



Training Video For NYS Medicaid Providers

ePACES

Key Objectives

Familiarize providers with
How to Revise an ePACES Prior Approval (PA)
for Durable Medical Equipment (DME)

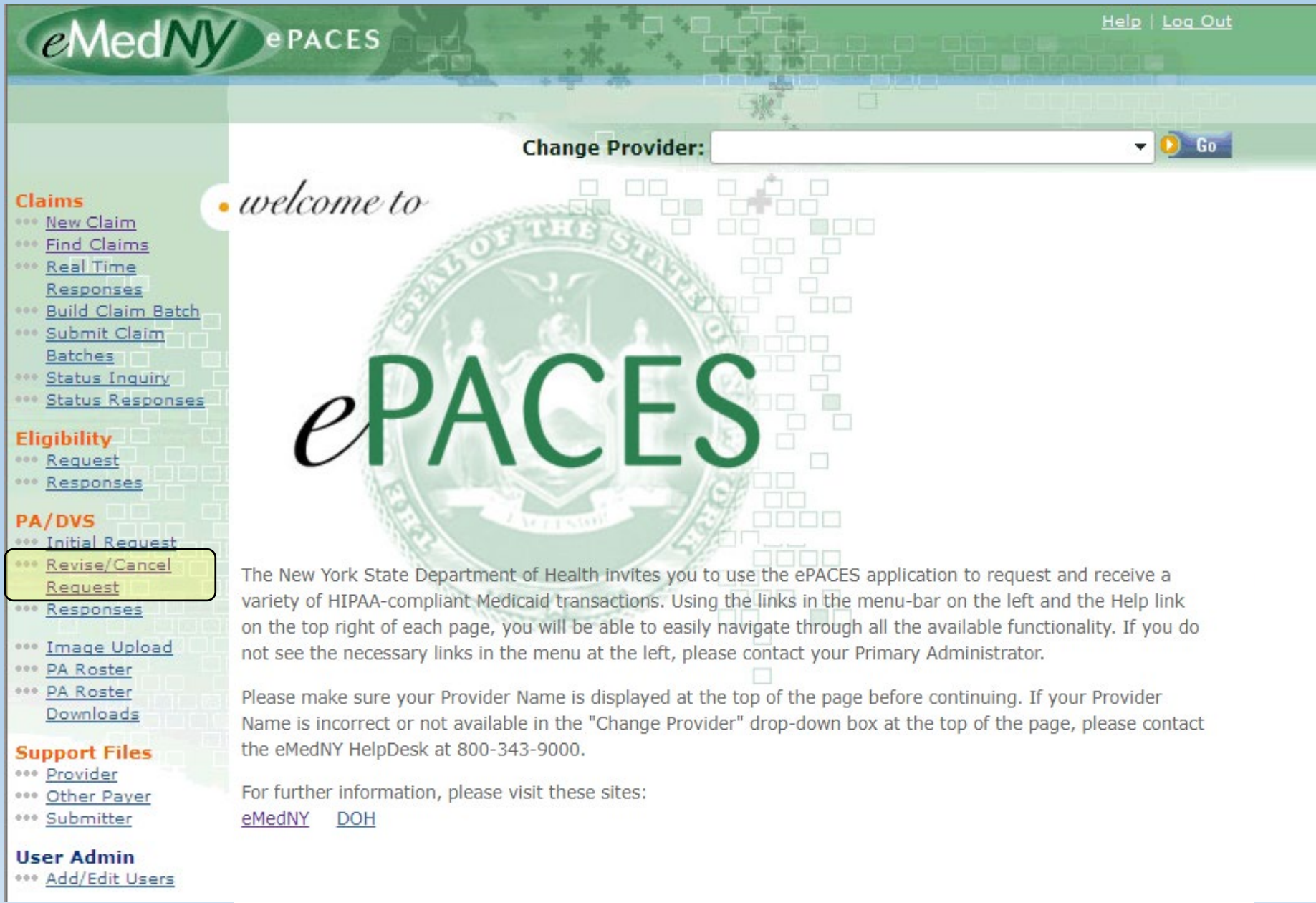
Revise – General Information

Prior Approvals can only be revised.

A Prior Approval response of A1: Certified in Total and A4: Pended for Manual Review may be revised

There are two options to revise a PA.

Prior Approval – Revise Option 1



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

Change Provider: [Go](#)

Claims

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

- [Request](#)
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PA/DVS

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

Image Upload

- [PA Roster](#)
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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.

