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# ePACES Professional Claim

## REFERENCE GUIDE

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### INITIAL SCREEN

**Claims**

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**User Admin**

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**PAmpress**

**Effective 4/1/2023:** The Medicaid pharmacy benefit will transition from Medicaid Managed Care to **NYRx, The Medicaid Pharmacy Program.**

For further information, please visit these sites:  
[eMedNY](#) [DOH](#)

Choose **New Claim**.

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#### GENERAL CLAIM INFORMATION TAB

General Claim Information

Indicates required field(s)

Submission Reason:

Original

NPI Number:

0123456789

\* Payer Claim Control Number:

\* Patient Control Number:

**Submission Reason:** Choose *Original* if you are submitting a new claim or resubmitting a previously denied or rejected claim. Choose *Replace* if you are submitting an adjustment and choose *Void* if you are voiding a claim. If you choose *Replace* or *Void*, you must enter the Payer Claim Control Number of the paid claim. This number appears on the remittance statement as a transaction control number (TCN). The Payer Claim Control Number field will only appear if you select *Replace* or *Void* from the drop down.

**Note:** Options *Interim* and *Final* also appear in the drop down menu. These are only for use by Certified Home Health Agencies.

**NPI Number:** The NPI in this field is defaulted to the current NPI for the MMIS provider ID to which it maps. If you are billing a date of service when the NPI for the **same** MMIS provider ID was different, enter the old NPI in this field.

\* **Payer Claim Control Number:** Enter the payer claim control number (also called a TCN), if you are submitting an Adjustment or Void to a previously paid claim. **Note:** This field will only appear if doing an adjustment or void.

\* **Patient Control Number:** Enter the Patient Control Number. This is also referred to as the Office Account number. You may enter up to 20 characters and each number should be unique to the patient for which you are submitting a claim. This field is required on all claims.

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**Location Information**

Address Line 1:

Address Line 2:

City:

State:

NY ▼

Zip Code:

-

**Client Information**

Enter a Client ID:

Go

\* **Location Information:** Enter the address where the service was performed including your Zip + 4 postal code.

Non-Emergency Transportation only: You may enter the 3-digit locator code assigned to the location you are billing from if you are not required to submit with an NPI. Locator codes range 003 and higher.

**Location Information**

Location Code:

**Note:** The Locator Code field will only appear if the provider in the drop down box is an atypical provider such as a non-emergency transportation provider.

\* **Client Information:** Enter the client ID, then click on Go.

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If the client ID you have entered is a valid ID, the system will present you with this page.

The screenshot displays the 'General Claim Information' form. At the top, there's a tab labeled 'General Claim Information'. Below it, a legend indicates that an asterisk (\*) denotes a required field. The form is divided into three main sections: 'General Claim Information', 'Location Information', and 'Client Information'. In the 'General Claim Information' section, 'Submission Reason' is set to 'Original' and 'NPI Number' is '0123456789'. The 'Patient Control Number' is '12345'. The 'Location Information' section contains fields for 'Address Line 1' (1 Main Street), 'Address Line 2' (empty), 'City' (Any Town), 'State' (NY), and 'Zip Code' (12345 - 1234). The 'Client Information' section shows 'Enter a Client ID' as 'AA00000Z' with a 'Go' button. Below this, the client's details are populated: 'JANE DOE', '1 MAIN ST', 'ANY TOWN', 'NY, 12345'. The 'DOB' is '01/01/1910' and 'Gender' is 'F'. At the bottom, the 'Type of Claim' dropdown is open, showing options: 'Dental', 'Professional', 'Professional Real Time', and 'Institutional'. A 'Next' button is located at the bottom right of the form.

The client's name, address, DOB and gender will be automatically populated. The DOB and gender fields have options to allow you to change the DOB and gender if necessary. If the client displayed is not correct because you entered the wrong ID, you may enter a new client ID and click on *Go*.

\* **Type of Claim:** Enter the type of claim you want to submit and click on *Next*. The types of claims allowed are:

- Dental
- Professional
- Professional Real Time
- Institutional

In order for this to be submitted as a Professional Claim, select *Professional* from the drop down.

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#### PROFESSIONAL CLAIM INFORMATION TAB

Once you have chosen the Claim Type and this page is displayed, you cannot change the Claim Submission Reason, Patient Control Number, Client ID or Claim Type.

The screenshot shows the 'Professional Claim Information' tab selected. The form contains the following fields and options:

- \* Place of Service:** A dropdown menu.
- \* Provider Signature On File?** Radio buttons for Yes and No.
- \* Assignment of Benefits?** A dropdown menu.
- \* Release of Information?** A dropdown menu.
- \* Accept Assignment?** A dropdown menu.
- \* Signature Source:** Radio buttons for Patient and Other.
- \* Exempt from Copay?:** Radio buttons for Yes and No.
- \* Is Patient Pregnant?:** Radio buttons for Yes and No.

A legend at the top right states: \* Indicates required field(s).

\* **Place of Service:** Choose the Place of Service code from the drop down box. The Place of Service identifies where you saw the patient. The most common Place of Service codes are:

<b>11</b> – Office	<b>12</b> – Recipient Home
<b>21</b> – Inpatient Hospital	<b>22</b> – Outpatient Hospital
<b>23</b> – Emergency Room	<b>31</b> – Skilled Nursing Facility
<b>41</b> – Ambulance Land	<b>42</b> – Ambulance Air or Water
<b>99</b> – Other Unlisted Facility	

\* **Provider Signature on File:** Entry must be YES to indicate that the Provider has a current certification statement on file to allow them to submit electronically.

\* **Assignment of Benefits:** Entry must be Y for Yes to indicate payment will be made to the Provider.

\* **Release of Information:** 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.

\* **Accept Assignment?:** Must be A to indicate the provider is enrolled in Medicaid.

\* **Signature Source:** Choose the appropriate option of Patient or Other.

\* **Exempt From Copay?:** Choose Yes or No on whether the member is exempt from copay.

