



Training Video

For NYS Medicaid Providers

PRIOR APPROVAL

Key Objectives

Familiarize non-emergency transportation providers with the Prior Authorization Roster

Key Objectives

1

GENERAL
INFORMATION

2

TRANSPORTATION
RESOURCES

3

CONTENTS of
PA ROSTER

4

REFERENCE &
CONTACT INFO

Roster – General Information

Medical Answering Services (MAS)

www.medanswering.com

Non-emergency Transportation Prior Authorization

Roster – General Information

Non-emergency transportation prior authorizations are communicated to transportation providers on a weekly roster

Rosters list the information necessary to submit a valid claim to NYS Medicaid

PA Rosters are available by:
ePACES
eMedNY eXchange (PDF)
Mail (Paper)

[What's New](#)[Information](#)[Provider
Manuals](#)[Provider Outreach
and Training](#)[Contacts](#)[eMedNY HIPAA
Support](#)[eMedNY Tools Center](#)[PTAR](#)**NEW! For Practitioners ONLY**

PROVIDER ENROLLMENT

PORTAL[ENROLL TODAY!](#)

Pharmacy Benefit Transition

Department
of Health

Medicaid NYRx

[LEARN MORE](#)**Are you compliant with NYSDOH
EFT Requirement?**[Login ePACES](#)[ePACES Information](#)[Login eXchange](#)[eXchange Information](#)[Medicaid NYRx](#)[Member Resource Site](#)[Provider Enrollment
Portal](#)[Web Portal](#)[Web Portal Information](#)[Enteral
Web Portal](#)[Login PTAR](#)

welcome to

eMedNY**NEW MEDICARE
CARDS****MEDICAID MANAGED
CARE NETWORK****PTAR**[click here for more information](#)**REVALIDATION**[click here for more information](#)

Provider Manuals

Welcome! Your Provider Manual to the New York Medicaid Program offers you a wealth of information about Medicaid, as well as specific instructions on how to submit a claim for rendered services.

[Information for All Providers](#) gives you pertinent policy and resource information!

Click on your provider manual below, and read about specific rules governing the provision of your care and service to Medicaid recipients. This section also contains billing instructions, as well as pertinent procedure codes and fee schedules.

Click on the link to the [Department of Health's Medicaid Update website](#). This monthly publication is mailed to active providers, and informs providers of up-to-date changes in the Medicaid Program. This website has an index that makes finding relevant articles an easy task!

Your provider manual, along with recent Medicaid Update articles, will act as an effective guide to your participation in Medicaid.

SELECT A PROVIDER MANUAL



[Podiatry](#)



[Radiology Prior Approval](#)



[Residential Health](#)



[Transportation](#)



[Private Duty Nursing](#)



[Rehabilitation Services](#)



[School Supportive Health
Services Program
\(SSHSP\)](#)



[Vision Care](#)

Adobe Reader is required to view documents.



[MEVS and Supplemental Documentation](#)

★ Medicaid Eligibility Verification System (MEVS) Reference Material

The following information is a list of MEVS resources, including quick reference guides and the full manual.

- [MEVS/DVS Provider Manual](#)
- [MEVS Quick Reference Guides](#)
- [Choosing which MEVS method is right for you](#)

★ Supplemental Documentation

The following information *is not part of your provider manual*. However, it may be useful information, and is placed here for your convenience.

- [FTP Batch Procedure Manual](#)



Transportation Manual



MANUAL CONTENTS

Information for All Providers



[Policy Guidelines](#)



[Fee Schedule](#)



[Billing Guidelines](#)



[Transportation Billing Guidelines](#)



[General Remittance Guidelines](#)



[Guidelines for Ordering Transportation in New York City](#)



[Guidelines for Seeking Non-Medical Transportation of HARP Enrollees](#)

This fillable PDF is to be used by Health Home care managers and Managed Care Organizations per the guidance in the above link as supporting documentation for authorization of Non-Medical Transportation.



