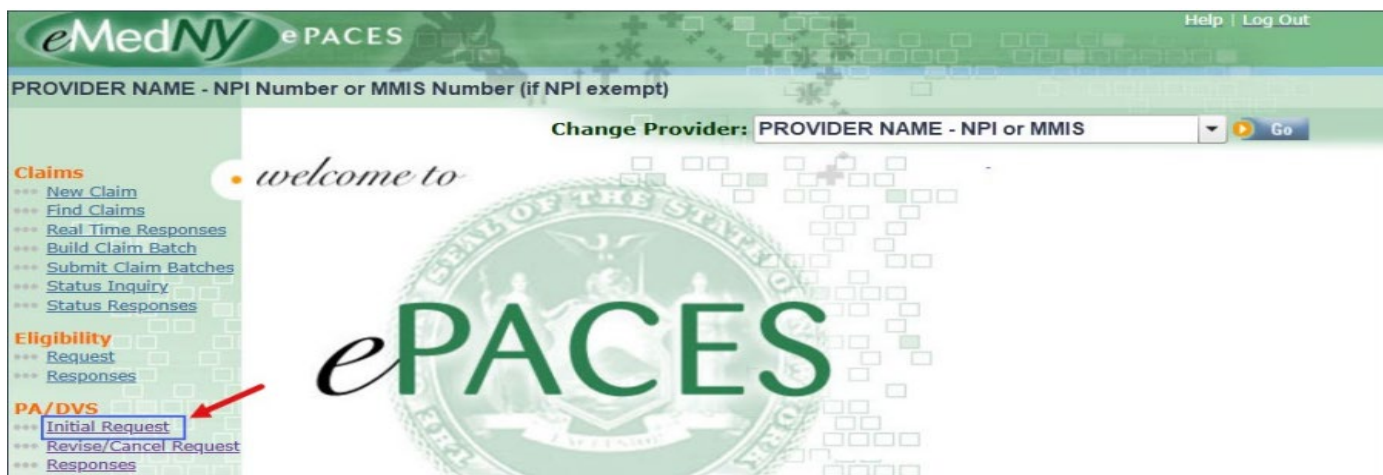**eMedNY   ePACES – Prior Approval Request & Response for Dental**

A Prior Approval (PA) Request may be submitted by either an individual Provider or Group. If submitted for a Group, the group ID must be entered on the claim. Dental procedure codes will be underlined and listed as (PA REQUIRED) after the procedure code description in the Dental_Policy_and_Procedure_Manual.pdf or by the letters PA in the PA/DVS column of the Dental Fee Schedule.

Submitting a Request

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

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.

eMedNY **ePACES – Prior Approval Request & Response for Dental**

* Indicates required field(s)

- **Client Information**

    *Enter a Client ID: [LL12345X]   ▶ Go

    Patient Account #: [   ]

    Name: FRED FLINSTONE

    Gender: M

    DOB: 01/01/0001

Transaction Type: Select the appropriate transaction type from the drop down: Dental – Non DVS.

- **Transaction Type:**   [Dental - Non DVS   ⌄]

Provider Service Address - this can be left blank.

Contact information – this can be left blank.

- **Provider Service Address**

    Address Line 1: [   ]

    Address Line 2: [   ]

    City: [   ]

    State: [   ] ▦▶

    Zip: [   ] [   ]

- **Contact Information**

    Name: [   ]

    Telephone: [   ] Ext: [   ]

    E-Mail: [   ]

    Fax #:   [   ]

eMedNY ePACES – Prior Approval Request & Response for Dental

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.

Ordering Provider:

An ordering provider or group is always required when obtaining a PA. Select a name from previously added providers using the drop down arrow. Alternatively, to search for a provider 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.

eMedNY   ePACES – Prior Approval Request & Response for Dental

Event Information:

Facility Type: Select appropriate Facility Type radio button of Professional/Dental

Service Type: Select 35 - Dental Care

Release of Information: Pick the appropriate option to indicate whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations.

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

Comments: This field should be left blank

eMedNY **ePACES – Prior Approval Request & Response for Dental**

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

Next

Line	Service Dates	*NDC/Proc & Modifiers	Unit Count	Oral Cav Area	Tooth Number	Line Amount	More Details	Remove
1	From: MM/DD/YYYY To:	D0364				$		

* Indicates required field(s)

Previous

Service Date From: The 'From' is always the current date/today's date for a PA request. You cannot enter a previous or future date. The accepted entry format is MM/DD/YYYY. There is a calendar that can be clicked to choose the date from the calendar. Once a date is chosen, it will populate in the 'From' field automatically.

Service Date To: This should 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: Enter the quantity being requested.

Oral Cav Area: Enter the Oral Cavity Area if applicable. You may click the blue box for the full list to choose from.

Tooth Number: Enter the Tooth Number if applicable. You may click the blue box for the full list to choose from.

Line Amount: Enter the total submitted charge for the procedure code

Previous

Submit   Clear

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.

 ePACES – Prior Approval Request & Response for Dental

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 35-Dental Care.

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.

eMedNY ePACES – Prior Approval Request & Response for Dental

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.

Note: When changing any of the Search Criteria, you must **click** on the 'Search' button.

Prior Approval Activity Worklist

Search Criteria

Requested within the last [3] days	Review Identification #: [ ]
Client Last Name: [ ]	Date Sent: (mm/dd/yyyy) [ ] 📅
Client ID: [ ]	Action: [▼]
Service Type: [ ] 🖱️	

Show ⚪ all transactions for this provider ⦿ just my transactions

▶ Search   ▶ Clear

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 was 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.

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

eMedNY **ePACES – Prior Approval Request & Response for Dental**

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: You may need to upload any x-rays or appropriate documentation to support the PA request. Your provider manual should assist you with the type of documentation that is required. There is also a Prior Authorization Checklist in the Dental Procedure Manual to assist you.

Client ID	Name ▼	Date Sent ▼	Service Type ▼	Review ID Number ▼	Cert. Type	Action ▼	Response Descriptive Text	Image Upload
AA00000A	SMITH, JOAN	5/2/2022 3:35:42 PM	35	12345678901		A4	Pended, 0V-Requires Medical Review	
Client ID	Name	Date Sent	Service Type	Review ID Number	Cert. Type	Action	Response Descriptive Text	Image Upload

Clicking Image Upload takes you to another screen where you upload the documents.

Image Upload

> PA Number: 12345678901
>
> * Image Type: PH - PHOTO
>
> * File Type: ○ gif ○ jpg ● pdf ○ png ○ tif
>
> * File Upload: [   ] Browse...
>
> [Upload]
>
> (Once all required fields are populated and local image file is selected, click upload button.)

Refer to ePACES - Electronic Attachments for Prior Approvals for additional information on uploading document images

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

Client Information

> * Client ID: XX11111X
>
> Patient Account #:
>
> Name: Client's Name
>
> Gender: Client's Gender
>
> DOB: Client's date of birth

Transaction Type: Dental - Non DVS

eMedNY   **ePACES – Prior Approval Request & Response for Dental**

Response

Action Code: A1-Certified in total

Issue Date: 11/25/2024   Review ID Number: 11111111111

Effective Date: 11/25/2024   Expiration Date: 11/29/2024

• **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		
State License #:		Phone:	Provider's Telephone #

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