\* **Is Patient Pregnant?:** Field is defaulted to No. If the member is pregnant, click Yes.

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Patient Amount Paid:	\$	<input type="text"/>
Prior Auth or Referral #:		<input type="text"/>
Mammography Certification Number:		<input type="text"/>
CLIA Number:		<input type="text"/>
<b>• Certification Information</b>		
<b>Certification Category</b>	<b>Condition Codes</b>	
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<a href="#">Enter More Certification Information...</a>		

**Patient Amount Paid:** This field is used to indicate the amount paid, if any, by the member.

**Prior Authorization or Referral #:** Enter in prior approval number or Referral number if applicable.

**Mammography Certification Number:** Required when billing for mammography services.

**CLIA Number:** Required for all CLIA certified facilities performing CLIA covered laboratory services.

**Certification Category:** Enter a certification category if billing for Early Periodic Screening Diagnosis and Treatment (EPSDT).














**Condition Codes:** If you indicated a certification category, enter the appropriate condition code:

- AV Patient refused referral
- NU No Referral Made
- S2 Under Treatment for referred diagnostic or corrective health problem
- ST Patient is referred or scheduled for new services as a result of the screening

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**Dates**

Admission Date:	<input type="text"/>	
Discharge Date:	<input type="text"/>	
Onset of Current Illness or Injury Date:	<input type="text"/>	
Last X-Ray Date:	<input type="text"/>	
Last Menstrual Period Date:	<input type="text"/>	
Hearing and Vision Prescription Date:	<input type="text"/>	
Disability From Date:	<input type="text"/>	
Disability Through Date:	<input type="text"/>	
Assumed Care Date:	<input type="text"/>	
Relinquished Care Date:	<input type="text"/>	
Accute manifestation Date:	<input type="text"/>	
Initial Treatment Date:	<input type="text"/>	
Last Seen Date:	<input type="text"/>	

**Dates:** Enter the dates listed below as applicable.

- Admission Date
- Discharge Date
- Onset of Current Illness or Injury Date
- Last X-Ray Date
- Last Menstrual Period Date
- Hearing and Vision Prescription Date
- Disability From Date
- Disability Through Date
- Assumed Care Date
- Relinquished Care Date
- Acute Manifestation Date
- Initial Treatment Date
- Last Seen Date

**Related Causes Information**

Related Causes:  
(select up to 2)

Accident Date:

☐ Employment

☐ Other Accident

☐ Auto Accident

NY

US

**Related Causes Information:** This field is used to indicate that the claim is being submitted because of an accident or work related incident. If applicable, enter a check next to the appropriate cause and enter the accident date. If Auto Accident is checked, use the drop down boxes to indicate the State and Country. Leave blank if the claim is unrelated to an accident.



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<b>• Transport Information</b>	
<b>• Ambulance Transport</b>  Patient Weight: <input type="text"/> lbs. Ambulance Transport Reason: <input type="text"/> Transport Distance: <input type="text"/> miles Ambulance Condition Codes: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>• Non Emergency Transport</b>  * Driver License: <input type="text"/> * License Plate Number: <input type="text"/>
<b>• Transportation Pick UP/Drop Off Location</b>	
<div style="text-align: center;"><b>Pick UP</b></div> Address Line 1: <input type="text"/> Address Line 2: <input type="text"/> City: <input type="text"/> State: <input type="text" value="NY"/> Zip Code: <input type="text"/> - <input type="text"/>	<div style="text-align: center;"><b>Drop Off</b></div> Address Line 1: <input type="text"/> Address Line 2: <input type="text"/> City: <input type="text"/> State: <input type="text" value="NY"/> Zip Code: <input type="text"/> - <input type="text"/>

### Transport Information

**Ambulance Transport:** completed for ambulance services only

**Non-Emergency Transport:**

- \* **Driver License:** If billing for non-emergency transportation, enter the license number of the driver.
- \* **License Plate Number:** If billing for non-emergency transportation, enter the license plate number of the vehicle.

Service Authorization Exception Code: <input type="text"/>	
Special Program Indicator: <input type="text"/>	
Delay Reason: <input type="text"/>	
Patient Weight (EPO patients): <input type="text"/> lbs.	

**Service Authorization Exception Code:** The following list shows the acceptable HIPAA SA Exception Codes:

- 1 = Immediate/Urgent Care
- 2 = Services Rendered in a Retroactive Period
- 3 = Emergency Care
- 4 = Client has Temporary Medicaid
- 5 = Request from County for Second Opinion to Determine if Recipient can work
- 6 = Request for Override Pending
- 7 = Special Handling

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**Special Program Indicator:** Entry will be one of the following Special Program codes to indicate if the services are related to PHCP or Disability:

- 02** = Physically Handicapped Children's Program. This value will be processed as the PHCP indicator.
- 03** = Special Federal Funding. We will ignore this value if entered.
- 05** = Disability. This value will be processed as the Possible Disability indicator.
- 09** = Second Opinion or Surgery. We will ignore this value if entered.

**Delay Reason:** This field is the Over 90 Day indicator. One of the following codes is used to indicate why the claim is being submitted over 90 days from the service date.

- 1** = Proof of Eligibility Unknown or Unavailable
- 2** = Litigation
- 3** = Authorization Delays
- 4** = Delay in Certifying Provider
- 5** = Delay in Supplying Billing Forms
- 7** = Third Party Processing Delay
- 8** = Delay in Eligibility Determination
- 9** = Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules
- 10** = Administrative Delay in the Prior Approval Process
- 11** = Other (Interrupted Maternity Care or IPRO Denial/Reversal)
- 15** = Natural Disaster

**Patient Weight (EPO patients):** Leave this field blank.

The screenshot shows a web-based form for entering claim information. The 'Condition Codes' section contains two columns of input fields, each with a dropdown arrow. Below this is the 'Group Provider (use if a different entity than the Billing Provider)' section, which includes a 'Group Provider Number' field and a 'Go' button. At the bottom of the form are navigation buttons: 'Previous', 'Next', 'Delete Claim', 'Finish', 'Save As Draft', and 'Cancel'.