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


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Help | Log Out

Change Provider:

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Claims

[New Claim](#)

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PA/DVS

[Initial Request](#)

[Revise/Cancel Request](#)

[Responses](#)

[Image Upload](#)

[PA Roster](#)

[PA Roster Downloads](#)

Client ID	Name	Date Sent	Type	Review ID Number	Cert. Type	Action	Response Descriptive Text
LL02399Q	SMITH, JOAN	1/01/2024 3:20:58 PM	12			A3	Not Certified, 25-Services were not considered due to other errors in the request.
LL02399Q	SMITH, JOAN	1/01/2024 3:20:58 PM	18	12345678900		A1	Certified in total

Revise/Cancel Request

* Indicates required field(s)

* Review ID Number:

12345678900

Review Authorization Number: 12345678900



Revise Service Request



Cancel Service Request



General
Information



Prior Approval
Items

* Indicates required field(s)



Client Information

* Enter a Client ID:

LL02399Q



Go

Patient Account #:

Name:

SMITH JOAN

Gender:

F

DOB:

6/11/1943



Transaction Type:

Non Dental - Non DVS



☒ Revise Service Request ☐ Cancel Service Request

General Information

Prior Approval Items

Client Information

* Indicates required field(s)

* Enter a Client ID: LL02399Q



Patient Account #:

Name: SMITH JOAN

Gender: F

DOB: 6/11/1943

Transaction Type: Non Dental - Non DVS

Provider Service Address

Address Line 1: 230 Mnt. Sunrise Road

Address Line 2:

City: Rosedale

State: NY

Zip: 11111

Contact Information

Name: Jane Smith

Telephone: 5185550000

Ext:

E-Mail:

Fax #:

Referring Provider

Last Name:

First Name:

Middle Initial:

NPI #:

Provider Type:

Contact Information:

Phone:

Change Provider

Ordering Provider

Last Name: Smith

First Name: John

Middle Initial:

NPI #: 1234567890

Provider Type: 016 - DIAGNOSTIC AND TREATMENT CENTER

Contact Information:

Phone:

Change Provider

Event Information

Facility Type: Professional/Dental

(UB) Institutional

Service Type: 12

Release Of Information: Y

Accident Date:

Service Date: From:

Onset Date:

To:

Admission Date:

Discharge Date:

Related Causes Information

Related Causes:

☐ Employment

☐ Another Party Responsible

☐ Auto Accident

Accident Location:

NY

US

Diagnosis

☐ ICD-9 ☒ ICD-10

Primary:

Secondary:

Private Duty Nursing (PDN) providers should not enter any information in these fields.

Pattern of Delivery

Home Oxygen Therapy

Home Health Care

Attachments

Type	Transmission Code	Control Number	Description

[Enter More Attachments...](#)

Certification Category

Condition Codes

[Enter More Certification Information...](#)

Comments

Next

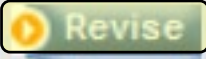

Submit

Clear

General Information

Prior Approval Items


* Indicates required field(s)

Line	Service Dates	*NDC/Proc & Modifiers	Unit Count Basis Meas.	Line Amount	More Details	Revise/Cancel
1	From: 04/17/2024 To:	A4606	6.000 UN-Unit	\$600.00		 


To edit Lines not originating in ePACES

 Add


Add Line...

 Revise

Revise Line...

 Cancel

Cancel Line...

 Previous

 Submit

 Close

General Information

Prior Approval Items

* Indicates required field(s)

Line	Service Dates	*NDC/Proc & Modifiers	Unit Count Basis Meas.	Line Amount	More Details	Revise/Cancel
1	From: 04/17/2024 To:	A4606	6.000 UN-Unit	\$ 600.00		Revised Undo