[Grid for Non-Medical Transportation for HARP and BH HCBS](#)



[Questions & Answers for Eligible HARP Enrollees](#)



[Transportation Contact List](#)



[Non-Medical Transportation \(NMT\) Workflow Process for Children's HCBS](#)



[Non-Medical Transportation \(NMT\) Plan of Care Grid for Children's HCBS](#)



[Non-Medical Transportation \(NMT\) Children's HCBS Manual](#)



Featured Links



[Transportation Manual Archive](#)



[Transportation Provider Communications](#)

MOST RECENT COMMUNICATION

[April 25, 2012 Vendor Letter - Livery and Stretcher in New York City - May 3, 2012 \(PDF 132KB\)](#)

[NYS Department of Health Rules and Regulations, Title 10](#)

[NYS Department of Health Rules and Regulations, Title 18](#)



[Sign Up for LISTSERV®](#)

Other Info



[DOH Medicaid Update Website](#)

Provides up-to-date changes that may affect your participation in the Medicaid Program.



[MEVS and Supplemental Documentation](#)

This information is not part of your provider manual, however, it may be useful information and is placed here for your convenience.



[Ordering Information](#)

Contact information you can use to order hard (paper-based) copies of eMedNY manuals.

eMedNY Website – Self Help

The screenshot shows the eMedNY website homepage. At the top, the eMedNY logo is on the left, and a navigation bar on the right contains links for [self help](#), [glossary](#), and [site map](#). A red arrow points to the 'self help' link. Below the navigation bar is a search bar with the text 'ENHANCED BY Google' and a magnifying glass icon. A horizontal menu below the search bar includes links for 'What's New', 'Information', 'Provider Enrollment', 'Provider Manuals', 'Provider Outreach and Training', 'Contacts', 'eMedNY HIPAA Support', 'eMedNY Tools Center', and 'PTAR'. The main content area features three banners: 'NEW! For Practitioners ONLY PROVIDER ENROLLMENT PORTAL ENROLL TODAY!', 'Pharmacy Benefit Transition' with a 'LEARN MORE' button, and a 'Medicaid NYRx' banner. A large central graphic shows the Statue of Liberty and the New York City skyline with the text 'welcome to eMedNY'. At the bottom, there are four green buttons: 'NEW MEDICARE CARDS', 'MEDICAID MANAGED CARE NETWORK', 'PTAR click here for more information', and 'REVALIDATION click here for more information'. On the right side, a vertical sidebar contains a yellow banner asking 'Are you compliant with NYSDOH EFT Requirement?', followed by buttons for 'Login ePACES', 'Login eXchange', 'Medicaid NYRx', 'Provider Enrollment Portal', 'Web Portal', 'Enteral Web Portal', and 'Login PTAR'. Each button in the sidebar has a corresponding icon and a link to more information.

eMedNY

self help | glossary | site map

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What's New | Information | Provider Enrollment | Provider Manuals | Provider Outreach and Training | Contacts | eMedNY HIPAA Support | eMedNY Tools Center | PTAR

NEW! For Practitioners ONLY
PROVIDER ENROLLMENT
PORTAL
ENROLL TODAY!

Pharmacy Benefit Transition
NEW YORK STATE | Department of Health | Medicaid NYRx
LEARN MORE

Are you compliant with NYSDOH EFT Requirement?

Login ePACES
[ePACES Information](#)

Login eXchange
[eXchange Information](#)

Medicaid NYRx
[Member Resource Site](#)

Provider Enrollment Portal

Web Portal
[Web Portal Information](#)

Enteral Web Portal

Login PTAR

welcome to
eMedNY

NEW MEDICARE CARDS
MEDICAID MANAGED CARE NETWORK
PTAR click here for more information
REVALIDATION click here for more information

Self Help – ePACES Reference Sheets



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Self Help

This page provides links to eMedNY help documents and pages that will help providers and users conduct business with us. If you believe any information to be incorrect, please [let us know](#).