**Condition Codes:** If the procedure is for an Abortion/Sterilization, select the applicable code from the list. Only the following Abortion Codes may be reported in this field:

- AA** = Abortion performed due to rape
- AB** = Abortion performed due to incest
- AC** = Abortion due to serious fetal defect or serious deformity or abnormality
- AD** = Abortion due to life endangering physical condition caused by or arising from pregnancy
- AE** = Abortion due to physical health of mother that is not life endangering
- AF** = Abortion due to emotional/physiological health of mother
- AG** = Abortion due to social or economic reasons
- AH** = Elective Abortion
- AI** = Sterilization

**Group Provider Number:** If you would like payment to go to the group, enter the group NPI in this field.

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#### PROVIDER INFORMATION TAB

\* Indicates required field(s) if entering information for a provider type

**Rendering Provider**

- Use an Existing Provider**
  - \*Select a Name:  Go
- OR Search for a Medicaid Provider:
  - Last Name:
  - Provider Number:  Go

**Enter a New Non-Medicaid Provider**

\* NPI #:  Go

**Referring Provider**

- Use an Existing Provider**
  - \*Select a Name:  Go
- OR Search for a Medicaid Provider:
  - Last Name:
  - Provider Number:  Go

**Enter a New Non-Medicaid Provider**

NPI #:

AND/OR

State License #:  Go

**Rendering Provider:** The Rendering Provider is used to identify the actual provider of service when that person is different from the provider selected as the Billing Provider.

**Please Take Note:** If a Physician Assistant or Clinical Social Worker is entered as a Rendering Provider, the Supervising Provider field must be completed.

**Referring Provider:** This field is used to identify the Referring Provider when necessary. The Referring Provider is required in certain cases such as a Restricted Recipient, private duty nursing claims, and required Podiatry referrals for children under 21 years of age.

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## ePACES Professional Claim

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The screenshot displays the 'ePACES Professional Claim' form. It is divided into two main sections: 'Primary Care Provider' and 'Supervising Provider'. Each section has two options: 'Use an Existing Provider' and 'Enter a New Non-Medicaid Provider'. The 'Use an Existing Provider' option includes a dropdown menu for 'Select a Name' and a 'Go' button. The 'Enter a New Non-Medicaid Provider' option includes fields for 'NPI #', 'AND/OR', and 'State License #', with a 'Go' button. There are also fields for 'Last Name' and 'Provider Number' for both sections. At the bottom, there are navigation buttons: 'Previous', 'Next', 'Delete Claim', 'Finish', 'Save As Draft', and 'Cancel'.

**Primary Care Provider**

- Use an Existing Provider**
  - \*Select a Name:
  -
- OR Search for a Medicaid Provider:**
  - Last Name:
  - Provider Number:
  -
- Enter a New Non-Medicaid Provider**
  - NPI #:
  - AND/OR
  - State License #:
  -

**Supervising Provider**

- Use an Existing Provider**
  - \*Select a Name:
  -
- OR Search for a Medicaid Provider:**
  - Last Name:
  - Provider Number:
  -
- Enter a New Non-Medicaid Provider**
  - NPI #:
  -

**Primary Care Provider:** This field is used to report additional referrals if more than one referral exists and there is a requirement to report the additional referral. If a Primary Care Provider is entered, a Referring Provider must also be entered.

**Supervising Provider:** Enter the Billing Provider's number in this section when the Rendering Provider is a Physician Assistant or Clinical Social Worker.

## ePACES Professional Claim

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#### DIAGNOSIS TAB

**Diagnosis Information**

☐ ICD-9 ☒ ICD-10

Diagnosis 1:       Diagnosis 7:   
 Diagnosis 2:       Diagnosis 8:   
 Diagnosis 3:       Diagnosis 9:   
 Diagnosis 4:       Diagnosis 10:   
 Diagnosis 5:       Diagnosis 11:   
 Diagnosis 6:       Diagnosis 12:

**Anesthesia Related Procedure**

Anesthesia Related Procedure Code 1:   
 Anesthesia Related Procedure Code 2:

[Previous](#) [Next](#) [Delete Claim](#) [Finish](#) [Save As Draft](#) [Cancel](#)

**ICD-9/ICD-10:** This is defaulted to ICD-10.

\* **Diagnosis Information:** Enter at least one diagnosis code. Up to 12 diagnosis codes may be entered on a claim, but they cannot be duplicated. The diagnosis pointer on the claim line corresponds to the codes entered here. **Do not include the decimal point when entering the diagnosis code.**

**Anesthesia Related Procedure:** If billing for anesthesia services, enter the procedure code(s) for the surgery in this field.

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#### OTHER PAYERS TAB

This tab may be used to report payments received from Medicare and/or Third Party Insurance information. Please note: Providers are required to report other payer payments and adjustments as they were reported by the other payer. In other words, if the other payer provided line level payments and adjustments, providers are required to report those payments and adjustments at the line level. If the other payer provided claim level payments and adjustments, providers are required to report those payments and adjustments at the claim level.

• • **New Claim - 837 Professional**

▶ General Claim Information

▶ Professional Claim Information

▶ Physician Information

▶ Diagnosis

▼ Other Payers

▶ Service Line(s)

\* Indicates required field(s)

**All Other Payers**

Line #	Other Payer Name	Paid Amount	Date Claim Paid	Other Subscriber Name	Remove
(No Other Payers Found)					

▶ Add New Payer

▶ Previous

Next ▶

▶ Delete Claim

▶ Finish

▶ Save As Draft

▶ Cancel

**All Other Payers:** If more than one other payer's information applies, click on the *Add New Payer* button.

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### OTHER PAYER DETAILS

This tab is used to indicate details about the Other Payer. If you are reporting payment from a third party insurance, all required fields on this tab must be completed.