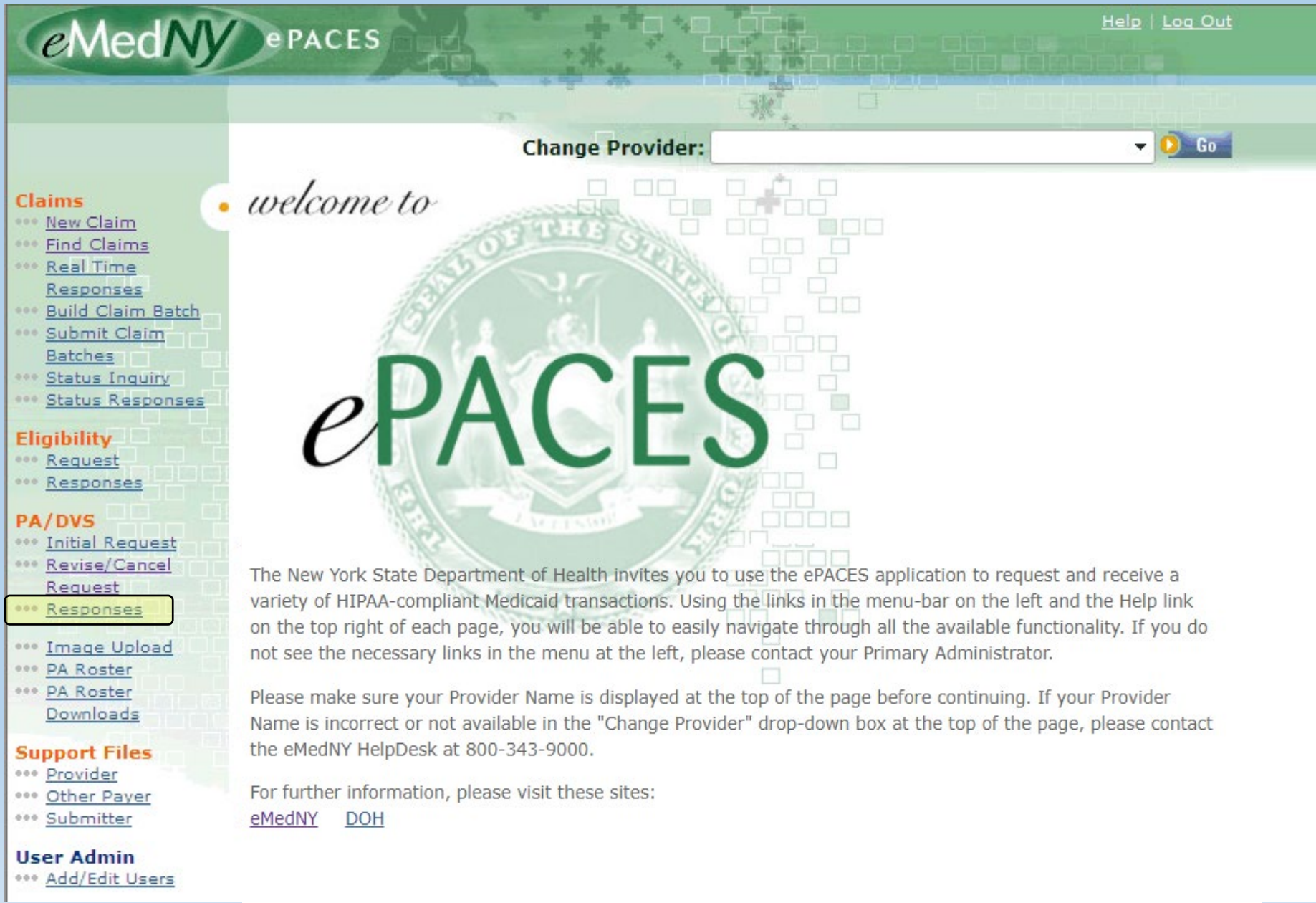
To edit Lines not originating in ePACES

- Add Add Line...
- Revise Revise Line...
- Cancel Cancel Line...
- Previous

Submit

Close

Prior Approval – Revise Option 2



The screenshot shows the eMedNY ePACES web application. The header includes the eMedNY logo and the text "ePACES". In the top right corner, there are links for "Help" and "Log Out". Below the header, there is a "Change Provider:" dropdown menu with a "Go" button. The main content area features a large "ePACES" logo and a "welcome to" message. On the left side, there is a navigation menu with several categories: "Claims", "Eligibility", "PA/DVS", "Support Files", and "User Admin". Each category has a list of links. The "PA/DVS" category is highlighted with a yellow box, and the "Responses" link within it is also highlighted. The "Support Files" category includes links for "Provider", "Other Payer", and "Submitter". The "User Admin" category includes a link for "Add/Edit Users".

Claims

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

Eligibility

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

PA/DVS

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

Support Files

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

User Admin

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

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

Prior Approval Activity Worklist

Search Criteria

Requested within the last 3 days

Review Identification #:

Client Last Name:

Date Sent: (mm/dd/yyyy)

Client ID:

Action:

Service Type:

Show ☐ all transactions for this provider ☒ just my transactions

Search Clear

Record 1 of 1

Client ID	Name	Date Sent	Service Type	Review ID Number	Cert. Type	Action	Response Descriptive Text	Image Upload
LL02399Q	Smith,Joan	4/17/2024 10:02:13 AM	12	12345678900	I	A4	Pended, OU-Additional Patient Information required	
Client ID	Name	Date Sent	Service Type	Review ID Number	Cert. Type	Action	Response Descriptive Text	Image Upload

[View Original Request Information](#)

