Radiation Therapy, 7 - Anesthesia, 8 - Surgical Assistance, 11 - Used Durable Medical Equipment, 12 - Durable Medical Equipment Purchase, 14 - Renal Supplies in the Home, 15 - Alternate Method Dialysis, 16 - Chronic Renal Disease (CRD) Equipment, 17 - Pre-Admission Testing, 18 - Durable Medical Equipment Rental, 20 - Second Surgical Opinion, and 21 - Third Surgical Opinion. The 'Related Causes Information' section is partially visible below.

Release of Information: Select a response using the drop down arrow.

The screenshot shows the 'Event Information' section of the form. The 'Facility Type' is set to 'Professional/Dental'. The 'Release Of Information' dropdown menu is open, showing two options: 'M - The Provider has Limited or Restricted Ability to Release Data' and 'Y - Yes, Provider has a Signed Statement Permitting Release of Medic'. The 'Service Type' dropdown is also visible.

Pattern of Delivery: These fields should be left blank.

Home Oxygen Therapy: These fields should be left blank.

Home Health Care: These fields should be left blank.

Attachments: These fields should be left blank.

The screenshot shows a summary section with four rows, each representing a different category. Each row has a dropdown arrow on the right side. The text 'LEAVE BLANK' is displayed in red for each category: 'Pattern of Delivery', 'Home Oxygen Therapy', 'Home Health Care', and 'Attachments'.



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Comments: Leave blank

• **Comments**

LEAVE BLANK

Click 'Next' at the bottom right. The 'Prior Approval Items' tab will then display.

Next

PA/DVS Non Dental Items

General Information

Prior Approval Items

* Indicates required field(s)

Line	Service Dates	*NDC/Proc & Modifiers	Unit Count Basis Meas.	Line Amount	More Details	Remove
1	From: MM/DD/YYYY To:	X1111	<input type="text"/> UN-Unit <input type="text"/>	\$ <input type="text"/>		

Submit

Clear

Service Dates: A 'From' date is always required for a PA request. If the duration of the prior approval is known, enter the end date in the 'To' field. The accepted entry format is MM/DD/YYYY. There is a calendar that can be clicked to choose the date(s) from the calendar. Once a date is chosen, it will populate in the field automatically. **Note:** The 'To' field may be left blank.

NDC/Proc & Modifiers: Enter the procedure code in the format of one letter and four numbers (e.g. X1111). Enter the 2-character code modifier(s), if applicable.

Unit Count Basis Meas.: Enter the quantity being requested.

Line Amount: Enter the total submitted charge.

Clicking 'Submit' will transmit the PA request to the NY Medicaid system. At the top left of the screen, you will see the message: **Request Submitted.**



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Viewing a PA Response

Clicking **Responses** located under the 'PA/DVS' section in the left-hand menu, will bring up two 'Prior Approval Activity Worklist sections' to assist you in viewing your PA response(s). The top section is for 'Search Criteria', while the bottom portion is for the 'Requests/Responses'.

Search Criteria

This section of the page contains multiple fields that you may use to filter the pool of submitted PA requests. Inquiries made within the past 3 days is the default in order to display the most recent inquiries made. Changing any of the values in the fields and clicking **Search** will refresh the page with the new list of requests displayed in the lower section.

Requested within the last ____ days: Entering a value (must be greater than 0, but no more than 120) in this field will limit the returned requests to only requests made within the specified number of 24-hour periods. For example: If you are viewing this page at 9:00 AM Friday and enter 2 in this field and then click 'Search', the results will display requests made in the past 48 hours made after 9:00 AM on Wednesday. **Note:** This field cannot be used in combination with the 'From Date' field.

Client Last Name: Entering the last name of a member will limit the returned requests to only inquiries made for members where the last name in the database exactly matches what was typed. For example, to find "JOHN SMITH JR." you would need to enter 'SMITH JR.' in this search field.

Client ID: Entering the member's client ID will limit the returned requests to only those made for that exact member. The client ID entered must be in the format of **two letters, five numbers and one letter** (e.g. AA11111A).

Service Type: Select 12 - DME Purchase or 18 - DME Rental using the drop down arrow.

Review Identification #: Entering the PA number will limit the returned request to that exact authorization. **Note:** This field cannot be combined with any other search criteria.

Date Sent: To retrieve requests made on a specific date, enter the date here. The accepted format is MM/DD/YYYY. There is a calendar that can be clicked to choose the date. Once a date is chosen, it will populate in the 'Date Sent' field automatically. **Note:** This field cannot be used in combination with the 'Requested within the last ____ days' field.