The screenshot shows the 'Other Payer Details' tab selected in the ePACES Professional Claim form. The tab bar at the top includes: General Claim Information, Professional Claim Information, Physician Information, Diagnosis, Other Payers (selected), and Service Line(s). A note below the tabs states: '\* Indicates required field(s) if entering information on this tab'. Below the tabs, there are two buttons: 'Next Other Payer' and 'View Other Payers'. The main section is titled 'Other Payer Information' and contains the following fields:

- \* Other Payer Name: A dropdown menu.
- \* Payer Sequence Number: A dropdown menu.
- \* Payer Type: A text input field with a help icon.
- Other Payer Paid Amount: A text input field with a dollar sign prefix.
- Other Payer Claim Control Number: A text input field with a dollar sign prefix.
- Date Claim Paid: A text input field with a calendar icon.

### Other Payer Information

\* **Other Payer Name:** If the Other Payer Support File has already been populated with the Other Payer, you may choose it from the drop down list. If the other payer is not in the dropdown list, you can add it by clicking on the *Other Payer* link under Support Files on the left hand side.

\* **Payer Sequence Number:** Enter the sequence number as Primary, Secondary or Tertiary.

\* **Payer Type:** Enter the other payer type. Ex: MB for Medicare Part B.

**Other Payer Paid Amount:** If reporting Other Payer Paid information, enter the amount paid by the Other Payer in this field. Enter the total amount paid by the other insurance for the entire claim.

**Other Payer Claim Control number:** If available, enter the claim control number from the other payer.

**Date Claim Paid:** Enter the date you received payment from the Other Payer.

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Other Subscriber

\* Last Name:

\* First Name:

\* Primary ID:

Address Line 1:

Address Line 2:

\* City:

\* State:

NY

\* Zip Code:


-

\* Country:

US

Other Subscriber Information

\* Relationship:



Group Number:

Group Name:

### **Other Subscriber**

\* Enter the Name, Primary ID, Address, and other demographic information pertaining to the Subscriber of the Other Payer.

### **Other Subscriber Information**

\* **Relationship:** Enter the appropriate code from the drop down list to indicate the Subscriber's relationship to the member.

**Group Number:** Optional. Enter the Subscriber's group number for the other payer when applicable.

**Group Name:** Optional. Enter the Subscriber's group name for the other payer when a group number is not present, but the group name is.



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Claim Adjustments				
Claim Adjustment Group	Reason Code	Adjustment Amount	Adjustment Quantity	
<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"/>	
<input type="button" value="Add"/>				
Claim Adjustment Group	Reason Code	Adjustment Amount	Adjustment Quantity	

### Claim Adjustments

If the other payer reported claim adjustments at the claim level, enter the adjustment information here.

**Claim Adjustment Group:** Enter the Group Code as received from the other payer.

**Reason Code:** Enter the Claim Adjustment Reason Code as received from the other payer.

**Adjustment Amount:** Enter the adjustment amount as received from the other payer.

**Adjustment Quantity:** Enter the quantity as received from the other payer.

Other Insurance Coverage Information	
* Assignment of Benefits?	<input type="text"/>
* Patient Signature Source?	<input type="text"/>
* Release of Information?	<input type="text"/>

### Other Insurance Coverage Information

\* **Assignment of Benefits:** Enter Yes or No.

\* **Patient Signature Source:** Choose the appropriate code from the drop down list.

\* **Release of Information:** Choose the appropriate code (Y or I) from the drop down list.

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**Amounts**

Remaining Patient Liability: \$

Non Covered Charge Amount: \$

Next Other Payer → View Other Payers →

← Previous Next →

→ Delete Claim → Finish → Save As Draft → Cancel

### Amounts

**Remaining Patient Liability:** Leave blank.

**Non Covered Charge Amount:** Only enter an amount in this field if there is documentation stating that the other payer will not cover this service and you are not billing the other payer. The amount entered must equal the Total Claim Charge Amount.

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**SERVICE LINE TAB**

General Claim Information		Professional Claim Information		Physician Information		Diagnosis		Other Payers		Service Line(s)	
* Indicates required field(s)											
Line	Item Ctl #	*Svc Date:	*Proc & Mod	*Chrg Amount	*Svc Count	Place of Svc	*DX Pointer	*Emgcy	More	Del.	
1		From:  To: 	 		 Unit 	 	 	<input type="radio"/> Yes <input type="radio"/> No	 		
2		From:  To: 	 		 Unit 	 	 	<input type="radio"/> Yes <input type="radio"/> No	 		
3		From:  To: 	 		 Unit 	 	 	<input type="radio"/> Yes <input type="radio"/> No	 		
4		From:  To: 	 		 Unit 	 	 	<input type="radio"/> Yes <input type="radio"/> No	 		
5		From:  To: 	 		 Unit 	 	 	<input type="radio"/> Yes <input checked="" type="radio"/> No	 		
Total Claim Charges: \$0.00											
<div>  Add More Service Lines         </div> <div>  Previous         </div> <div>  Delete Claim          Finish          Save As Draft          Cancel       </div>											

**Line:** Indicates the line number on the claim. You can enter up to 5 service lines using this page. Click on the *Add More Services Lines* button to allow entry of an additional 5 lines. Each time you click on that button, you are given 5 more lines up to a maximum of 50 claim lines.

**Line Item Ctl #:** Not required. When used, the value provided will be returned on the 835 (electronic remittance advice) and may be used as an index to your system.

\* **Svc Dates From/To:** Enter the service date in *From* if you are only billing for a single day for that claim line. For Physicians or Nurse Practitioners who are block billing consecutive inpatient hospital visits in the same month, the *From/To* dates may be used.

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\* **Proc & Mod:** Enter the procedure code that describes the service you are billing. You may enter up to 4 modifiers as necessary to identify special circumstances.

\* **Chrg Amount:** Enter the total amount charged.

\* **Svc Count:** Enter the number of units.

**Place of Svc:** Enter the Place of Service Code if the code you entered on the Professional Claim Information Tab is different. This is done if you indicated Office Visit on the header, then needed to bill Inpatient Services as well.