ePACES

- [ePACES Announcements](#)
- [ePaces Login Issue with Captcha](#)
- [Frequently Asked Questions](#)
- [Enroll Now](#)
- [ePACES General Information](#)
- [ePACES Help](#)
- [Claim Quick Reference Guides](#)
- [Prior Approval Quick Reference Guides](#)
- [ePACES Reference Sheets](#)

Electronic Funds Transfer

- [Frequently Asked Questions](#)
- [Enroll Now](#)

NOTE: Instead of filling out the EFT Authorization Form above, you can complete the form online at: <https://portal.emedny.org/provider/>

Web Portal

- [Portal Login](#)
- [Enrolling in the Web Portal](#)
- [Core Web Services Enrollment](#)
- [Retrieving a forgotten User ID in the Web Portal](#)
- [Reset a forgotten Password in the Web Portal](#)
- [Web Portal User Administration](#)

Provider Form Instructions

Medicaid Eligibility Verification System (MEVS)

- [MEVS/DVS Provider Manual](#)
- [MEVS Quick Reference Guides](#)
- [Choosing which MEVS method is right for you](#)



Enhanced ePACES PA Inquiry

home | self help | glossary | site map

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[What's New](#) | [Information](#) | [Provider Enrollment](#) | [Provider Manuals](#) | [Provider Outreach and Training](#) | [Contacts](#) | [eMedNY HIPAA Support](#) | [eMedNY Tools Center](#) | [PTAR](#)

ePACES Reference Sheets

- [ePACES - Building and Submitting Claim Batches](#)
- [ePACES - Claim Balancing](#)
- [ePACES - Claim Status Inquiry and Response](#)
- [ePACES - PA/DVS Request](#)
- [ePACES - PA/DVS Response](#)
- [ePACES - PA/DVS Revise Cancel Quick Reference Guide](#)
- [ePACES - Obtaining a DVS for DME](#)
- [ePACES - Obtaining a DVS for Occupational, Physical and Speech Therapy in ePACES](#)
- [ePACES - Edit a Claim Function](#)
- [ePACES - Electronic Attachments for Dental Prior Approvals](#)
- [ePACES - MEVS Eligibility Request](#)
- [ePACES - MEVS Eligibility Response](#)
- [ePACES - Enhanced ePACES PA Inquiry](#)
- [ePACES - Enrollment](#)
- [ePACES - Enrollment Removing and Adding an ETIN \(Submitter\)](#)
- [ePACES - Finding, Editing and Deleting Claims](#)
- [ePACES - Replicating a Claim for a New Client](#)

Enhanced ePACES PA Inquiry



Enhanced ePACES PA Inquiry

Providers and third-party Billing Services can search for Prior Approval (PA) Rosters through ePACES **for Transportation rosters ONLY**. If your facility is set up to enter transactions for multiple Providers, be sure that the Provider Name and ID displayed above the left-hand menu is correct for the transaction for which you are searching.

eMedNY ePACES [Help](#) [Log Out](#)

PROVIDER NAME - 0123456789

Change Provider: [Go](#)

Claims

- [New Claim](#)
- [Find Claims](#)
- [Real Time Responses](#)
- [Build Claim Batch](#)
- [Submit Claim Batches](#)
- [Status Inquiry](#)
- [Status Responses](#)

Eligibility

- [Request](#)
- [Responses](#)

PA/DVS

- [Initial Request](#)
- [Revise/Cancel Request](#)
- [Responses](#)
- [Image Upload](#)
- [PA Roster](#)
- [PA Roster Downloads](#)

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

[What's New](#)[Information](#)[Provider Enrollment](#)[Provider Manuals](#)[Provider Outreach and Training](#)[Contacts](#)[eMedNY HIPAA Support](#)[eMedNY Tools Center](#)[PTAR](#)**NEW! For Practitioners ONLY**

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Department of Health

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welcome to

eMedNY[NEW MEDICARE CARDS](#)[MEDICAID MANAGED CARE NETWORK](#)**PTAR**[click here for more information](#)**REVALIDATION**[click here for more information](#)**NOTE:** Access to ePACES requires enrollment

Please contact the eMedNY Call Center at 800-343-9000 to enroll

• *welcome to*

ePACES

Username:

Password:

Please Note: Medicaid recipient level data is confidential and is protected by state and federal laws and regulations. It can be used only for the purposes directly connected to the administration of the Medicaid program. You are required to read, understand and comply with these regulations. There are significant state, civil and federal criminal penalties for violations.

