
ePACES Professional Real Time Claim

REFERENCE GUIDE

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welcome to

ePACES

The New York State Department of Health invites you to use the ePACES application to request and receive a variety of HIPAA-compliant Medicaid transactions. Using the links in the menu-bar on the left and the Help link on the top right of each page, you will be able to easily navigate through all the available functionality. If you do not see the necessary links in the menu at the left, please contact your Primary Administrator.

Please make sure your Provider Name is displayed at the top of the page before continuing. If your Provider Name is incorrect or not available in the "Change Provider" drop-down box at the top of the page, please contact the CSC HelpDesk at 800-343-9000.

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: NPI Number:

* 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 the 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 whom 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: ▼

Zip Code: -

Client Information

* Enter a Client ID:

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

Non-emergency Transportation claims 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 between 003 and higher.

Location Information

Location Code:

Note: The Locator Code field will only appear if the provider in the drop down 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.

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:

JANE DOE
1 MAIN ST
ANY TOWN
NY, 12345

* DOB:

* Gender:

* Type of Claim:

The client's name, address, DOB and gender are 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 considered for a Real Time Submission 'Professional Real Time' must be chosen, otherwise it will process as a general batched claim.

An immediate claim status response will be sent for each Professional Real Time claim submitted.

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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 in the ePACES system. The tab is highlighted in green. The form contains several required fields, indicated by an asterisk (*). The fields are:

- Place of Service:** A drop-down menu with a search icon.
- Provider Signature On File?:** Radio buttons for Yes and No.
- Assignment of Benefits?:** A text input field with a search icon.
- Release of Information?:** A text input field with a search icon.
- Accept Assignment?:** A text input field with a search icon.
- 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 of the form indicates that an asterisk (*) denotes a 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:

11 – Office	12 – Recipient Home
21 – Inpatient Hospital	22 – Outpatient Hospital
23 – Emergency Room	31 – Skilled Nursing Facility
41 – Ambulance Land	42 – Ambulance Air or Water
99 – 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 No. If 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"/>
• Certification Information		
Certification Category	Condition Codes	
<input style="width: 100%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 15%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 15%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 15%;" type="text"/>
Enter More Certification Information...		

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: 


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: 

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)

Employment

Other Accident







Auto Accident

Accident Date: 

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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<p>Transport Information</p> <p>Ambulance Transport</p> <p>Patient Weight: <input type="text"/> lbs.</p> <p>Ambulance Transport Reason: <input type="text"/> </p> <p>Transport Distance: <input type="text"/> miles</p> <p>Ambulance Condition Codes: <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/> </p>		<p>Non Emergency Transport</p> <p>* Driver License: <input type="text"/></p> <p>* License Plate Number: <input type="text"/></p>											
<p>Transportation Pick UP/Drop Off Location</p> <table border="0"> <tr> <th>Pick UP</th> <th>Drop Off</th> </tr> <tr> <td>Address Line 1: <input type="text"/></td> <td>Address Line 1: <input type="text"/></td> </tr> <tr> <td>Address Line 2: <input type="text"/></td> <td>Address Line 2: <input type="text"/></td> </tr> <tr> <td>City: <input type="text"/></td> <td>City: <input type="text"/></td> </tr> <tr> <td>State: <input type="text" value="NY"/></td> <td>State: <input type="text" value="NY"/></td> </tr> <tr> <td>Zip Code: <input type="text"/> - <input type="text"/></td> <td>Zip Code: <input type="text"/> - <input type="text"/></td> </tr> </table>		Pick UP	Drop Off	Address Line 1: <input type="text"/>	Address Line 1: <input type="text"/>	Address Line 2: <input type="text"/>	Address Line 2: <input type="text"/>	City: <input type="text"/>	City: <input type="text"/>	State: <input type="text" value="NY"/>	State: <input type="text" value="NY"/>	Zip Code: <input type="text"/> - <input type="text"/>	Zip Code: <input type="text"/> - <input type="text"/>
Pick UP	Drop Off												
Address Line 1: <input type="text"/>	Address Line 1: <input type="text"/>												
Address Line 2: <input type="text"/>	Address Line 2: <input type="text"/>												
City: <input type="text"/>	City: <input type="text"/>												
State: <input type="text" value="NY"/>	State: <input type="text" value="NY"/>												
Zip Code: <input type="text"/> - <input type="text"/>	Zip Code: <input type="text"/> - <input type="text"/>												




Transport Information

Ambulance Transport: completed for ambulance services only

Non-Emergency Transport:

* **Driver License:** For non-emergency transportation, enter the driver license number.