\* **DX Pointer:** Enter the appropriate number corresponding to the diagnosis code entered on the Diagnosis Tab. The first pointer indicates which diagnosis code is considered to be the primary diagnosis for this claim line. You may enter up to 4 pointers per claim line.

\* **Emergency:** Select Yes or No to indicate if the service rendered was related to an emergency.

**More:** Click on this button to add additional details pertaining to this claim line. You may use this area to indicate additional data that may be different from what was entered at the claim level. Some examples of how the *More* button may be used are:

- To indicate a paid amount from Medicare and/or Other Payers at the line level
- To indicate a Prior Approval Number at the line level
- To indicate EPSDT (CHAP) at the line level
- To indicate Family Planning at the line level
- To indicate Copay Exemption at the line level
- To indicate the NDC and National Drug Unit Quantity when billing physician-administered drugs

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### MORE BUTTON

**More Details - Service Line:** When clicked, the *More* button allows you to enter additional information for the claim line.

Line	Line Item Ctl#	Svc Date	Proc & Mod	Chrg Amount	Svc Count	Place of Svc	DX Pointer	Emgcy
1		9/18/2018-	99213	37.41	1.00		1	No

**More Details - Service Line #1**

Close

**Dates**

Last X-Ray Date:

Product Shipped Date:

Initial Treatment Date:

Prescription Date:

**ESRD Related Test Results**

Test Performed:

Test Results:

Measurement Identifier: ☐ Test Results ☐ Original

Test Performed Date:

**Dates:** If applicable.

**ESRD Related Test Results:** If applicable.

**Drug Identification**

National Drug Code:

National Drug Unit Quantity:

Prescription/Compound Number(s):

☒ Pharmacy Prescription Number ☐ Link Sequence Number

**Drug Identification:** These fields are required if billing for a drug code requiring an NDC on the claim.

**National Drug Code:** Enter NDC number.

**National Drug Unit Quantity:** Enter number and select unit of measurement.

**Prescription Number or Compound Drug Association Number:** Optional. Enter the prescription number or compound drug association number in this field.

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## ePACES Professional Claim

### REFERENCE GUIDE

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Prior Authorization #:	<input type="text"/>
CLIA Number:	<input type="text"/>
Sales Tax Amount:	\$ <input type="text"/>
Services a result of EPSDT Referral?:	<input type="radio"/> Yes <input type="radio"/> No
Family Planning Service?:	<input type="radio"/> Yes <input type="radio"/> No
Obstetric Anesthesia Addtl Units :	<input type="text"/>

**Prior Authorization #:** PA number can be entered using the *More* button if you are billing for different lines that require a different PA number on each line.

**CLIA Number:** If applicable.

**Sales Tax Amount:** If applicable.

**Services a result of EPSDT Referral?** If the service was performed as the result of a screening referral, enter Yes here. DME should leave this field blank.

**Family Planning Service?:** If Family Planning applies for this line and is not indicated on the Professional Claim Information tab, enter Yes here.

**Obstetric Anesthesia Addtl Units:** If applicable.

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## ePACES Professional Claim

### REFERENCE GUIDE

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The screenshot displays the ePACES Professional Claim form with three main sections:

- Purchased Service Provider**
  - Use an Existing Provider**
    - Select a Name: [Dropdown menu] **Go**
    - OR Search for a Medicaid Provider:
      - Last Name: [Text box]
      - Provider Number: [Text box] **Go**
  - Enter a New Non-Medicaid Provider**
    - NPI #: [Text box]
    - AND/OR
    - State License #: [Text box] **Go**
- Ordering Provider (to report for DME services captured at the service line)**
  - Use an Existing Provider**
    - Select a Name: [Dropdown menu] **Go**
    - OR Search for a Medicaid Provider:
      - Last Name: [Text box]
      - Provider Number: [Text box] **Go**
  - Enter a New Non-Medicaid Provider**
    - NPI #: [Text box]
    - AND/OR
    - State License #: [Text box] **Go**
- Durable Medical Equipment Rental Services**
  - Length of Medical Necessity: [Text box] days
  - DME Rental Price: \$ [Text box]
  - DME Purchase Price: \$ [Text box]
  - Rental Unit Price Indicator: [Dropdown menu]

**Purchased Service Provider:** If applicable.

**Ordering Provider:** DME and Transportation Providers use this field to report the Ordering Provider.

**Durable Medical Equipment Rental Services:** Leave the corresponding fields blank.

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## ePACES Professional Claim

### REFERENCE GUIDE

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<b>Transport Information</b>			
<b>Ambulance Transport</b>		<b>Non Emergency Transport</b>	
Patient Weight: <input style="width: 100px;" type="text"/>		* Driver License: <input style="width: 100px;" type="text"/>	
Ambulance Transport Reason: <input style="width: 100px;" type="text"/>		* Plate License: <input style="width: 100px;" type="text"/>	
Transport Distance: <input style="width: 100px;" type="text"/>	miles		
Ambulance Condition Codes: <input style="width: 100px;" type="text"/>			
<b>Transportation Pick UP/Drop off Location</b>			
<b>Pick UP</b>		<b>Drop Off</b>	
Address Line 1: <input style="width: 100px;" type="text"/>		Address Line 1: <input style="width: 100px;" type="text"/>	
Address Line 2: <input style="width: 100px;" type="text"/>		Address Line 2: <input style="width: 100px;" type="text"/>	
City: <input style="width: 100px;" type="text"/>		City: <input style="width: 100px;" type="text"/>	
State: <input style="width: 50px;" type="text" value="NY"/>		State: <input style="width: 50px;" type="text" value="NY"/>	
Zip Code: <input style="width: 50px;" type="text"/> - <input style="width: 50px;" type="text"/>		Zip Code: <input style="width: 50px;" type="text"/> - <input style="width: 50px;" type="text"/>	
Procedure Description : <input style="width: 200px;" type="text"/>			

### Transport Information

**Non Emergency Transport:** You can enter the license number and plate number on the *More* button instead of on the professional claim tab if a different driver or vehicle is used for different service lines.