[View Medicaid Confidentiality Regulations.](#)

☒ **I have read and I agree to the Medicaid Confidentiality Regulations**

 **Agree / Login**

Change Provider:

**Claims**

- *** [New Claim](#)
- *** [Find Claims](#)
- *** [Real Time Responses](#)
- *** [Build Claim Batch](#)
- *** [Submit Claim Batches](#)
- *** [Status Inquiry](#)
- *** [Status Responses](#)

Eligibility

- *** [Request](#)
- *** [Responses](#)

PA/DVS

- *** [Initial Request](#)
- *** [Revise/Cancel Request](#)
- *** [Responses](#)

Image Upload

- *** [PA Roster](#)

- *** [PA Roster Downloads](#)

Support Files

- *** [Provider](#)
- *** [Other Payer](#)
- *** [Submitter](#)

User Admin

- *** [Add/Edit Users](#)

• *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 eMedNY HelpDesk at 800-343-9000.

For further information, please visit these sites:

[eMedNY](#) [DOH](#)

- **Prior Approval Roster**

*Include PA where I am the

☒ Billing/Requesting Provider
 ☐ Ordering/Prescribing Provider

PA Number:

Client ID:

PA Type:

All

Status (Header):

All

Item/Procedure Code:

NDC Code:

Rate Code:

Submitted Date Range:

From:

07/04/2023

To:

07/05/2023

Effective Dates:

From:

To:

Provider Number:

License Number:

Sort Field:

PA Number

Search

▶ Clear

[What's New](#)[Information](#)[Provider Enrollment](#)[Provider Manuals](#)[Provider Outreach and Training](#)[Contacts](#)[eMedNY HIPAA Support](#)[eMedNY Tools Center](#)[PTAR](#)**NEW! For Practitioners ONLY**

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Department of Health

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[LEARN MORE](#)**Are you compliant with NYSDOH EFT Requirement?**[Login ePACES](#)[ePACES Information](#)[Login eXchange](#)[eXchange Information](#)[Medicaid NYRx](#)[Member Resource Site](#)[Provider Enrollment Portal](#)[Web Portal](#)[Web Portal Information](#)[Enteral Web Portal](#)[Login PTAR](#)

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eMedNY[NEW MEDICARE CARDS](#)[MEDICAID MANAGED CARE NETWORK](#)[PTAR](#)
[click here for more information](#)[REVALIDATION](#)
[click here for more information](#)**NOTE:** Access to the eXchange requires enrollment in ePACES

Provider Maintenance Forms

PLEASE TAKE NOTE: We recently removed many of the maintenance forms from this page. Links to forms such as Change of Address and Request to Participate as a Group Member are now accessed on the Provider Enrollment page by clicking on your provider type.

All forms and packets are typeable.

This enhancement alleviates problems related to legibility of the information entered on the forms.

Please open and type your information into the form, then print, sign and mail in to eMedNY.

Please use the tab key or the mouse to move from field to field on typeable forms.



Miscellaneous Maintenance Forms



= Available on the Provider Enrollment Portal

- [Certification Statement/Instructions for Existing ETINs](#)
- [Default Electronic Transmitter Identification Number \(ETIN\) Selection Form](#)
- [Electronic Funds Transfer \(EFT\) Authorization Form](#)

NOTE: Instead of filling out the EFT Authorization Form above, you can complete the form online at: <https://portal.emedny.org/provider/>

- [Electronic Prior Approval Request Form](#)
- [Electronic or PDF Remittance Advice Request](#)

NOTE: Instead of filling out the Electronic or PDF Remittance Advice Request Form above, you can complete the form online at: <https://portal.emedny.org/provider/>