[Revise/Cancel Request](#)

• **Client Information**

Client ID: LL02399Q
Patient Account #:
Name: SMITH JOAN
Gender: F
DOB:

• **Transaction Type:** Non Dental - Non DVS

Response

Action Code A4-Pended, 0V-Required Manual Review

Issue Date: 4/17/2024

Effective Date: 4/17/2024

• **Prescribing Provider**

01234567

**Review ID
Number:**
12345678900
**Expiration
Date:**
10/17/2024

☒ Revise Service Request ☐ Cancel Service Request

General Information

Prior Approval Items

Client Information

* Indicates required field(s)

* Enter a Client ID: LL02399Q



Patient Account #:

Name: SMITH JOAN

Gender: F

DOB: 6/11/1943

Transaction Type: Non Dental - Non DVS

Provider Service Address

Address Line 1: 230 Mnt. Sunrise Road

Address Line 2:

City: Rosedale

State: NY

Zip: 11111

Contact Information

Name: Jane Smith

Telephone: 5185550000

Ext:

E-Mail:

Fax #:

Referring Provider

Last Name:

First Name:

Middle Initial:

NPI #:

Provider Type:

Contact Information:

Phone:

Change Provider

Ordering Provider

Last Name: Smith

First Name: John

Middle Initial:

NPI #: 1234567890

Provider Type: 016 - DIAGNOSTIC AND TREATMENT CENTER

Contact Information:

Phone:

Change Provider

Event Information

Facility Type: Professional/Dental

(UB) Institutional

Service Type: 12

Release Of Information: Y

Accident Date:

Service Date: From:

Onset Date:

To:

Admission Date:

Discharge Date:

Related Causes Information

Related Causes:

☐ Employment

☐ Another Party Responsible

☐ Auto Accident

Accident Location:

NY

US

Diagnosis

☐ ICD-9 ☒ ICD-10

Primary:

Secondary:

Private Duty Nursing (PDN) providers should not enter any information in these fields.

Pattern of Delivery

Home Oxygen Therapy

Home Health Care

Attachments

Type	Transmission Code	Control Number	Description

[Enter More Attachments...](#)

Certification Category

Condition Codes

[Enter More Certification Information...](#)

Comments

Next

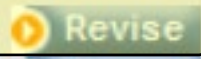
Submit

Clear

General Information

Prior Approval Items

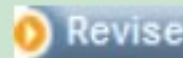
* Indicates required field(s)

Line	Service Dates	*NDC/Proc & Modifiers	Unit Count Basis Meas.	Line Amount	More Details	Revise/Cancel
1	From: 04/17/2024 To:	A4606	6.000 UN-Unit	\$600.00		 


To edit Lines not originating in ePACES

 Add

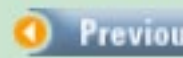
Add Line...

 Revise

Revise Line...

 Cancel

Cancel Line...

 Previous

 Submit

 Close

General Information

Prior Approval Items

* Indicates required field(s)

Line	Service Dates	*NDC/Proc & Modifiers	Unit Count Basis Meas.	Line Amount	More Details	Revise/Cancel
1	From: 04/17/2024 To:	A4606	6.000 UN-Unit	\$ 600.00		Revised Undo

To edit Lines not originating in ePACES

- Add Add Line...
- Revise Revise Line...
- Cancel Cancel Line...
- Previous

Submit

Close

Change Provider:

**Claims**

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• *welcome to*
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Review Identification #:

Client Last Name:

Date Sent:
(mm/dd/yyyy)

Client ID:

Action:

Service Type:

Show ☐ all transactions for this provider ☒ just my transactions

 Search

 Clear

Record 1 of 1

Client ID ▼	Name ▼	Date Sent ▼	Service Type ▼	Review ID Number ▼	Cert. Type	Action ▼	Response Descriptive Text	Image Upload
<u>LL02399Q</u>	Smith,Joan	4/17/2024 10:02:13 AM	12	52000000955	I	A4	Pended, 0V-Requires Medical Review	
Client ID	Name	Date Sent	Service Type	Review ID Number	Cert. Type	Action	Response Descriptive Text	Image Upload

Reference and Contact Information

eMedNY Website

- www.emedny.org

Durable Medical Equipment Provider Manual

- www.emedny.org/ProviderManuals/DME/index.aspx

ePACES Reference Sheets

- https://www.emedny.org/HIPAA/QuickRefDocs/ePACES_PA_DVS_Revise_Cancel_Function.pdf

eMedNY Call Center

- 800-343-9000



Conclusion

ePACES Prior Approval for DME – Revise Request



www.emedny.org