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## ePACES Professional Claim

### REFERENCE GUIDE

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#### Line Adjudication Information and Claim Adjustment Fields

If a client has Medicare and/or a Third Party Insurance, the payment information may be entered on the claim line level using the *More* button. Scroll to the bottom of the screen to enter the information.

The screenshot shows a green-bordered form titled "Line Adjudication Information" with a yellow star icon. The form contains the following fields:

- Other Payer Name:** A dropdown menu.
- Service Line Paid Amount:** A text field with a dollar sign (\$).
- Paid HCPCS Code:** A text field.
- Modifiers:** Two text fields.
- Paid Service Unit Count:** A text field.
- Bundled Line Number:** A text field.
- Date Claim Paid:** A text field with a calendar icon.
- Remaining Patient Liability:** A text field.

**Other Payer Name:** If the Other Payer Support File was already populated with the Other Payer, you may choose it from the drop down list.

**Service Line Paid Amount:** If reporting Other Payer Paid information, enter the amount paid by the Other Payer for the line item/procedure in this field.

**Paid HCPCS Code:** Enter the procedure code that describes the service you are billing on this line.

**Modifiers:** You may enter up to 4 modifiers as necessary to identify special circumstances.

**Paid Service Unit Count:** Enter the number of units applicable to the line item/procedure.

**Bundled Line Number:** Leave blank.

**Date Claim Paid:** Enter the date you received payment from the Other Payer.

**Remaining Patient Liability:** Leave blank.

## ePACES Professional Claim

### REFERENCE GUIDE

If the other payer reported adjustments at the line level, enter the adjustment information here.

Claim Adjustment Group	Reason Code	Adjustment Amount	Adjustment Quantity
<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"/>

[Add](#)

Claim Adjustment Group	Reason Code	Adjustment Amount	Adjustment Quantity
<a href="#">Next Line Adjudication</a> <a href="#">View All Line Adjudication</a>			

[Close](#)

[Previous](#)

[Delete Claim](#)
[Finish](#)
[Save As Draft](#)
[Cancel](#)

**Claim Adjustment Group:** Enter the Group Code as received from the other payer.

**Reason Code:** Enter the Claim Adjustment Reason Code as received from the other payer.

**Adjustment Amount:** Enter the adjustment amount as received from the other payer.

**Adjustment Quantity:** Enter the quantity as received from the other payer.

To go back to the service line tab, click on *Close*.

When you have entered the claim lines you want to submit, click on the *Finish* button.

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## ePACES Professional Claim

### REFERENCE GUIDE

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### **CLAIM ENTRY CONFIRMATION WINDOW**

This is the response page displayed when you click on the *Finish* button.

From this page you can click on the appropriate button to perform the following options:

- **Edit Current Claim:** Can be used to edit the claim.
- **Enter Another New Claim:** Can be used to enter a new Professional claim.
- **Validate Current Claim:** Can be used to check the current claim for errors.

The ePACES System will assign a Status to the claim and display it on this response.

- **Draft:** You may save a claim as a draft if you do not have all of the required information to complete the claim. Editing a claim that has been saved as a draft is the same as continuing the claim entry process. If a claim is saved as a draft, no validation of the data was performed.
- **Errors:** When you enter a claim and click on *Finish*, the validation process is triggered. If errors exist, the claim will be placed in an Error status.
- **Complete:** The claim is fully entered and passed all validation editing. You may edit a claim that is in a Complete status.
- **Batched:** After the Build Claim Batch process has been completed, the claim will have a status of Batched. You cannot edit a claim with a status of Batched. If you do need to edit a claim that has been Batched, you must find the batch containing the claim and click on the *Remove* button. When you do this, the status of all claims in the batch will be changed to Complete and you can edit it. After you edit, you must re-batch the claims.
- **Sent:** When you submit the claim, the Status will be changed to Sent.
- **Replaced:** When a Replacement claim has been submitted, the Sent claim being replaced will have the Status changed to Replaced.
- **Voided:** When a Void claim has been submitted, the Sent claim being voided will have the Status changed to Voided.

Click on the *Build a Claim Batch Option* on the Main Menu in order to batch the claims. This will bring you to the Build Claim Batch window.

# ePACES Professional Claim

## REFERENCE GUIDE

### ***BUILD CLAIM BATCH WINDOW***

Claims that have been successfully entered into the ePACES System must be batched before they can be submitted for processing. Only claims with a status of Complete can be batched.

Claims in a Complete status eligible for batching will have a check mark in the box to the left of the line. If you want to batch all the claims that are checked, click on the *Build Batch* button. You also have the option of unchecking claims so that they will not be included in the current batch. Once you have done so, click on the *Build Batch* button in order to build a batch with the selected claims.

Build Claim Batch

Claim(s) by User ID:  Go

Select which claim(s) you want to batch and build the batch.

<a href="#">UnCheck All</a> <a href="#">Check All</a> Add to Batch	Patient Control #	Entry Status	Client ID	Client Name	Type of Claim	Total Charges
<input checked="" type="checkbox"/>	<a href="#">12345</a>	Complete	AA00000Z	DOE, JANE	Professional	\$45.00
<a href="#">UnCheck All</a> <a href="#">Check All</a> Add to Batch	Patient Control #	Entry Status	Client ID	Client Name	Type of Claim	Total Charges

Build Batch

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## ePACES Professional Claim


### REFERENCE GUIDE

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#### **CLAIM BATCH BUILT CONFIRMATION WINDOW**

This window will be displayed to confirm that the batch has been built.

 **Claim Batch Built**

TSN:

Claim Type	Batch Number	Total Claims	Total Batch Charges
Professional	<a href="#">1200014985</a>	1	\$ 37.41

This confirmation window displays the Claim Type, assigns the batch number and gives the total number of claims and batch charges.

Choose the *Submit Claim Batches* option from the Main Menu to submit the batch.