- [Paper Remittance Sort Request Form](#)

- [Pended Claim Recycle Request Form](#)
- [Prior Approval Roster Request Form](#)
- [Provider Electronic/Paper Transmitter Identification Number \(ETIN\)](#)
- [Provider ID Request Form](#)
- [Remittance Consent and Copy Request Forms](#)
- [Request For Provider Reports](#)
- [Request to Disaffiliate/Delete an ETIN](#)
- [Service Bureau Electronic/Paper Transmitter Identification Number \(ETIN\)](#)
- [Tax Update Form](#)
- [Trading Partner Agreement](#)



How Do I?

To view a PDF document, your computer must have Adobe Reader installed. For some of our forms (typeable forms), you will need the most recent version of Adobe Reader. You can download the program by clicking the button below:



eMedNY is not responsible for issues regarding the installation of Adobe Reader. [Contact Adobe](#) directly for information.

ELECTRONIC PRIOR APPROVAL REQUEST FORM

In order to receive the New York Medicaid Prior Approval determinations in a printable PDF format, through eMedNY eXchange, please complete **all** of the following information and either mail or fax the completed form to:

eMedNY
Attn: Provider Enrollment
P.O. Box 4614
Rensselaer, New York 12144
FAX: (518) 257-4632

If you have not already enrolled for eXchange, please visit the eMedNY website at www.emedny.org for details or call the eMedNY Call Center at (800) 343-9000.

NOTE: YOU MUST BE ENROLLED IN EMEDNY EXCHANGE PRIOR TO REQUESTING THE ELECTRONIC PRIOR APPROVAL ADVICE. PLEASE ENTER YOUR ASSIGNED EXCHANGE USER ID BELOW. PLEASE LOG INTO ePACES TO ACTIVATE YOUR USER ID.

PLEASE MAKE SURE ALL INFORMATION ENTERED ON THIS FORM IS LEGIBLE.

1. NPI: _____ (Required, unless NPI exempt)

PROVIDER Medicaid ID: _____ (If NPI exempt)

(For multiple provider IDs, please submit a separate list attached to this form)