* **License Plate Number:** 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: Enter a service authorization exception code if the service you are billing is exempt from utilization threshold. 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 Recp 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 displays a web-based form interface. At the top, there is a section titled "Condition Codes" with a green header. Below this header is a table with two columns, each labeled "Code". Each cell in the table contains a text input field followed by a small blue icon with a downward arrow, indicating a dropdown menu. Below the table, there is another section titled "Group Provider (use if a different entity than the Billing Provider)" with a green header. This section contains a label "Group Provider Number:" followed by a text input field and a "Go" button. At the bottom of the form, there are several 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:
 -
- OR Search for a Medicaid Provider:
 - Last Name:
 - Provider Number:
 -
- OR * Enter a New Non-Medicaid Provider
 - * NPI #:
 -

Referring Provider

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

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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The screenshot displays a web form with two main sections: **Primary Care Provider** and **Supervising Provider**. Each section contains two options: **Use an Existing Provider** and **Enter a New Non-Medicaid Provider**. The **Use an Existing Provider** option includes a dropdown menu for selecting a name and a search option for Medicaid providers with fields for Last Name and Provider Number. The **Enter a New Non-Medicaid Provider** option includes fields for NPI # and State License #. Navigation buttons include Previous, Next, Delete Claim, Finish, Save As Draft, and Cancel.

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.

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DIAGNOSIS TAB

The screenshot displays the 'Diagnosis' tab in the ePACES Professional Real Time Claim system. The interface includes a navigation bar at the top with tabs for 'General Claim Information', 'Professional Claim Information', 'Provider Information', 'Diagnosis' (which is active), 'Other Payers', and 'Service Line(s)'. The main content area is titled 'Diagnosis Information' and features radio buttons to select between 'ICD-9' and 'ICD-10', with 'ICD-10' currently selected. Below this selection, there are 12 input fields for diagnosis codes, labeled 'Diagnosis 1' through 'Diagnosis 12'. A section titled 'Anesthesia Related Procedure' contains two input fields for 'Anesthesia Related Procedure Code 1' and 'Anesthesia Related Procedure Code 2'. At the bottom of the form, there are several navigation buttons: 'Previous', 'Next', 'Delete Claim', 'Finish', 'Save As Draft', and '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 if you want to report payment at the Claim Level.

• • **New Claim - 837 Professional**

* Indicates required field(s)

All Other Payers

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

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.

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 support files, you can add them by clicking on the "Other Payer" link under Support Files.

* **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:

* Zip Code: -

* Country:

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"/>

[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?**

* **Patient Signature Source?**

* **Release of Information?**

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

Line	Line Item Ctl #	*Svc Date:	*Proc & Mod	*Chrg Amount	*Svc Count	Place of Svc	*DX Pointer	*Emgcy	More	Del.
1		From: [] To: []	[]	[]	[] Unit v	[]	[]	<input type="radio"/> Yes <input type="radio"/> No	[]	[]
2		From: [] To: []	[]	[]	[] Unit v	[]	[]	<input type="radio"/> Yes <input type="radio"/> No	[]	[]
3		From: [] To: []	[]	[]	[] Unit v	[]	[]	<input type="radio"/> Yes <input type="radio"/> No	[]	[]
4		From: [] To: []	[]	[]	[] Unit v	[]	[]	<input type="radio"/> Yes <input type="radio"/> No	[]	[]
5		From: [] To: []	[]	[]	[] Unit v	[]	[]	<input type="radio"/> Yes <input checked="" type="radio"/> No	[]	[]

Total Claim Charges: \$0.00

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.

* **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.

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* **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 would be 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 Co-Pay Exemption at the line level.
- To indicate the NDC and National Drug Unit Count 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

Dates: If applicable.

ESRD Related Test Results: If applicable.

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 Count: Enter number of units given.

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

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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 on 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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Purchased Service 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 #:

Ordering Provider (to report for DME services captured at the service line)

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 #:

Durable Medical Equipment Rental Services

Length of Medical Necessity: days

DME Rental Price: \$

DME Purchase Price: \$

Rental Unit Price Indicator:

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.

ePACES Professional Real Time Claim

REFERENCE GUIDE

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

Transport Information

Non Emergency Transport: You can enter 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.

ePACES Professional Real Time Claim

REFERENCE GUIDE

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.

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 Real Time 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"/>

Claim Adjustment Group	Reason Code	Adjustment Amount	Adjustment Quantity
<input type="button" value="Next Line Adjudication"/> <input type="button" value="View All Line Adjudication"/>			

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.

ePACES Professional Real Time Claim

REFERENCE GUIDE

CLAIM ENTRY CONFIRMATION WINDOW

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

Claim Entered

Claim Entry Status: Complete **Claim Type:** Professional Real Time

Client ID: AA00000Z **Patient Control Num.:** 12345

Note: Please use your browser to print this screen if you wish to maintain a copy.