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Action: Enter or select (using the drop down arrow) a desired code by which to filter the PA requests to be displayed. The provided list will include all valid action codes.

All Transactions for this Provider / Just my Transactions:

- Selecting 'All Transactions for this provider' will return all PA requests submitted by the selected provider shown in the top left corner of the screen.
- Selecting 'Just my Transactions' will return only the PA requests submitted by you.

Prior Approval Activity Worklist

Search Criteria

Requested within the last <input style="width: 40px;" type="text" value="3"/> days	Review Identification #: <input style="width: 100px;" type="text"/>
Client Last Name: <input style="width: 180px;" type="text"/>	Date Sent: (mm/dd/yyyy) <input style="width: 80px;" type="text"/>
Client ID: <input style="width: 80px;" type="text"/>	Action: <input style="width: 100px;" type="text" value="v"/>
Service Type: <input style="width: 40px;" type="text"/>	

Show all transactions for this provider just my transactions

Requests/Responses

This section of the page contains the listing of the PA requests that match the 'Search Criteria' you entered. If minimal search criteria were entered, the list displayed could be quite lengthy. **Note:** PA requests are displayed in order of most recent submission.

Client ID: Displays the client ID entered on the PA request. **Note:** The client ID will be a hyperlink and clicking the hyperlink will open the details of the PA response.

Name: Displays the client's name in the following format: Last Name, First Name Middle Initial.

Date Sent: Displays the date (MM/DD/YYYY) that the PA request was submitted.

Service Type: The service type selected will display here.

Review ID Number: The PA authorization number, if available, will display here.

Action: Displays the action code received in the PA response.

- 'A1' will display a Response Descriptive Text of 'Certified in Total' and means the PA has been approved.
- 'A3' will display a Response Descriptive Text of 'Not Certified' and means the PA has not been approved.
- 'A4' will display a Response Descriptive Text of 'Pended' and means the PA requires medical review.
- 'C' will display a Response Descriptive Text of 'Cancelled' and means the PA has been cancelled.
- 'CT' will display a Response Descriptive Text of 'Contact Payer' and means you should call 800-343-9000.
- 'NA' will display a Response Descriptive Text of 'No Action Required' and means a PA is not required.



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Response Descriptive Text: Displays the description associated with the action code indicated in the adjacent column. Please see **Action:** above.

Note: When action code 'A3' is displayed, the Response Descriptive Text will return 'Not Certified' and the reject reason code. Some, but not all, of the rejects that could be returned are:

- 0Q - Duplicate Request
- 0X - Service Inconsistent with Provider Type
- 0Y - Service inconsistent with Patient's Age
- 12 - Patient is restricted to specific provider
- 25 - Services were not considered due to other errors in the request

Image Upload: Displays a clickable image when the Action is 'A4' with a Response Descriptive Text of 'Pended, 0U-Additional Patient Information required'. See [ePACES - Electronic Attachments for Prior Approvals](#) for detailed instructions on uploading documents.

Client ID	Name	Date Sent	Service Type	Review ID Number	Cert. Type	Action	Response Descriptive Text	Image Upload
XX11111X	Someone's Name	2/6/2025 3:41:24 PM	12 or 18	PA#	I	A4	Pended, 0U-Additional Patient Information required	

To view the details of a PA response, click on the hyperlinked 'Client ID'. The details returned will be divided into sections (Client Information, Transaction Type, Response, Referring and/or Ordering Provider).

Note: A claim's date of service cannot be prior to the effective date or after the expiration date of the Review ID.

Example of a Pended PA Response Detail

General Information

Client Information

* Client ID: XX11111X

Patient Account #:

Name: Client's Name

Gender: Client's Gender

DOB: Client's date of birth

Transaction Type: Non Dental - Non DVS

Response

PENDED Review ID Number: 1111111111

Not for Billing



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Example of an Approved PA Response Detail

Client Information	
* Client ID:	XX11111X
Patient Account #:	
Name:	Client's Name
Gender:	Client's Gender
DOB:	Client's date of birth
Transaction Type:	Non Dental - Non DVS
Response	
Action Code: A1-Certified in total	
Issue Date:	11/25/2024
Review ID Number:	1111111111
Effective Date:	11/25/2024
Expiration Date:	11/29/2024

Phone Contact

eMedNY Call Center: (800) 343-9000

Hours of Operation:

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

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