2. ORGANIZATION NAME: _____

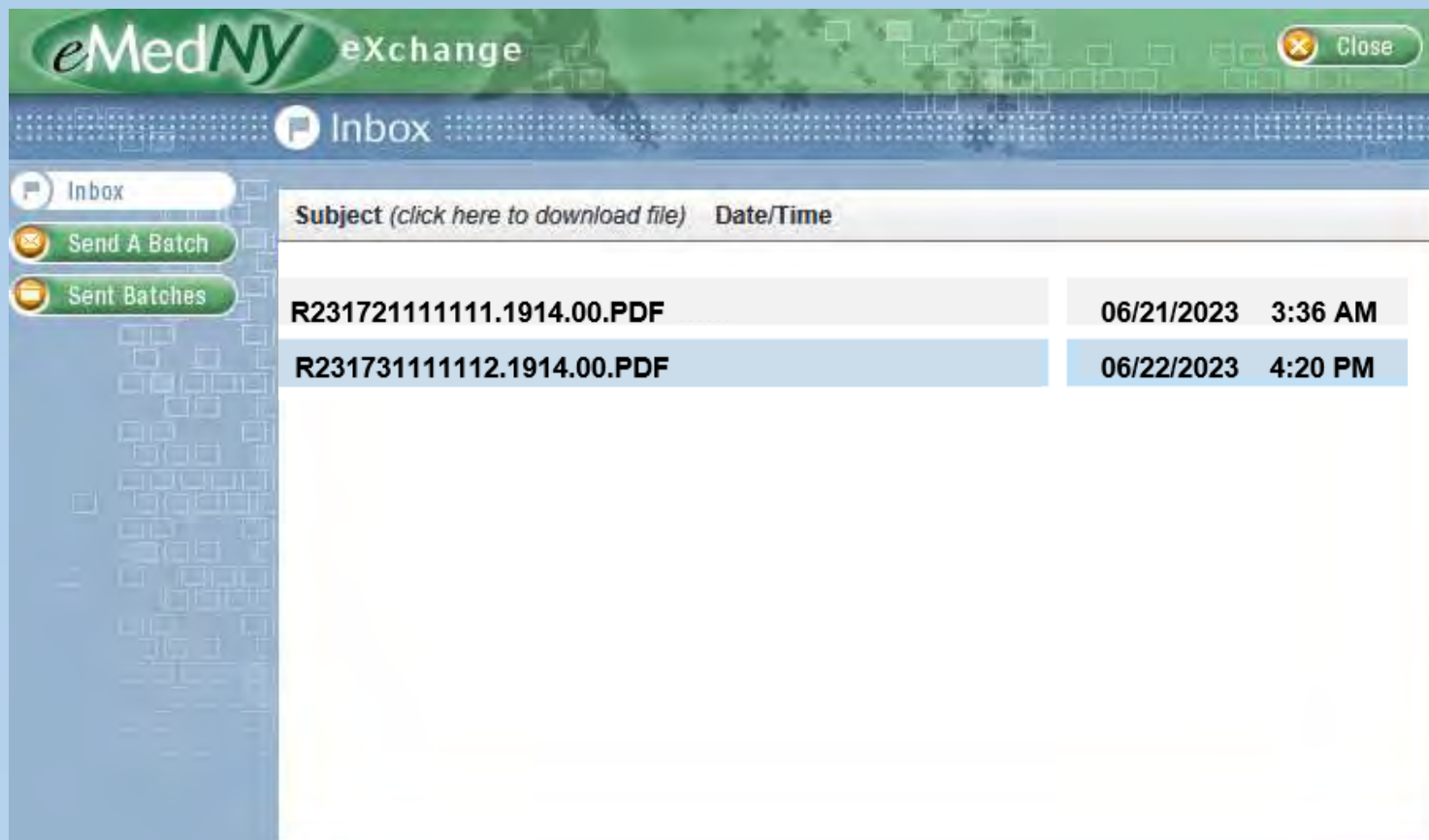
3. ADDRESS:

4. CONTACT NAME: _____

5. CONTACT PHONE #: _____

6. EMAIL ADDRESS: _____

eXchange Inbox



Subject (click here to download file)	Date/Time
R231721111111.1914.00.PDF	06/21/2023 3:36 AM
R231731111112.1914.00.PDF	06/22/2023 4:20 PM

NOTE: eXchange Inbox documents will be deleted 28 days after posting.
Save or print these documents within that timeframe.

SAMPLE TRANSPORTATION ROSTER

REPORT AM00000 – R0000

NEW YORK STATE DEPARTMENT OF HEALTH
EMEDNY
AS OF: XX/XX/XXXX

PROCESS DATE: XX/XX/XXX
PROCESS TIME: XX:XX:XX
PAGE: 1

PROVIDER: 01234567 TRANSPORTATION ROSTER – ROSTER FOR BILLING PROVIDER: 01234567 SAMPLE TRANSPORT INC.

CLIENT ID/NAME – XX12345X / FIRST LAST NAME DATE OF BIRTH: XX/XX/XXXX SEX F CNTY FISC. RESP 55

ORDERING PROV NUM01111111 1111111111 PROC CODE A0100 MOD TN PA NUMBER 01234567890 DETERMINATION/RSN APPROVED
APPROVED - QUANTITY 2 TIMES 001 AMOUNT 34.50 PERIOD OF SERVICES FROM/TO XX/XX/XXXX XX/XX/XXXX
RENDERED - QUANTITY 0 TIMES 000 AMOUNT 0.00 BILLING PROV NPI

ORDERING PROV NUM01111111 1111111111 PROC CODE S0215 MOD TN PA NUMBER 01234567890 DETERMINATION/RSN APPROVED
APPROVED - QUANTITY 24 TIMES 001 AMOUNT 66.00 PERIOD OF SERVICES FROM/TO XX/XX/XXXX XX/XX/XXXX
RENDERED - QUANTITY 0 TIMES 000 AMOUNT 0.00 BILLING PROV NPI

SAMPLE TRANSPORTATION ROSTER

REPORT AM00000 – R0000

NEW YORK STATE DEPARTMENT OF HEALTH
EMEDNY
AS OF: XX/XX/XXXX

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TRANSPORTATION ROSTER – ROSTER FOR BILLING PROVIDER: 01234567 SAMPLE TRANSPORT INC.