## ePACES Professional Claim

### REFERENCE GUIDE

#### SUBMIT CLAIM BATCHES

### Submit Claim Batches

Claim(s) by User ID:  Go

[View Previously Submitted Batches](#)

<a href="#">Check All</a> <a href="#">Submit</a> <a href="#">UnCheck</a> <a href="#">All</a>	Batch Number	Batch Date	Type Of Claim	Total Claims	Total Batch Charges	Remove
<input checked="" type="checkbox"/>	<a href="#">1200014985</a>	9/19/2018	Professional	1	\$ 37.41	

<a href="#">Check All</a> <a href="#">Submit</a> <a href="#">UnCheck</a> <a href="#">All</a>	Batch Number	Batch Date	Type Of Claim	Total Claims	Total Batch Charges	Remove

▶ Submit All Selected Batches

Click on the *Submit All Selected Batches* button to submit all of the batches that are checked and selected for submission. You also have the option of unchecking claim batches so they will not be submitted at this time. Batches that are unchecked will remain batched together and can be submitted at a later date.

To check to see if the batch was received, click on the *View Previously Submitted Batches* link.

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## ePACES Professional Claim


### REFERENCE GUIDE

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#### CLAIM BATCHES SUBMITTED

 **Submit Claim Batches**

Claim(s) by User ID:  

[View Previously Submitted Batches](#)

The following claim batches have been submitted:

Batch Number	Submit Date	Type Of Claim	Total Claims	Total Batch Charges	Total Rejected
<a href="#">1200014985</a>	09/19/2018	Professional	1	\$ 37.41	
Batch Number	Submit Date	Type Of Claim	Total Claims	Total Batch Charges	Total Rejected

This screen will display a list of all previously submitted batches in Batch Number order. The Submit Date and the Total Claims (in the batch) and the Total Rejected will be provided.

Click on the link in the Batch Number column and the claims submitted within the batch will be displayed.

## ePACES Professional Claim

### REFERENCE GUIDE

#### VIEW BATCH

**Batch # 1200014985**

TSN:

Batch Date: 9/19/2018

Patient Control#	Client ID	Client Name	Type Of Claim	Total Charges	Initial Claim Status/Response	Error Text
<a href="#">12345</a>	AA00000Z	JANE DOE	Professional	\$ 37.41	<a href="#">Details</a>	
					Total Batch Charges	\$ 37.41

This screen will display each individual claim within the batch. The Error Text column will display error messages that apply to a specific claim. Click on the *Details* link in the Initial Claim Status/Response column to check the status of the claim.

**Client Information**

Client ID: AA00000Z

Name: JANE DOE

Address: 1 MAIN ST  
ANY TOWN  
NY, 12345

Date of Birth: 01/01/1910

Gender: F

**Claim Level Status**

(F1) - Finalized/Payment-The claim/line has been paid. (3) - Claim has been adjudicated and is awaiting payment cycle.

Payer Claim ID	Charge Amount	Paid Amount	Dates of Service	Status Date
182	30	37.41	09/18/2018	10/2/2018

**Line Level Status**

Primary Status	Line ID	Procedure Code	Line Charge Amount	Paid Amount	Qty.	Status Date
(F1) - Finalized/Payment-The claim/line has been paid. (3) - Claim has been adjudicated and is awaiting payment	1	99213	37.41	37.41	1.00	10/2/2018

If the claim status is denied or rejected, click the *Close* button at the bottom of the response screen to return to the view batch screen. Clicking the link provided in the Patient Control Number column will open the claim for editing.



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## ePACES Professional Claim

### REFERENCE GUIDE

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#### **EDITING A CLAIM - DRAFT, ERRORS OR COMPLETE**

There are many reasons why you may need to edit an existing claim. For example, you may not have had all of the information when initially entering the claim and therefore saved it in Draft status. You also may have finished the claim, but when it went through the validation process, errors were found that must be fixed in order to successfully submit the claim for processing. Additionally, you now have the ability to edit and resend a claim that is in a Sent status.

When in edit mode, all data on the claim may be edited except for the Submission Type, Client ID and Date Of Birth, Gender and Type of Claim which are located on the General Information Tab. The process of editing a claim and entering a claim are very similar in navigation.

Depending on the status of the claim, the editing process differs slightly.

- **DRAFT:** Editing a claim that has been saved as a Draft is a continuation of the Claim Entry process. If a claim is saved as a draft, no validation has been done to the data entered. Once you complete entering information and click *Finish*, the data is sent through the standard claim validation and will either have a status of "Complete" or "Errors", depending on the outcome.
- **ERRORS:** A claim in Error status has been entered and Finished, thus triggering the validation process. When errors exist, a message is displayed on the confirmation page indicating the error on the claim. Once the errors are fixed and you click *Finish*, the claim will be sent through the validation process again to confirm the errors have been resolved.
- **COMPLETE:** Editing a claim that has been fully entered and passed all validation, therefore has a status of Complete, is similar to editing a claim in Draft. You may change any data on any of the tabs, with the exception of the General Information Tab, and then *Finish* the claim, thereby initiating the validation process. Assuming all changes made were valid, the claim will once again have a status of Complete, awaiting the batching process; otherwise, it will be placed in Error status.
- **BATCHED:** A Batched claim MAY NOT be edited. In order to edit a claim that has been batched, you must find the batch containing the claim and delete the batch, if the batch has not been submitted, which will reset all the status of all the claims in that batch to Complete. You may then edit the claim as it is now in a Complete status. Once you have completed the editing of the claim, you may re-batch the claims.
- **SENT:** A claim that has already been sent for processing and therefore has a status of Sent may be replaced or edited as an Original claim and resent. If a Sent claim must be replaced, clicking the *Replace Claim* button generates a new claim with a Claim Submission Reason of "Replacement". You may then make any edits necessary to the new claim. A Replacement claim requires the Claim Original Reference Number to be populated. These new claims will go through the standard validation, batching, and submittal process to be sent to the Payer. You can only replace a claim that has been paid. **If a sent claim must be edited and resent, clicking the *Edit Claim* button will generate a new claim with a Claim Submission Reason of 'Original'. You may then make any edits necessary to the new claim and it does not require the Claim Original Reference Number to be populated.** You can edit a claim that has been denied in order to resend a new corrected claim. (See below for expanded instructions on editing a Sent claim.)
- **REPLACED:** Once a Replacement claim has been generated to replace a Sent claim, the Sent claim will then have a status of Replaced. A Replaced claim may not be edited, it may only be viewed.
- **VOIDED:** Once a Void claim has been generated to replace a Sent claim (see [Deleting a Sent Claim](#) for more details in the Help documentation) the Sent claim will then have a status of Voided. A Voided claim may not be edited, it may only be viewed.