[▶ Edit Current Claim](#) [▶ Enter Another New Claim](#) [▶ Validate Current Claim](#) [▶ Submit Real Time Claim](#)

At this point you can choose from the 4 options displayed. If you are ready to submit the claim and want a real time response, click on the *Submit Real Time Claim* button.

This screen displays to indicate that the claim was successfully submitted. Now you must click on the Real Time Responses link from the menu to view the Claim Acknowledgement response.

Claim Entered

Claim Entry Status: Sent **Claim Type:** Professional (RT)

Client ID: AA00000Z **Patient Control Num.:** 12345

Note: Please use your browser to print this screen if you wish to maintain a copy.

[▶ Enter Another New Claim](#)

Submit Real Time Claim Confirmation

Claim successfully submitted. Click the Real Time Responses link in the left hand navigational menu to view the corresponding Claim Acknowledgement response.

ePACES Professional Real Time Claim

REFERENCE GUIDE

REAL TIME RESPONSES

Responses to Professional Real Time claims are available within moments after submitting the claim.

Professional Real Time Claim Response Activity Worklist

Search Criteria


Requested within the last days


Client Last Name:


Patient Control #:

Client ID #:

Submission Reason:

Date Request Sent: 
(mm/dd/yyyy)

Dates of Service From: 
(mm/dd/yyyy)

Dates of Service To: 
(mm/dd/yyyy)

Status:

Show all transactions for this provider just my transactions

Record 1 of 1

Name ▼	Patient Control # ▼	Client ID ▼	Submission Reason ▼	Date Sent ▼	Dates of Service ▼	Status ▼
DOE, JANE	12345	AA00000Z	Original	10/2/2018 1:07:15 PM		Sent
Name	Patient Control #	Client ID	Submission Reason	Date Sent	Dates of Service	Status

Search Criteria: You can enter various search criteria to search for particular claims. The ePACES system will default the “Requested within the last (number of) days” field to 1 in order to limit the number of claims returned in the search results.

The results list will display claims that match the search criteria entered. Click on the highlighted name to open the response page for the claim you want to view.

ePACES Professional Real Time Claim

REFERENCE GUIDE

CLAIM STATUS RESPONSE DETAILS

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

Client Information: Displays the client's demographic information.

Claim Level Status: Indicates the status of the claim at the Claim Level. If the claim has more than one claim line, what is reflected in the claim level status applies to the entire claim. The TCN assigned to the claim by eMedNY is provided.

Line Level Status: Indicates the status of the claim at the Line Level. If the claim has more than one claim line, each line will be displayed separately.

Note: As the Provider, you have the option to change this file to 'Worked' indicating that you have viewed the claim response.

ePACES Professional Real Time Claim

REFERENCE GUIDE

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 need to 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 will be displayed on the confirmation page indicating the error on the claim. Once the errors have been 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.
- **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 Real Time 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 that was 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.

The screenshot shows a web interface for editing a claim. At the top, there are tabs for General Claim Information, Professional Claim Information, Provider Information, Diagnosis, Other Payers, and Service Line(s). The main content area is divided into sections: Submission Reason (Original), Patient Control Number (12345), Location Information (Address Line 1: 1 MAIN STREET, Address Line 2: ANY TOWN, 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 Real Time). A 'Replicate Claim For New Client' button is present next to the Client ID field. At the bottom, there are buttons for 'Void Claim', 'Replace Claim', and 'Edit Claim'. A 'Next' button is also visible.

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.

A confirmation dialog box with the text 'Do you wish to edit and resend this claim?'. Below the text are two buttons: 'Yes' and 'No'. A red arrow points to the 'No' button.

ePACES Professional Real Time Claim

REFERENCE GUIDE

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 ▶ Replicate Claim For New Client

JANE DOE
1 MAIN ST.
ANY TOWN
NY, 12345

* DOB: 01/01/1910

* Gender: F

* Type of Claim: Professional Real Time 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 they change the information such as Date of Service and Procedure codes. It is also their responsibility to make sure the eligibility information, such as other insurance, is still the same.

ePACES Professional Real Time Claim

REFERENCE GUIDE

ROSTER BILLING

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

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 Real Time

Next

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 you to erase the old client ID, and enter the new client ID and patient control number.

ePACES Professional Real Time Claim

REFERENCE GUIDE

The screenshot displays the 'General Claim Information' tab of the ePACES Professional Real Time Claim form. The form is set against a light green background. At the top, there are navigation tabs: 'General Claim Information' (selected), 'Professional Claim Information', 'Provider Information', 'Diagnosis', 'Other Payers', and 'Service Line(s)'. A legend indicates that an asterisk (*) denotes a required field.

Submission Reason: Original NPI Number:

* Patient Control Number:

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: [Go](#)

JANE DOE
1 MAIN ST
ANY TOWN
NY, 12345

* DOB:

* Gender:

* Type of Claim: Professional Real Time

[Next](#)

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.