CLIENT ID/NAME – XX12345X / FIRST LAST NAME

DATE OF BIRTH: XX/XX/XXXX

SEX F

CNTY FISC. RESP 55

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Transportation Roster Information Includes:

- Client’s Medicaid ID Number, Name, Date of Birth and Gender

SAMPLE TRANSPORTATION ROSTER

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RENDERED - QUANTITY	0	TIMES	000	AMOUNT	0.00		BILLING PROV	NPI		

ORDERING PROV NUM	01111111	1111111111	PROC CODE	S0215	MOD	TN	PA NUMBER	01234567890	DETERMINATION/RSN	APPROVED
APPROVED - QUANTITY	24	TIMES	001	AMOUNT	66.00		PERIOD OF SERVICES	FROM/TO	XX/XX/XXXX	XX/XX/XXXX
RENDERED - QUANTITY	0	TIMES	000	AMOUNT	0.00		BILLING PROV	NPI		

Transportation Roster Information Includes:

- Client’s Medicaid ID Number, Name, Date of Birth and Gender
- Ordering Provider’s Identification Number / NPI

SAMPLE TRANSPORTATION ROSTER

REPORT AM00000 – R0000

NEW YORK STATE DEPARTMENT OF HEALTH
EMEDNY
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PERIOD OF SERVICES FROM/TO XX/XX/XXXX XX/XX/XXXX

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AMOUNT 0.00

BILLING PROV NPI

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PROC CODE S0215 MOD TN

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PERIOD OF SERVICES FROM/TO XX/XX/XXXX XX/XX/XXXX

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AMOUNT 0.00

BILLING PROV NPI

Transportation Roster Information Includes:

- Client’s Medicaid ID Number, Name, Date of Birth and Gender
- Ordering Provider’s Identification Number / NPI
- Procedure Codes and Modifiers (if applicable)

SAMPLE TRANSPORTATION ROSTER

REPORT AM00000 – R0000

NEW YORK STATE DEPARTMENT OF HEALTH
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SEX F

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RENDERED - QUANTITY 0 TIMES 000 AMOUNT 0.00 BILLING PROV NPI

Transportation Roster Information Includes:

- Client’s Medicaid ID Number, Name, Date of Birth and Gender
- Ordering Provider’s Identification Number / NPI
- Procedure Codes and Modifiers (if applicable)
- Prior Authorization (PA) Number

SAMPLE TRANSPORTATION ROSTER

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RENDERED - QUANTITY 0 TIMES 000 AMOUNT 0.00 BILLING PROV NPI

Transportation Roster Information Includes:

- Client’s Medicaid ID Number, Name, Date of Birth and Gender
- Ordering Provider’s Identification Number / NPI
- Procedure Codes and Modifiers (if applicable)
- Prior Approval Number
- Service Date

SAMPLE TRANSPORTATION ROSTER

REPORT AM00000 – R0000

NEW YORK STATE DEPARTMENT OF HEALTH
EMEDNY
AS OF: XX/XX/XXXX

PROCESS DATE: XX/XX/XXX
PROCESS TIME: XX:XX:XX
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PROVIDER: 01234567

TRANSPORTATION ROSTER – ROSTER FOR BILLING PROVIDER: 01234567 SAMPLE TRANSPORT INC.