## ePACES Professional Claim

### REFERENCE GUIDE

#### **EDIT A SENT CLAIM**

The *Edit Claim* button only appears on claims in a Sent status at the bottom of the screen next to the *Void Claim* and *Replace Claim* buttons. Sent claims may be accessed through the *Find Claims* function. This function allows you to edit and resubmit a claim previously sent for processing.

When the *Edit Claim* function is selected, the Submission Reason will change to Original. All of the information on the claim may be modified except for the Submission Reason, Client ID, DOB and Gender. Unlike a void or an adjustment, **there is no association to the previously sent claim.** You will not need the Claim Original Ref. Num. to re-submit the claim. All of the information on the sent claim is copied to the new claim **except** for the *More Details* information on the Service Lines. However, any line adjudication information will be copied over to the new claim.

Professional Real Time Information Professional Claim Information Provider Information Diagnosis Other Payers Service Line(s)

Submission Reason: Original NPI Number:

\* Patient Control Number: 12345

**Location Information**

Address Line 1: 1 MAIN STREET

Address Line 2:

City: ANY TOWN

State: NY

Zip Code: 12345 - 1234

**Client Information**

\* Enter a Client ID: AA00000Z ▶ Replicate Claim For New Client

JANE DOE  
1 MAIN ST  
ANY TOWN  
NY, 12345

\* DOB: 01/01/1910

\* Gender: F

\* Type of Claim: Professional

Next

Void Claim Replace Claim Edit Claim

This screen will display once the provider clicks the *Edit Claim* button. You need to click **YES** if you want to edit the claim. If you click **NO** you are brought back to the previous screen.

## ePACES Professional Claim

### REFERENCE GUIDE

Do you wish to edit and resend this claim?

☒ Yes
☐ No

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

Submission Reason: Original

NPI Number:

\* Patient Control Number: 12345

**Location Information**

Address Line 1: 1 MAIN STREET  
 Address Line 2:  
 City: ANY TOWN  
 State: NY  
 Zip Code: 12345 - 1234

**Client Information**

\* Enter a Client ID: AA00000Z ▶ Replicate Claim For New Client  
  
 JANE DOE  
 1 MAIN ST  
 ANY TOWN  
 NY, 12345  
  
 \* DOB: 01/01/1910  
  
 \* Gender: F

\* Type of Claim: Professional

Next ▶

Again, the following fields **cannot** be changed.

- Submission Reason
- Client ID
- Date Of Birth
- Gender
- Type of Claim (e.g. Professional, Institutional & Dental)

A provider can use one claim repeatedly for the same recipient to save time, as long as you change the information such as Date of Service and Procedure codes. It is also the provider's responsibility to make sure the eligibility information, such as other insurance, is still the same.

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## ePACES Professional Claim

### REFERENCE GUIDE

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### **ROSTER BILLING**

Roster billing is used when a provider sees many patients for the same procedure on the same date of service, such as administering the Flu Vaccine.

**Replicate Claim For New Client:** The provider will enter one claim. You can use this button by going to Find Claims and clicking on the claim you wish to use. Once you click on the claim, the *Replicate Claim For New Client* button will appear on the General Claim Information Tab.

Clicking on the button will allow the provider to erase the old client ID, and enter the new client ID and patient control number.

The screenshot shows the 'General Claim Information' tab of the ePACES Professional Claim form. The form is divided into several sections: Submission Reason (Original), NPI Number, Patient Control Number (12345), Location Information (Address Line 1: 1 MAIN STREET, Address Line 2, City: ANY TOWN, State: NY, Zip Code: 12345 - 1234), Client Information (Enter a Client ID: AA00000Z, JANE DOE, 1 MAIN ST, ANY TOWN, NY, 12345, DOB: 01/01/1910, Gender: F), and Type of Claim (Professional). A blue button labeled 'Replicate Claim For New Client' is highlighted with a black box. A 'Next' button is located at the bottom right.

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

\* Indicates required field(s)

Submission Reason: Original NPI Number:

\* Patient Control Number: 12345

**Location Information**

Address Line 1: 1 MAIN STREET

Address Line 2:

City: ANY TOWN

State: NY

Zip Code: 12345 - 1234

**Client Information**

\* Enter a Client ID: AA00000Z

JANE DOE  
1 MAIN ST  
ANY TOWN  
NY, 12345

\* DOB: 01/01/1910

\* Gender: F

\* Type of Claim: Professional

Replicate Claim For New Client

Next

## ePACES Professional Claim

### REFERENCE GUIDE

General Claim Information

Dental Claim Information

Provider Information

Diagnosis

Other Payers

Service Line(s)

\* Indicates required field(s)

Submission Reason: Original      NPI Number:

\* Patient Control Number:

**Location Information**

Address Line 1:	1 MAIN ST
Address Line 2:	
City:	ANY TOWN
State:	NY
Zip Code:	12345 - 1234

\* **Client Information**

\* Enter a Client ID:

JANE DOE  
1 MAIN ST  
ANY TOWN  
NY, 12345

\* DOB:

\* Gender:

\* Type of Claim: Professional

Once you enter this information, you want to click *Go* next to the client ID. This will change the client information. Then you can click on *Next* at the bottom of the screen. You can then click on *Finish* on the bottom of the screen to complete the claim.

12/19/2024