CLIENT ID/NAME – XX12345X / FIRST LAST NAME

DATE OF BIRTH: XX/XX/XXXX

SEX F

CNTY FISC. RESP 55

ORDERING PROV NUM 01111111 1111111111 PROC CODE A0100 MOD TN PA NUMBER 01234567890 DETERMINATION/RSN APPROVED

APPROVED - QUANTITY 2 TIMES 001 AMOUNT 34.50 PERIOD OF SERVICES FROM/TO XX/XX/XXXX XX/XX/XXXX

RENDERED - QUANTITY 0 TIMES 000 AMOUNT 0.00 BILLING PROV NPI

ORDERING PROV NUM 01111111 1111111111 PROC CODE S0215 MOD TN PA NUMBER 01234567890 DETERMINATION/RSN APPROVED

APPROVED - QUANTITY 24 TIMES 001 AMOUNT 66.00 PERIOD OF SERVICES FROM/TO XX/XX/XXXX XX/XX/XXXX

RENDERED - QUANTITY 0 TIMES 000 AMOUNT 0.00 BILLING PROV NPI

Transportation Roster Information Includes:

- Client's Medicaid ID Number, Name, Date of Birth and Gender
- Ordering Provider's Identification Number / NPI
- Procedure Codes and Modifiers (if applicable)
- Prior Approval Number
- Service Date
- Approved Quantity

NOTE: IF THE ACTUAL MILEAGE IS LESS THAN THE APPROVED QUANTITY
SUBMIT THE CLAIM FOR THE **ACTUAL** MILEAGE INCURRED

SAMPLE TRANSPORTATION ROSTER

REPORT AM00000 – R0000

NEW YORK STATE DEPARTMENT OF HEALTH
EMEDNY
AS OF: XX/XX/XXXX

PROCESS DATE: XX/XX/XXX
PROCESS TIME: XX:XX:XX
PAGE: 1

PROVIDER: 01234567 TRANSPORTATION ROSTER – ROSTER FOR BILLING PROVIDER: 01234567 SAMPLE TRANSPORT INC.

CLIENT ID/NAME – XX12345X / FIRST LAST NAME DATE OF BIRTH: XX/XX/XXXX SEX F CNTY FISC. RESP 55

ORDERING PROV NUM01111111 1111111111 PROC CODE A0100 MOD TN PA NUMBER 01234567890 DETERMINATION/RSN APPROVED

APPROVED - QUANTITY 2 TIMES 001 AMOUNT 34.50 PERIOD OF SERVICES FROM/TO XX/XX/XXXX XX/XX/XXXX

RENDERED - QUANTITY 0 TIMES 000 AMOUNT 0.00 BILLING PROV NPI

ORDERING PROV NUM01111111 1111111111 PROC CODE S0215 MOD TN PA NUMBER 01234567890 DETERMINATION/RSN APPROVED

APPROVED - QUANTITY 24 TIMES 001 AMOUNT 66.00 PERIOD OF SERVICES FROM/TO XX/XX/XXXX XX/XX/XXXX

RENDERED - QUANTITY 0 TIMES 000 AMOUNT 0.00 BILLING PROV NPI

Transportation Roster Information Includes:

- Client’s Medicaid ID Number, Name, Date of Birth and Gender
- Ordering Provider’s Identification Number / NPI
- Procedure Codes and Modifiers (if applicable)
- Prior Approval Number
- Service Date
- Approved Quantity
- Approved Dollar Amount

NOTE: IF THE ACTUAL DOLLAR AMOUNT IS LESS THAN THE APPROVED AMOUNT
SUBMIT THE CLAIM FOR THE **ACTUAL** DOLLAR AMOUNT

Reference and Contact Information

- Transportation Provider Manual
 - www.emedny.org/ProviderManuals/Transportation
- ePACES - Enhanced PA Inquiry for Transportation Rosters
 - www.emedny.org/HIPAA/QuickRefDocs/ePACES-Enhanced_PA_Inquiry.pdf
- Medical Answering Services (MAS)
 - www.medanswering.com
- eMedNY
 - www.emedny.org
 - 800-343-9000



Conclusion

Transportation PA Roster



www.emedny.org